

File No. 250339

Committee Item No. 10

Board Item No. 10

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date April 30 2025

Board of Supervisors Meeting Date May 6, 2025

Cmte Board

<input type="checkbox"/>	<input type="checkbox"/>	Motion
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Resolution
<input type="checkbox"/>	<input type="checkbox"/>	Ordinance
<input type="checkbox"/>	<input type="checkbox"/>	Legislative Digest
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Budget and Legislative Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Youth Commission Report
<input type="checkbox"/>	<input type="checkbox"/>	Introduction Form
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Department/Agency Cover Letter and/or Report
<input type="checkbox"/>	<input type="checkbox"/>	MOU
<input type="checkbox"/>	<input type="checkbox"/>	Grant Information Form
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Contract/Agreement
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Form 126 – Ethics Commission
<input type="checkbox"/>	<input type="checkbox"/>	Award Letter
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OTHER ([Click on hyperlinks to be forwarded to the Legislative Research Center to view the entirety of voluminous documents](#))

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Original Agreement 7/1/2018
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Amendment No. 1 6/1/2022
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Request for Proposals 26-2016 9/27/2016
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Request for Proposals 8-2017 8/23/2017
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CSC Approval 48652-16/17 12/16/2019
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CSC Approval 40587-17/18 2/5/2024
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DPH Presentation 4/30/2025
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Completed by: Brent Jalipa Date April 24, 2025

Completed by: Brent Jalipa Date May 1, 2025

1 [Contract Amendment - HealthRight 360 - Substance Abuse and Mental Health Services - Not
2 to Exceed \$305,358,044]

3 **Resolution approving Amendment No. 2 to the agreement between the City, acting by**
4 **and through, the Department of Public Health (DPH), and HealthRight 360, to provide**
5 **substance abuse and mental health services, to extend the term by three years from**
6 **June 30, 2025, for a new term of July 1, 2018, through June 30, 2028, and to increase**
7 **the amount by \$141,427,165 for a new total not to exceed amount of \$305,358,044; and**
8 **to authorize DPH to enter into amendments or modifications to the agreement that do**
9 **not materially increase the obligations or liabilities to the City and are necessary to**
10 **effectuate the purposes of the agreement or this Resolution.**

11
12 WHEREAS, On August 27, 2016, and August 23, 2017, respectively, the Department
13 of Public Health (DPH) issued Request for Proposals (RFP-26-2016 and RFP-8-2017) for
14 substance abuse and mental health services; and

15 WHEREAS, HealthRight 360 submitted a proposal and was the highest ranked
16 proposer; and

17 WHEREAS, DPH awarded the contract to HealthRight 360; and

18 WHEREAS, The contract is consistent with the Civil Service Commission's approval
19 obtained on December 16, 2019, and February 5, 2024, respectively, under Personal Service
20 Contract No. 48652-16/17 and 40587-17/18; and

21 WHEREAS, On July 1, 2018, DPH and HealthRight 360 entered into an agreement for
22 substance abuse and mental health services ("Original Agreement"); and

23 WHEREAS, The Original Agreement has a term of July 1, 2018, through June 30,
24 2022, and a not to exceed amount of \$84,064,915; and

1 WHEREAS, DPH amended the Original Agreement on June 1, 2022, to extend the
2 term by three years ending June 20, 2025, and to increase the not to exceed contract amount
3 by \$79,865,964 for a new contract amount of \$163,930,879, for substance abuse and mental
4 health services (the “First Amendment”); and

5 WHEREAS, DPH wishes to amend the agreement by extending the term to June 30,
6 2028, and increasing the maximum expenditure by \$141,427,165 to \$305,358,044 (the
7 “Second Amendment”); and

8 WHEREAS, The Second Amendment is consistent with the Civil Service Commission’s
9 approval obtained on December 16, 2019, and February 5, 2024, respectively, under PSC
10 No.48652-16/17 and 40587-17/18; and

11 WHEREAS, Charter, Section 9.118(b) requires Board of Supervisors approval by
12 Resolution of any contract which, when entered into, extends over 10 years, and of any
13 contract which, when entered into, costs the City \$10,000,000 or more; and

14 WHEREAS, The proposed amendment contained in File No. 250339, is substantially in
15 final form, with all material terms and conditions included, and only remains to be executed by
16 the parties upon approval of this Resolution; now, therefore, be it

17 RESOLVED, That the Board of Supervisors hereby approves the amendment in
18 substantially the form contained in File No. 250339; and, be it

19 FURTHER RESOLVED, That the Board of Supervisors authorizes DPH to make any
20 modifications to the amendment, prior to its final execution by all parties, that DPH
21 determines, in consultation with the City Attorney, are consistent with this Resolution, in the
22 best interest of the City, do not materially increase the obligations or liabilities of the City, are
23 necessary or advisable to effectuate the purposes of the amendment, and are in compliance
24 with all applicable laws, including the City’s Charter; and, be it
25

1 FURTHER RESOLVED, That within 30 days of the amendment being fully executed by
2 all parties, DPH shall submit to the Clerk of the Board of Supervisors a completely executed
3 copy for inclusion in File No. 250339; this requirement and obligation resides with the
4 Department, and is for purposes of having a complete file only, and in no manner affects the
5 validity of approved amendment.
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10 RECOMMENDED

11 /s/

12 Daniel Tsai

13 Director of Health
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Item 10 File 25-0339	Department: Department of Public Health
EXECUTIVE SUMMARY	
<p style="text-align: center;">Legislative Objectives</p> <ul style="list-style-type: none"> The proposed resolution would approve the second amendment to the agreement between the Department of Public Health (DPH) and HealthRight 360 to provide substance abuse and mental health services to extend the term by three years from June 30, 2025 to June 30, 2028 for a total term of 10 years, and to increase the amount by \$141,427,165 for a total amount not to exceed \$305,358,044. <p style="text-align: center;">Key Points</p> <ul style="list-style-type: none"> Under an existing agreement, HealthRight 360 provides residential substance use disorder services and outpatient substance use disorder and mental health services under eight programs. In May 2022, the Board of Supervisors approved the first amendment to the agreement to extend the term by three years from June 30, 2022 to June 30, 2025 and to increase the amount by \$79.9 million for a total amount not to exceed \$163.9 million. Program monitoring reports showed that the contractor generally met performance objectives and contracted units of service. Three of the eight programs have plan of action reports to improve data recording. Residential treatment services and residential step-down services are expanded under the proposed agreement to serve more clients. <p style="text-align: center;">Fiscal Impact</p> <ul style="list-style-type: none"> The proposed increase of \$141.4 million includes funding for the three-year term extension (\$112.9 million), a 12 percent contingency (\$13.5 million), and \$15.0 million for the remainder of FY 2024-25 due to expansion of residential treatment and residential step-down services since the last contract amendment. The FY 2025-26 budget is \$36.8 million and supports 292.64 full-time equivalent positions. Funding for the proposed amended contract comes from various state and federal funding sources for mental health and substance use disorders, as well as local sources. Local funding in FY 2025-26 includes \$2.8 million in Opioid Settlement funds, \$2.7 million in Proposition C revenues, and \$15.9 million from the General Fund. <p style="text-align: center;">Recommendation</p> <ul style="list-style-type: none"> Approve the proposed resolution. 	

MANDATE STATEMENT

City Charter Section 9.118(b) states that any contract entered into by a department, board or commission that (1) has a term of more than ten years, (2) requires expenditures of \$10 million or more, or (3) requires a modification of more than \$500,000 is subject to Board of Supervisors approval.

BACKGROUND

Under an existing agreement with the Department of Public Health (DPH), HealthRight 360 provides residential substance use disorder and mental health outpatient services. In October 2018, the Board of Supervisors retroactively approved the original agreement between DPH and Health Right 360 with a four-year term from July 1, 2018 through June 30, 2022 in an amount not to exceed \$84,064,915 (File 18-0829).¹ In May 2022, the Board of Supervisors approved the first amendment to the agreement to extend the term by three years from June 30, 2022 to June 30, 2025 and to increase the amount by \$79,865,964 for a total amount not to exceed \$163,930,879 (File 22-0415).

DETAILS OF PROPOSED LEGISLATION

The proposed resolution would approve the second amendment to the agreement between DPH and HealthRight 360 to provide substance use and mental health services to extend the term by three years from June 30, 2025 to June 30, 2028 for a total term of 10 years, and to increase the amount by \$141,427,165 for a total amount not to exceed \$305,358,044.

Under the amended contract, HealthRight 360 will provide a variety of services to DPH clients through eight programs as summarized in Exhibit 1 below.²

Contracted client counts are increasing at the Residential Treatment Services program and the Residential Perinatal Services program because the budgeted occupancy rate was increased from 80 percent to 90 percent. As a result, the demand and client counts have also increased for Residential Step-down Services. In addition, DPH reports it is working to improve the flow from Withdrawal Management to residential treatment.

¹ The Department of Public Health (DPH) selected HealthRight 360 to provide mental health outpatient and substance use disorder treatment services based on the organization's responses to two Requests for Proposals (RFP) issued in August 2016 and August 2017. The RFPs stipulated a maximum contract term of 10 years.

² Two programs under the existing agreement are not continuing under the proposed amendment. These programs supported a primary care clinic focused on services to women, and the clinic is no longer affiliated with HealthRight 360. DPH staff report that DPH now contracts directly with the new vendor for the clinic.

Exhibit 1: Health Right 360 Programs under Amendment No. 1

Program	Location(s)	Unduplicated Clients	Description
Residential Treatment Services	890 Hayes St 815 Buena Vista West	471 <i>(increase from 350)</i>	Short-term residential stays of 30 to 90 days for adults with substance use disorders
Residential Step-down Services	214 Haight St	162 <i>(increase from 92)</i>	Residential setting in which peers in recovery support each other's recovery while continuing outpatient treatment and related services, such as case management, to achieve treatment goals. Clients are eligible for up to 9-month stays.
Residential Perinatal Services	2261 Bryant St	63 <i>(increase from 42)</i>	Short-term residential stays of 30 to 90 days for pregnant and post-partum women with substance use disorders.
Residential Withdrawal Management	815 Buena Vista West	761 ³	Short-term residential stays of 7 to 14 days for withdrawal management (detoxification) provided in a safe, recovery-oriented environment with supportive staff during the initial days after stopping substance use.
Outpatient Drug Free (ODF) and Intensive Outpatient Treatment (IOT)	1563 Mission St 1601 Donner Ave 2020 Hayes St	1563 Mission: 418 1601 Donner: 120 2020 Hayes: 165	Substance use disorder services for clients not needing or desiring residential treatment or those stepping down from more intensive levels of care and clients maintaining stability in managing their behavioral health disorders. Services include individual and group counseling, relapse prevention, vocational and educational classes, social services, and family reunification. Services are provided for less than 9 hours/week for ODF and 9 to 19 hours/week for IOT. Two of these locations also provide contingency management services.
Representative Payee Services	1016 Howard St	75	Financial case management services focused on stabilizing basic needs of housing, medical, mental health, and substance misuse care

³ The proposed amendment shows a decrease in clients for the Residential Withdrawal Management program, from 761 to 451. DPH reports this is an error and that the program will continue to serve 761 clients per year.

Program	Location(s)	Unduplicated Clients	Description
Adult Outpatient Mental Health Services	1563 Mission St 2020 Hayes St	35	Outpatient mental health and substance use disorder services for individuals with co-occurring psychiatric and substance use disorders.
Asian Drug and Alcohol Prevention and Treatment (ADAPT) Mental Health Services	2020 Hayes St	19	Outpatient mental health and substance use disorder services for individuals with co-occurring psychiatric and substance use disorders. Provides integrated Western therapies and Eastern healing practices and culturally sensitive counseling in English, Cantonese, and Mandarin.

Source: Proposed Amendment No. 2

Performance Monitoring

DPH has completed contract monitoring for FY 2023-24 for six out of eight programs. We reviewed monitoring reports for six programs for FY 2023-24 and for the remaining two programs for FY 2022-23. Detailed performance results are shown in Attachment 1.

Program monitoring reports showed that the contractor generally met performance objectives and contracted units of service. The notable exceptions include:

- In FY 2022-23, the ADAPT Mental Health Services program provided 62.8 percent of contracted units of service. In FY 2023-24, the program provided 57 percent of contracted units of service according to DPH staff. The program had one of three positions filled, which contributed to the low units of service delivered, however, DPH reports that the positions are now filled.
- In FY 2023-24, the Outpatient Drug Free and Intensive Outpatient Treatment program met 70.0 percent of its contracted performance objectives but provided 91.0 percent of contracted units of service. The program did not fully meet performance objectives related to clients maintaining abstinence or showing a reduction of alcohol and other drug use and administrative discharge rates at all program locations. Between 15 and 52 percent of clients (depending on the location) maintained abstinence or showed a reduction in alcohol and other drug use compared to a goal of 70 percent. In addition, at two of the locations, the administrative discharge rate (which is a code used when a client stops attending programming and is discharged) was 76 percent and 53 percent, which is greater than the objective of no more than 40 percent.

According to DPH staff, technical assistance is being provided to the provider to reduce the use of “administrative discharges” when a different discharge code may be more appropriate (i.e., left before treatment completed). When the “administrative discharge” code is used, providers cannot enter outcome data points into the data system, including the question on maintaining abstinence or reduced alcohol and drug use, which impacts the accuracy of these measures. In addition to the data accuracy issue due to relatively

high levels of administrative discharges, some clients may not be maintaining abstinence or reduced alcohol and drug use because substance use disorder is a chronic, relapsing condition according to DPH staff.

- Three programs did not meet performance objectives related to recording all initial requests for services appropriately to ensure timely access to services could be measured. The three programs include Residential Treatment Services, Residential Perinatal Services, and Outpatient and Intensive Outpatient. According to DPH staff, recording requests for services is required for state reporting and for DPH monitoring of service availability, and it does not indicate that services were not provided. In FY 2024-25, DPH updated the process and policy for submitting timely access requests for its providers and provided technical assistance to HealthRight 360 to improve reporting. Submission rates are now meeting standards since the interventions according to DPH staff.

In addition to existing performance objectives, DPH has added additional objectives to enhance client safety and quality of care, including the following:

Withdrawal Management

- 90 percent of clients admitted with an opioid use diagnosis will receive a Medication for Opioid Use Disorder evaluation, with measurement conducted weekly.

Residential Treatment Services

- At least four client safety checks per night will be recorded.
- 90 percent of clients will engage in at least 15 hours of service per week, including clinical groups, individual sessions, and therapeutic activities.
- 100 percent of overdoses will continue to be recorded through the Behavioral Health System Quality of Care Reporting mechanism. Within one week of the incident, the provider will conduct an analysis of the root cause to identify gaps, remediating steps, and program recommendations and submit to DPH for review and approval.

Fiscal Monitoring

DPH conducted FY 2023-24 Citywide Nonprofit Fiscal and Compliance Monitoring for the grantee and identified no findings. In addition, in August 2024, the DPH Business Office of Contract Compliance reviewed the grantee's historical audited financial statements and rated the agency as a "low risk" agency.

FISCAL IMPACT

The proposed increase of \$141.4 million includes funding for the three-year term extension (\$112.9 million), a 12 percent contingency (\$13.5 million), and \$15.0 million for the remainder of FY 2024-25. According to DPH staff, the proposed amendment includes \$15.0 million for the existing term because the provider has expanded residential treatment and residential step-down services since the last contract amendment and because DPH must maintain some unspent funds that are encumbered for FY 2020-21 through FY 2022-23 pending cost settlement with the

State. Exhibit 2 below shows the proposed funding by fiscal year and the proposed not to exceed amount.

Exhibit 2: Proposed Contract Budget and Not to Exceed Amount

Year	Actual Expenditures	Projected Expenditures	Total
FY 2018-19	\$17,238,740		\$17,238,740
FY 2019-20	22,055,669		22,055,669
FY 2020-21	20,954,578	1,055,052	22,009,630
FY 2021-22	20,537,316	2,821,629	23,358,945
FY 2022-23	24,614,890	1,511,609	26,126,499
FY 2023-24	29,374,528	3,378,729	32,753,256
FY 2024-25	17,280,544	18,142,344	35,422,888
Subtotal, Existing Term	\$152,056,264	\$26,909,363	\$178,965,627
FY 2025-26		36,798,274	36,798,274
FY 2026-27		37,610,026	37,610,026
FY 2027-28		38,442,072	38,442,072
Subtotal, Extended Term		\$112,850,372	\$112,850,372
Contingency (12%)			13,542,045
Total Not to Exceed			\$305,358,044

Source: DPH

The contract budget supports 269.09 full-time equivalent (FTE) positions for the eight programs and an additional 23.55 FTE support staff for a total of 292.64 FTE. Exhibit 3 below shows the proposed FY 2025-26 budget by program.

Exhibit 3: FY 2025-26 Budget by Program

Program	Amount	Clients	Amount per Client	FTE
Residential Treatment	\$14,469,876	471	\$30,722	106.01
Residential Step-Down	8,021,563	162	49,516	64.75
Perinatal Residential	2,064,125	63	32,764	16.76
Residential Withdrawal Management	3,260,964	451	7,231	26.17
Outpatient / Intensive Outpatient	6,728,008	703	9,570	48.40
Representative Payee Program	188,196	75	2,509	2.00
Adult Outpatient	431,328	35	12,324	3.10
ADAPT Mental Health	258,828	19	13,623	1.90
CODB (3.9%)	1,375,386			
Total	\$36,798,274	1,979	\$18,594	292.64*

Source: DPH

*Includes 269.09 FTE program staff shown above and 23.55 FTE support staff

Funding Sources

Funding for the proposed amended contract comes from various state and federal funding sources for mental health and substance use disorders, as well as local General Fund and Proposition C monies. The proposed FY 2025-26 budget is funded by \$11.4 million in federal funding (31 percent), \$4.0 million in state funding (11 percent), and \$21.4 million in local funding (58 percent). Local funding in FY 2025-26 includes \$2.8 million in Opioid Settlement funds, \$2.7 million in Proposition C revenues, and \$15.9 million from the General Fund.

RECOMMENDATION

Approve the proposed resolution.

Attachment 1: HealthRight 360 Performance Summary

Fiscal Year	Program	Overall Program Score	Plan of Action Required	Contracted performance objectives	Contracted Units of Service	Contracted Clients Served
FY23-24	Residential Treatment	4 - Commendable/Exceeds Standards	Yes - Timely Access	72.5%	100.9%	153.5%
FY23-24	Residential Step-Down	3 - Acceptable/Meets Standards	No	77.8%	100.0%	267.9%
FY23-24	Perinatal Residential	4 - Commendable/Exceeds Standards	Yes - Timely Access	70.0%	81.8%	54.0%
FY23-24	Residential Withdrawal Management	4 - Commendable/Exceeds Standards	No	100.0%	97.9%	85.2%
FY23-24	Outpatient / Intensive Outpatient	4 - Commendable/Exceeds Standards	Yes - Timely Access & Admin Discharge	70.0%	91.0%	232.8%
FY23-24	Representative Payee Program	4 - Commendable/Exceeds Standards	No	100.0%	158.0%	100.0%
FY22-23	Adult Outpatient	3 - Acceptable/Meets Standards	No	92.0%	77.1%	107.9%
FY22-23	ADAPT Mental Health	3 - Acceptable/Meets Standards	No	100.0%	62.8%	90.5%

Source: DPH

**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.

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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
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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.
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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.

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

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DMC Chart Audit & Review (DMC programs only)

Daily Audits

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Goal: Minimum of 10% active clients per program
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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;

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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.

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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).

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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.

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

Refer to Appendix B

6. Methodology:

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

F. Vouchers: N/A

7. Objectives and Measurements:

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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:

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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

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- 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.

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- Discharge Charts
Goal: 100% of clients per program -audit tools on file
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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 Title (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		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
Position Title	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	9,280	6.31	495,940		
SUD Counselor I	Non Billing Staffing	17.60	\$ 1,188,010.00	10.74	724,780	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	
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	94,650		
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
										32.00%	178,037
										32.00%	19,136
										32.00%	19,136
										32.00%	61,149
										32.00%	\$ 56,659.00
			\$ 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

Provider Name HealthRIGHT 360

Provider Number 383805, 388924

Contract ID Number 1000010457

Appendix Number B-2

Page Number 5

Fiscal Year 2024-2025

Funding Notification Date 02/12/25

Program Name	HR360 Residential Step-Down					
	88077, 87067, 8927RSD, 9035RSD, 9665RSD, 8928RSD	88077, 87067, 8927RSD, 9035RSD, 9665RSD, 8928RSD	88077, 87067, 8927RSD, 9035RSD, 9665RSD, 8928RSD	88077, 87067, 8927RSD, 9035RSD, 9665RSD, 8928RSD		
Program Code	8928RSD	8928RSD	8928RSD	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%	0.0%	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

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 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
 Program Name HR360 Perinatal Residential
 Program Code 89102

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 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

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 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

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 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

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

Position Title <small>(List all staffing including intern/trainee staff who are not part of budget but contributing to units of service)</small>	Practioner Type <small>(Select Non Billing provider if the position is not expected to bill this period)</small>	TOTAL	Residential - ODS Withdraw Mgmt 3.2	Residential - Room and Board	Residential - Room and Board	Outpatient (AOD Counselor)	Outpatient (LVN)	Outpatient (Nurse Practioner)	Outpatient (Licensed 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								
Position Title	Practioner Type (Select from Drop Down)	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	Non Billing Staffing	0.16	\$ 18,710.00	0.12	14,150			0.04	\$ 4,560.00								
RN Director	Non Billing Staffing	0.08	\$ 9,358.00	0.06	7,070					0.02	\$ 2,288.00						
RN Manager	Non Billing Staffing	0.51	\$ 56,138.00	0.39	42,410					0.12	\$ 13,728.00						
Supervisor	Non Billing Staffing	0.82	\$ 69,510.00	0.62	52,510			0.10	\$ 8,500.00	0.10	\$ 8,500.00						
Medical Director	Licensed Physician	0.44	\$ 25,340.00	0.39	11,040										0.05	\$ 14,300.00	
Nurse Practitioner	Nurse Practitioner	0.33	\$ 55,190.00	0.23	38,550							0.10	\$ 16,640.00				
Medical Case Manager	Non Billing Staffing	0.82	\$ 55,610.00	0.62	42,010							0.10	\$ 6,800.00	0.10	\$ 6,800.00	0.10	\$ 6,800.00
Detox LVN/LPHA	LVN	4.09	\$ 368,020.00	3.09	278,020					1.00	\$ 90,000.00						
Detox SUD Counselor	Non Billing Staffing	4.09	\$ 278,730.00	3.09	207,030					1.00	\$ 71,700.00						
Detox CSN	Non Billing Staffing	0.77	\$ 50,200.00	0.77	50,200												
Detox Janitor	Non Billing Staffing	2.94	\$ 162,520.00	2.32	128,850	0.30	16,120	0.32	\$ 17,550.00								
Patient Safety Navigator	Non Billing Staffing	2.32	\$ 125,290.00	2.32	125,290												
Waystation CM	Certified AOD Counselor	3.32	\$ 189,720.00	2.32	132,520					1.00	\$ 57,200.00						
Food Service	Non Billing Staffing	1.95	\$ 99,160.00	0.00	-	0.99	50,500	0.96	\$ 48,660.00								
Intake RN	Non Billing Staffing	0.83	\$ 92,750.00	0.58	64,790									0.15	\$ 16,775.00	0.10	\$ 11,185.00
Intake AOD	Certified AOD Counselor	0.39	\$ 26,100.00	0.39	26,100												
Intake LPHA	LPHA (MFT, LCSW, LPCC)/ Intern or Waivered LPHA (MF	0.39	\$ 36,680.00	0.39	36,680												
Driver	Non Billing Staffing	1.82	\$ 94,450.00	0.00	-	0.18	9,260	0.64	\$ 33,190.00	0.50	\$ 26,000.00	0.50	\$ 26,000.00				
Managing Director Residential	Non Billing Staffing	0.11	\$ 15,910.00	0.08	12,160					0.03	\$ 3,750.00						
Totals:		26.17	\$ 1,829,386.00	17.78	\$ 1,269,380.00	1.47	\$ 75,880.00	1.92	\$ 99,400.00	2.67	\$ 171,710.00	1.74	\$ 140,516.00	0.35	\$ 40,215.00	0.25	\$ 32,285.00
Employee Benefits:		32.00%	\$ 585,392.00	32.00%	\$ 406,202	32.00%	\$ 24,282	32.00%	\$ 31,808	32.0%	\$ 54,943	32.0%	\$ 44,961	32.0%	\$ 12,865	32.00%	\$ 10,331.00
TOTAL SALARIES & BENEFITS			\$ 2,414,778.00		\$ 1,675,582.00		\$ 100,162.00		\$ 131,208.00		\$ 226,653.00		\$ 185,477.00		\$ 53,080.00		\$ 42,616.00

Appendix B - DPH 4: Operating Expenses Detail

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

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 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

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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

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 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	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25				
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						
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						
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%	0.0%	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	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

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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

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 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

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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%	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

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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	
		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):	
Funding Term	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	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	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:		32.00%	\$ 50,725.00	32.00%	\$ 50,725.00	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	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						
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Description of Services						
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Appendix D
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
THIRD PARTY COMPUTER SYSTEM ACCESS AGREEMENT
(SAA)

SFDPH SAA

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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



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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.



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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,



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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



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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	
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PRIVACY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFDPH 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 SFDPH.

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.] [SFDPH 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 SFDPH'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 SFDPH Information Security staff?							

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

If Applicable: DOES YOUR ORGANIZATION...		Yes	No*
G	Have (or will have if/when applicable) evidence that SFDPH Service Desk (628-206-SERV) was notified to de-provision employees who have access to SFDPH 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 SFDPH.)		
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	
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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	
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Contractor Name:		Contractor City Vendor ID	
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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	
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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	
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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.



File 250339: Contract Amendment

HealthRIGHT 360
Substance Use and Mental Health Services

BOS Budget & Finance Committee
April 30, 2025

Max Rocha

Systems of Care Director, Behavioral Health Services

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Overview of Contract Amendment #2



Overview:

- **Contractor:** HealthRIGHT 360
- **Contract Summary:** Provides residential and outpatient mental health and substance use services, as well as representative payee services. Contracted to serve nearly 1,980 clients per year across programs.*
- **Total Not to Exceed Amount:** \$305,358,044
 - Annual amount: \$35.4M
 - Increase maximum expenditure by \$141,427,165
- **Timeline:** Total term of July 1, 2018, through June 30, 2028
 - Extend contract term by 3 years to June 30, 2028

*Not unduplicated across programs.

Program Overview



Summary: Under the proposed contract, HealthRIGHT 360 would continue to provide:

- **Withdrawal Management:** Short term residential services to help individuals safely manage the effects of cessation of drugs or alcohol. (761 clients/year)
- **Residential Substance Use Treatment:** Treatment in a residential setting for individuals with substance use disorder; approximately 90 days. (471 clients/year)
- **Perinatal Residential Treatment:** Residential substance use treatment for pregnant and postpartum women and women with children in their care. (63 clients/year)
- **Residential Step-Down (Recovery Housing):** Up to two years of stable housing and support for people who have completed residential substance use treatment while they participate in outpatient treatment, strengthen their recovery, and build independent living skills (162 clients/year)

Program Overview



Summary (continued): Under the proposed contract, HealthRIGHT 360 would continue to provide:

- **Outpatient and Intensive Outpatient Substance Use Services:** Treatment including individual and group counseling, relapse prevention, contingency management, and social support services, with more intensive and frequent services available to highest needs clients. These services are delivered across three programs: **Outpatient & Intensive Outpatient; the African American Healing Center, and Project ADAPT**. (703 clients/year)
- **Adult Outpatient Mental Health:** Outpatient mental health services for individuals with co-occurring substance use issues. (35 clients/year)
- **ADAPT Mental Health:** Outpatient mental health services to support substance use recovery, with integrated Western therapies and Eastern healing practices and culturally sensitive counseling in English, Cantonese, and Mandarin. (19 clients/year)
- **Representative Payee Services:** Money management services for individuals who receive public benefits and require assistance managing their financial obligations. (75 clients/year)

Contract Oversight



The proposed contract increases maximum expenditure by \$1.4M. It also increases the contracted number of clients served in residential treatment and recovery housing by over 200, accounting for high demand. Most programs on this contract **exceeded deliverables** in FY23-24.

Alongside this increase, SFDPH has **strengthened and refined program objectives** in the proposed contract, including adding supplemental program objectives on top of baseline objectives for all similar programs. **Supplemental objectives** for residential programs include:

- Maintaining record of weekly average performance of client safety checks during the day and overnight, which are to be performed a minimum of four times each night.
- Maintaining record demonstrating that 90% of clients will engage in a minimum of 15 hours of service per week, including clinical groups, psychoeducation, individual sessions, and therapeutic activities
- Continue practice of reporting all overdoses through SFDPH Behavioral Health Services Quality of Care Reporting. Provider will conduct an internal evaluation within one week of any overdose to identify gaps, recommendations and remediations and submit to SFDPH for review.

Contract Oversight



In addition to the routine contract and program monitoring all SFDPH contractors are subject to, SFDPH has aggressively **increased scrutiny, monitoring, and oversight** of HealthRIGHT 360.

Beginning in May 2024, we formed a joint SFDPH – HealthRIGHT 360 Care Team to review policies, conduct site visits, and recommend program improvements. Key recommendations included the areas of patient safety, quality of care, and staffing, with monitoring to ensure compliance.

- **Client Safety:** A thorough review of program policies identified ways to improve client safety (e.g., enhanced monitoring, bag checks, wellness checks, and more).
- **Quality of Care:** New policies and monitoring tools were introduced to improve and track quality of care. Treatment participation is being monitored beyond state requirements. Updated procedures have a more robust response to relapse or recurrence of drug use, and immediate connection to clinical assessment at intake or with new symptomatic behavior.
- **Staffing:** HealthRIGHT 360 launched strong efforts to recruit and retain staff, leading to fewer staff vacancies. HR360 and DPH continue to monitor staffing to support client safety and care quality.

Improvements Implemented



In response to key recommendations, HealthRIGHT 360 implemented measures including:

- Using an electronic scanning device to track that a minimum of 4 **safety checks** per night are completed
- Limiting **client passes off-site** to only necessary appointments and implementing monitoring procedures after return from approved leave
- Conducting **bag checks** during the client and visitor check in process
- Making several **changes to physical space** to improve safety, security, and surveillance



Conclusion

DPH agrees with the BLA recommendation and respectfully requests approval of this item.

Thank you!

Click on this page to be forwarded to the Legislative Research Center to view the entirety this voluminous document

**City and County of San Francisco
Office of Contract Administration
Purchasing Division
City Hall, Room 430
1 Dr. Carlton B. Goodlett Place
San Francisco, California 94102-4685**

Agreement between the City and County of San Francisco and

Health Right 360

This Agreement is made this 1st day of July 2018, in the City and County of San Francisco, State of California, by and between Health Right 360, 1735 Mission Street, San Francisco, CA 94103 ("Contractor") and City.

Recitals

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

WHEREAS, this Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through RFP-26-2016 and RFP-8-2017, Request for Proposals ("RFP's") issued on August 26, 2016 and August 23, 2017 respectively, in which City selected Contractor as the highest qualified scorer pursuant to the RFP's; and

Whereas, this Agreement was also procured under a Sole Source as authorized by San Francisco Administrative Code Chapter 21.42; and

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

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

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number 48652-16/17 on June 19, 2017 and 40587-17-18 on November 20, 2017; and

WHEREAS, approval for this Agreement was obtained when the Board of Supervisors approved Resolution Number-332-18 on October 2, 2018;

Now, THEREFORE, the parties agree as follows:

Article 1 Definitions

The following definitions apply to this Agreement:

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

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

First Amendment

THIS AMENDMENT (this “Amendment”) is made as of June 1, 2022, in San Francisco, California, by and between **Health Right 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 extend the term, increase the contract amount and update standard contractual clauses; and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through 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 Department of Human Resources on behalf of 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, 2027; and

WHEREAS, approval for this Amendment was obtained on July 15, 2019 from the Department of Human Resources on behalf of the Civil Service Commission under PSC number 40587-17/18 in the amount of \$292,051,200 for the period commencing January 1, 2018 and ending December 31, 2027; and

WHEREAS, approval for this Amendment under S.F. Charter 9.118 was obtained when the Board of Supervisors approved Resolution No. 231-22 on May 26, 2022.

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

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 **Agreement.** The term “Agreement” shall mean the Agreement dated July 1, 2018 between Contractor and City.

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

Article 2 Modifications to the Agreement

The Agreement is hereby modified as follows:

2.1 Definitions. The following is hereby added to the Agreement as a Definition in Article 1:

1.10 “Confidential Information” means confidential City information including, but not limited to, personally-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).

2.2 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 the latter of: (i) July 1, 2018; or (ii) the Effective Date and expire on June 30, 2022, 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 (i) July 1, 2018 and expire on June 30, 2025, unless earlier terminated as otherwise provided herein.

2.3 Compensation. Section 3.3.1 Payment currently reads as follows:

3.3.1 Payment

Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Eighty-Four Million Sixty-Four Thousand Nine Hundred Fifteen Dollars (\$84,064,915)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

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

ARTICLE 3 FINANCIAL MATTERS

3.3.1 Calculation of Charges

Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made⁴ for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **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," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

2.4 Payment Limited to Satisfactory Services and Delivery of Goods. *The following is hereby added to Article 3 of the Agreement, replacing the previous Section 3.3.2 in its entirety.*

3.3.2 Payment Limited to Satisfactory Services and Delivery of Goods. Contractor is not entitled to any payments from City until City approves the goods and/or Services delivered pursuant to this Agreement. Payments to Contractor by City shall not excuse Contractor from its obligation to replace unsatisfactory delivery of goods and/or Services even if the unsatisfactory character may not have been apparent or detected at the time

such payment was made. Goods and/or Services delivered pursuant to this Agreement that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay at no cost to the City

2.5 Getting Paid by the City for Goods and/or Services. *The following is hereby added to Article 3 of the Agreement, replacing the previous Section 3.3.4 in its entirety.*

3.3.4 Invoice Format. Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City and include a unique invoice number and a specific invoice date. Payment shall be made by City as specified in Section 3.3.6, or in such alternate manner as the Parties have mutually agreed upon in writing. All invoices must show the PeopleSoft Purchase Order ID Number, PeopleSoft Supplier Name and ID, Item numbers (if applicable), complete description of goods delivered or Services performed, sales/use tax (if applicable), contract payment terms and contract price. Invoices that do not include all required information or contain inaccurate information will not be processed for payment.

2.6 Getting Paid by the City for Goods and/or Services. *The following is hereby added to Article 3 of the Agreement, replacing the previous Section 3.3.6 in its entirety.*

3.3.6 Getting paid by the City for Goods and/or Services.

(a) The City and County of San Francisco utilizes the Paymode-X® service offered by Bank of America Merrill Lynch to pay City contractors. Contractor must sign up to receive electronic payments to be paid under this Agreement. To sign up for electronic payments, visit http://portal.paymode.com/city_countyofsanfrancisco.

(b) At the option of the City, Contractor may be required to submit invoices directly in the City's financial and procurement system (PeopleSoft) via eSettlement. Refer to <https://sfcitypartner.sfgov.org/pages/training.aspx> for more information on eSettlement. For access to PeopleSoft eSettlement, submit a request through sfemployeeportalsupport@sfgov.org.

2.7 Payment Terms. The following is hereby added to Article 3.3.8 of the Agreement:

3.3.8 Payment Terms.

(a) **Payment Due Date:** Unless City notifies the Contractor that a dispute exists, Payment shall be made within 30 calendar days, measured from (1) the delivery of goods and/or the rendering of services or (2) the date of receipt of the invoice, whichever is later. Payment is deemed to be made on the date on which City has issued a check to Contractor or, if Contractor has agreed to electronic payment, the date on which City has posted electronic payment to Contractor.

2.8 Audit and Inspection of Records. The following is hereby added to Article 3 of the Agreement, replacing the previous Section 3.4 in its entirety.

3.4 Audit and Inspection of Records.

3.4.1 Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not fewer than five years, unless required for a longer duration due to Federal, State, or local requirements of which the City will notify contractor in writing, after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any Federal agency having an interest in the subject matter of this Agreement shall have the same rights as conferred upon City by

this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.

Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$750,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Said requirements can be found at the following website address: https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl.

3.4.2 If Contractor expends less than \$750,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

3.4.3 The Director of Public Health or his / her designee may approve a waiver of the audit requirement in Section 3.4.1 above, if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

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

2.9 Contract Amendments; Budgeting Revisions. *The following is hereby added to Article 3.7 of the Agreement:*

3.7 Contract Amendments; Budgeting Revisions.

3.7.1 Formal Contract Amendment: Contractor shall not be entitled to an increase in the Compensation or an extension of the Term unless the Parties agree to a Formal Amendment in accordance with the San Francisco Administrative Code and Section 11.5 (Modifications of this Agreement).

3.7.2 City Revisions to Program Budgets: The City shall have authority, without the execution of a Formal Amendment, to purchase additional Services and/or make changes to the work in accordance with the terms of this Agreement (including such terms that require Contractor's agreement), not involving an increase in the Compensation or the Term by use of a written City Program Budget Revision.

3.7.3 City Program Scope Reduction. Given the local emergency, the pandemic, and the City's resulting budgetary position, and in order to preserve the Agreement and enable Contractor to continue to perform work albeit potentially on a reduced basis, the City shall have authority during the Term of the Agreement, without the execution of a Formal Amendment, to reduce scope, temporarily suspend the Agreement work, and/or convert the Term to month-to-month (Program Scope Reduction), by use of a written Revision to Program Budgets, executed by the Director of Health, or his or her designee, and Contractor. Contractor understands and agrees that the City's right to effect a Program Scope Reduction is intended to serve a public purpose and to protect the public fisc and is not intended to cause harm to or penalize Contractor. Contractor provides City with a full and final release of all claims arising from a Program Scope Reduction. Contractor

further agrees that it will not sue the City for damages arising directly or indirectly from a City Program Scope Reduction

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

4.2. Qualified Personnel

4.2.1 Contractor shall utilize only competent personnel under the supervision of, and in the employment of, Contractor (or Contractor's authorized subcontractors) to perform the Services. Contractor will comply with City's reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to allow timely completion within the project schedule specified in this Agreement.

4.2.2 Contractor Vaccination Policy.

(a) Contractor acknowledges that it has read the requirements of the 38th Supplement to Mayoral Proclamation Declaring the Existence of a Local Emergency ("Emergency Declaration"), dated February 25, 2020, and the Contractor Vaccination Policy for City Contractors issued by the City Administrator ("Contractor Vaccination Policy"), as those documents may be amended from time to time. A copy of the Contractor Vaccination Policy can be found at: <https://sf.gov/confirm-vaccine-status-your-employees-and-subcontractors>.

(b) A Contract subject to the Emergency Declaration is an agreement between the City and any other entity or individual and any subcontract under such agreement, where Covered Employees of the Contractor or Subcontractor work in-person with City employees in connection with the work or services performed under the agreement at a City owned, leased, or controlled facility. Such agreements include, but are not limited to, professional services contracts, general services contracts, public works contracts, and grants. Contract includes such agreements currently in place or entered into during the term of the Emergency Declaration. Contract does not include an agreement with a state or federal governmental entity or agreements that do not involve the City paying or receiving funds.

(c) In accordance with the Contractor Vaccination Policy, Contractor agrees that:

(i) Where applicable, Contractor shall ensure it complies with the requirements of the Contractor Vaccination Policy pertaining to Covered Employees, as they are defined under the Emergency Declaration and the Contractor Vaccination Policy, and insure such Covered Employees are either fully vaccinated for COVID-19 or obtain from Contractor an exemption based on medical or religious grounds; and

(ii) If Contractor grants Covered Employees an exemption based on medical or religious grounds, Contractor will promptly notify City by completing and submitting the Covered Employees Granted Exemptions Form ("Exemptions Form"), which can be found at <https://sf.gov/confirm-vaccine-status-your-employees-and-subcontractors> (navigate to "Exemptions" to download the form).

(d) The City reserves the right to impose a more stringent COVID-19 vaccination policy for the San Francisco Department of Public Health, acting in its sole discretion.

2.11 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. Neither this Agreement, nor any duties or obligations hereunder, may be directly or indirectly assigned, novated, transferred, or delegated by Contractor (collectively referred to as an "Assignment") unless first approved by City by written instrument executed and approved in the same manner as this Agreement in accordance with the Administrative Code. The City's approval of any such Assignment is subject to the Contractor demonstrating to City's reasonable satisfaction that the proposed transferee is: (i) reputable and capable, financially and otherwise, of performing each of Contractor's obligations under this Agreement and any other documents to be assigned, (ii) not forbidden

by applicable law from transacting business or entering into contracts with City; and (iii) subject to the jurisdiction of the courts of the State of California. A change of ownership or control of Contractor or a sale or transfer of substantially all of the assets of Contractor shall be deemed an Assignment for purposes of this Agreement. Contractor shall immediately notify City about any Assignment. Any purported Assignment made in violation of this provision shall be null and void.

2.12 Insurance. *The following is hereby added to Article 5 of the Agreement, replacing the previous Section 5.1 in its entirety.*

5.1 Insurance

5.1.1 Required Coverages. Insurance limits are subject to Risk Management review and revision, as appropriate, as conditions warrant. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

- (a) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations.
- (b) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.
- (c) Workers' Compensation Insurance, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness.
- (d) Professional Liability Insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 for each claim with respect to negligent acts, errors or omissions in connection with the Services.
- (e) Reserved. (Technology Errors and Omissions Liability Insurance).
- (f) Cyber and Privacy Insurance with limits of not less than \$3,000,000 per claim. Such insurance shall include coverage for liability arising from theft, dissemination, and/or use of confidential information, including but not limited to, bank and credit card account information or personal information, such as name, address, social security numbers, protected health information or other personally identifying information, stored or transmitted in any form.
- (g) Reserved. (Pollution Liability Insurance).
- (h) Blanket Fidelity Bond or Crime Policy with limits of in the amount of any Initial Payment included under this Agreement covering employee theft of money written with a per loss limit.

5.1.2 Additional Insured Endorsements

- (a) The Commercial General Liability policy must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.
- (b) The Commercial Automobile Liability Insurance policy must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.
- (c) Reserved. Pollution Auto Liability Insurance Additional Insured Endorsement

5.1.3 Waiver of Subrogation Endorsements

- (a) The Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

5.1.4 Primary Insurance Endorsements

(a) The Commercial General Liability policy shall provide that such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that the insurance applies separately to each insured against whom claim is made or suit is brought.

(b) The Commercial Automobile Liability Insurance policy shall provide that such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that the insurance applies separately to each insured against whom claim is made or suit is brought.

(c) Reserved. (Pollution Liability Insurance Primary Insured Endorsement). policy shall provide that such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that the insurance applies separately to each insured against whom claim is made or suit is brought.

5.1.5 Other Insurance Requirements

(a) Thirty (30) days' advance written notice shall be provided to the City of cancellation, intended non-renewal, or reduction in coverages, except for non-payment for which no less than ten (10) days' notice shall be provided to City. Notices shall be sent to the City email address: **insurance-contractsrms410@sfdph.org**.

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

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

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

(e) Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.

(f) If Contractor will use any subcontractor(s) to provide Services, Contractor shall require the subcontractor(s) to provide all necessary insurance and to name the City and County of San Francisco, its officers, agents and employees and the Contractor as additional insureds.

2.13 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 claims, demands, losses, damages, costs,

expenses, and liability (legal, contractual, or otherwise) arising from or in any way connected with any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personally identifiable information, health information, disability and labor laws or regulations; (iv) strict liability imposed by any law or regulation; or (v) losses arising from Contractor's execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; so long as such injury, violation, loss, or strict liability (as set forth in subsections (i) – (v) above) arises directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors, or either's agent or employee. Contractor shall also indemnify, defend and hold City harmless from all suits or claims or administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor's performance of this Agreement. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City.

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.

2.14 Contractor to Pay Taxes. *The following is hereby added to Article 7 of the Agreement, replacing the previous Section 7.1 in its entirety:*

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

2.15 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. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

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

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

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

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

2.16 Withholding. *The following is hereby added to Article 7 of the Agreement.*

7.3 Withholding

Contractor agrees that it is obligated to pay all amounts due to the City under the San Francisco Business and Tax Regulations Code during the term of this Agreement. Pursuant to Section 6.10-2 of the San Francisco Business and Tax Regulations Code, Contractor further acknowledges and agrees that City may withhold any payments due to Contractor under this Agreement if Contractor is delinquent in the payment of any amount required to be paid to the City under the San Francisco Business and Tax Regulations Code. Any payments withheld under this paragraph shall be made to Contractor, without interest, upon Contractor coming back into compliance with its obligations.

2.17 Termination and Default, *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

(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 or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (iii) ordering the dissolution, winding-up or liquidation of Contractor.

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

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 by registered mail to the address set forth in Article 11.

2.18 Rights and Duties upon Termination or Expiration, *The following is hereby added to Article 8 of the Agreement, replacing the previous Section 8.4.1 in its entirety:*

8.4 Rights and Duties upon Termination or Expiration.

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

3.3.2	Payment Limited to Satisfactory Services	9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts - Disallowance	9.2	Works for Hire
3.4	Audit and Inspection of Records	11.6	Dispute Resolution Procedure
3.5	Submitting False Claims	11.7	Agreement Made in California; Venue

Article 5	Insurance and Indemnity	11.8	Construction
6.1	Liability of City	11.9	Entire Agreement
6.3	Liability for Incidental and Consequential Damages	11.10	Compliance with Laws
Article 7	Payment of Taxes	11.11	Severability
8.1.6	Payment Obligation	Article 13	Data and Security
		Appendix E	Business Associate Agreement

8.4.2 Subject to the survival of the Sections identified in Section 8.4.1, above, if this Agreement is terminated prior to expiration of the term specified in Article 2, this Agreement shall be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired in connection with the performance of this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City.

2.19 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 Administrative Code Chapter 12K, 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 the 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 Chapter 12K. Information about and the text of Chapter 12K 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 12K, irrespective of the listing of obligations in this Section.

2.20 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.

If Administrative Code Chapter 12P applies to this contract, Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P, including a minimum hourly gross compensation, compensated time off, and uncompensated time off. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. Information about and the text of the Chapter 12P is available on the web at <http://sfgov.org/olse/mco>. Contractor is required to comply with all of the applicable provisions of 12P, irrespective of the listing of obligations in this Section. By signing and executing this Agreement, Contractor certifies that it complies with Chapter 12P.

2.21 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.

Health Care Accountability Ordinance. If Administrative Code Chapter 12Q applies to this contract, Contractor shall comply with the requirements of Chapter 12Q. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission. Information about and the text of the Chapter 12Q, 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 Chapter 12Q. 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.

2.22 Limitations on Contributions *The following is hereby added to Article 10 of the Agreement, replacing the previous Section 10.11 in its entirety:*

10.11 Limitations on Contributions

By executing this Agreement, Contractor acknowledges its obligations under section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with, or is seeking a contract with, any department of the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, for a grant, loan or loan guarantee, or for a development agreement, from making any campaign contribution to (i) a City elected official if the contract must be approved by that official, a board on which that official serves, or the board of a state agency on which an appointee of that official serves, (ii) a candidate for that City elective office, or (iii) a committee controlled by such elected official or a candidate for that office, at any time from the submission of a proposal for the contract until the later of either the termination of negotiations for such contract or twelve months after the date the City approves the contract. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 10% in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor certifies that it has informed each such person of the limitation on contributions imposed by Section 1.126 by the time it submitted a proposal for the contract, and has provided the names of the persons required to be informed to the City department with whom it is contracting.

2.23 Distribution of Beverages and Water *The following is hereby added to Article 10 of the Agreement, replacing the previous Section 10.17 in its entirety:*

10.17 Distribution of Beverages and Water.

10.17.1 Sugar-Sweetened Beverage Prohibition. Contractor agrees that it shall not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.

10.17.2 Packaged Water Prohibition. Contractor agrees that it shall not sell, provide, or otherwise distribute Packaged Water, as defined by San Francisco Environment Code Chapter 24, as part of its performance of this Agreement.

2.24 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
1380 Howard Street
San Francisco, California 94103
FAX: (415) 252-3088
e-mail: David.Folmar@sfdph.org

And: **APRIL CRAWFORD**
CONTRACT DEVELOPMENT AND
TECHNICAL ASSISTANCE (CDTA)
1380 HOWARD STREET, 5TH FLOOR
SAN FRANCISCO, CA 94103
FAX: (415) 252-3031
e-mail: april.crawford@sfdph.org

To CONTRACTOR: HEALTH RIGHT 360
1735 MISSION STREET
SAN FRANCISCO, CA 94103
FAX: (415) 241-1176
e-mail: contracts@healthright360.org

2.25 Incorporation of Recitals. *The following is hereby added to Article 11 of the Agreement, replacing the previous Section 11.3 in its entirety*

11.3 Incorporation of Recitals.

The matters recited above are hereby incorporated into and made part of this Agreement.

2.26 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.

Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, the RFP's, and Contractor's proposals dated November 3, 2016 and September 21, 2017. The RFP's and Contractor's proposals are incorporated by reference as though fully set forth herein. Should there be a conflict of terms or conditions, this Agreement and any implementing task orders shall control over the RFP's and the Contractor's proposals. If the Appendices to this Agreement include any standard printed terms from the Contractor, Contractor agrees that in the event of discrepancy, inconsistency, gap, ambiguity, or conflicting language between the City's terms and Contractor's printed terms attached, the City's terms shall take precedence, followed by the procurement issued by the department, Contractor's proposals, and Contractor's printed terms, respectively.

2.27 Notification of Legal Requests. *The following is hereby added to Article 11 of the Agreement:*

11.14 Notification of Legal Requests.

Contractor shall immediately notify City upon receipt of any subpoenas, service of process, litigation holds, discovery requests and other legal requests ("Legal Requests") related to all data given to Contractor by City in the performance of this Agreement ("City Data" or "Data"), or which in any way might reasonably require access to City's Data, and in no event later than 24 hours after it receives the request. Contractor shall not respond to Legal Requests related to City without first notifying City other than to notify the requestor that the information sought is potentially covered under a non-disclosure agreement. Contractor shall retain and preserve City Data in accordance with the City's instruction and requests, including, without limitation, any retention schedules and/or litigation hold orders provided by the City to Contractor, independent of where the City Data is stored.

2.28 Certification Regarding Lobbying. *The following is hereby added to Article 12 of the Agreement, replacing the previous Section 12.3 in its entirety*

12.3. Certification Regarding Lobbying.

12.3.1 Contractor certifies to the best of its knowledge and belief that: No federally appropriated funds have been paid or will be paid, by or on behalf of Contractor to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

12.3.2 If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, Contractor shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

12.3.3 Contractor shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

12.3.4 This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

2.29 Nondisclosure of Private, Proprietary or Confidential Information. *The following is hereby added to Article 13 of the Agreement, replacing the previous 13.1 in its entirety.*

13.1 Nondisclosure of Private, Proprietary or Confidential Information.

13.1.1 Protection of Private Information. If this Agreement requires City to disclose "Private Information" to Contractor within the meaning of San Francisco Administrative Code Chapter 12M, Contractor and subcontractor shall use such information only in accordance with the restrictions stated in Chapter 12M and in this Agreement and only as necessary in performing the Services. Contractor is subject to the enforcement and penalty provisions in Chapter 12M.

13.1.2 Confidential Information. In the performance of Services, Contractor may have access to, or collect on City's behalf, City's proprietary or Confidential Information, the disclosure of which to third parties may damage City. If City discloses proprietary or Confidential Information to Contractor, or Contractor collects such information on City's behalf, such information must be held by Contractor in confidence and used only in performing the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary or Confidential Information.

2.30 Management of City Data and Confidential Information: *The following is hereby added to Article 13 of the Agreement:*

13.4 Management of City Data and Confidential Information.

13.4.1 Use of City Data and Confidential Information. Contractor agrees to hold City's Data received from, or collected on behalf of, the City, in strictest confidence. Contractor shall not use or disclose City's Data except as permitted or required by the Agreement or as otherwise authorized in writing by the City.

Any work using, or sharing or storage of, City's Data outside the United States is subject to prior written authorization by the City. Access to City's Data must be strictly controlled and limited to Contractor's staff assigned to this project on a need-to-know basis only. Contractor is provided a limited non-exclusive license to use the City Data solely for performing its obligations under the Agreement and not for Contractor's own purposes or later use. Nothing herein shall be construed to confer any license or right to the City Data or Confidential Information, by implication, estoppel or otherwise, under copyright or other intellectual property rights, to any third-party. Unauthorized use of City Data by Contractor, subcontractors or other third-parties is prohibited. For purpose of this requirement, the phrase "unauthorized use" means the data mining or processing of data, stored or transmitted by the service, for commercial purposes, advertising or advertising-related purposes, or for any purpose other than security or service delivery analysis that is not explicitly authorized.

13.4.2 Disposition of Confidential Information. Upon request of City or termination or expiration of this Agreement, and pursuant to any document retention period required by this Agreement, Contractor shall promptly, but in no event later than thirty (30) calendar days, return all data given to or collected by Contractor on City's behalf, which includes all original media. Once Contractor has received written confirmation from City that City's Data has been successfully transferred to City, Contractor shall within ten (10) business days clear or purge all City Data from its servers, any hosted environment Contractor has used in performance of this Agreement, including its subcontractors environment(s), work stations that were used to process the data or for production of the data, and any other work files stored by Contractor in whatever medium. Contractor shall provide City with written certification that such purge occurred within five (5) business days of the purge. Secure disposal shall be accomplished by "clearing," "purging" or "physical destruction," in accordance with National Institute of Standards and Technology (NIST) Special Publication 800-88 or most current industry standard.

2.31 Ownership of City Data. *The following is hereby added to Article 13 of the Agreement:*

13.5 Ownership of City Data. The Parties agree that as between them, all rights, including all intellectual property rights, in and to the City Data and any derivative works of the City Data is the exclusive property of the City.

2.32 Protected Health Information: *The following is hereby added to Article 13 of the Agreement:*

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

2.33 Appendix A dated 07/01/21 (i.e. July 1, 2021) is hereby added to the Agreement for 2021-22.

2.34 Appendix B dated 07/01/21 (i.e. July 1, 2021) is hereby added to the Agreement for 2021-22.

2.35 Appendix F, Invoices, dated 07/01/21 (i.e. July 1, 2021) are hereby added to the Agreement for 2021-22.

2.36 Appendix G, Dispute Resolution, dated 07/01/18 (i.e. July 1, 2018) is hereby deleted and Appendix G, Dispute Resolution, dated 07/01/21 (i.e. July 1, 2021) is hereby added to the Agreement for 2021-22.

2.37 Appendix H, Substance Abuse Disorder Services, dated 07/01/18 (i.e. July 1, 2018) is hereby deleted and Appendix H, Substance Abuse Disorder Services, dated 07/01/21 (i.e. July 1, 2021) is hereby added to the Agreement for 2021-22.

2.38 Appendix I, Data Access Sharing Terms, dated 07/01/21 (i.e. July 1, 2021) is hereby added to the Agreement for 2021-22.

Article 3 Effective Date

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


Article 4 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 Amendment on the day first mentioned above.

CITY

Recommended by:

DocuSigned by:

28527524752949F...
Grant Colfax
Director of Health
Department of Public Health

6/27/2022 | 11:43 AM PDT

CONTRACTOR

Health Right 360

DocuSigned by:

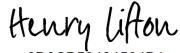
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VITKA EISEN
Chief Executive Director

6/23/2022 | 10:04 AM PDT

City Supplier ID:
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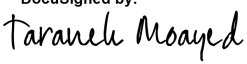
Approved as to Form:

David Chiu
City Attorney

By: DocuSigned by:

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Henry Lifton
Deputy City Attorney

6/23/2022 | 10:42 AM PDT

Approved:

DocuSigned by:

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Sailaja Kurella
Director, Office of Contract Administration, and
Purchaser

6/27/2022 | 4:36 PM PDT

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

Health Right 360 2021-22 and 2022-23

Appendix A-1 – Residential

Appendix A-2 --Residential Step Down

Appendix A-3 – Perinatal Residential

Appendix A-4 – Residential Withdrawal Management

Appendix A-5 – Outpatient/Intensive Outpatient

Appendix A-6 – Representative Payee Services

Appendix A-7 – Adult Outpatient

Appendix A-8 –Adapt MH

Appendix A-9 – Women’s Community Clinic Primary Care

Appendix A-10 – Women’s Community Clinic WAHT

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

Contractor Name: HealthRIGHT 360**Program Name: HR360 ODS Residential SUD Tx****Appendix A-1****Contract Term:** 07/01/2021 – 06/30/22**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: James Dixon, Division Director
 Telephone: (415) 701-5100
 Email Address: jdixon@healthright360.org
 Program Code(s): 3834ARS, 3806ARM

2. Nature of Document:

☐ Original ☒ First Amendment ☐ 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:

The target population served by HR360 Adult Residential is 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)

Contractor Name: HealthRIGHT 360**Appendix A-1****Program Name: HR360 ODS Residential SUD Tx****Contract Term: 07/01/2021 – 06/30/22**

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):

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Unduplicated Clients (UDC)
ODS-112: ODS Residential (Drug-Medi-Cal) 3.1 – Per Day 4 beds x 365 days	932	11
ODS-113: ODS Residential (Drug-Medi-Cal) 3.3 – Per Day 6 beds x 365 days	1,567	16
ODS-114: ODS Residential (Drug-Medi-Cal) 3.5 – Per Day 118 beds x 365 days	29,413	323
ODS-58: ODS Residential Treatment Services - Room & Board Only– Per Day 128 beds x 365 days	31,912	350
Total UOS Delivered	31,912 days of treatment + 31,912 days of room and board	
Total UDC Served		350

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

Contractor Name: HealthRIGHT 360**Appendix A-1****Program Name: HR360 ODS Residential SUD Tx****Contract Term: 07/01/2021 – 06/30/22**

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

Contractor Name: HealthRIGHT 360**Appendix A-1****Program Name: HR360 ODS Residential SUD Tx****Contract Term: 07/01/2021 – 06/30/22**

- 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

Contractor Name: HealthRIGHT 360
Program Name: HR360 ODS Residential SUD Tx

Appendix A-1
Contract Term: 07/01/2021 – 06/30/22

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.

Contractor Name: HealthRIGHT 360
Program Name: HR360 ODS Residential SUD Tx

Appendix A-1
Contract Term: 07/01/2021 – 06/30/22

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;

Contractor Name: HealthRIGHT 360**Appendix A-1****Program Name: HR360 ODS Residential SUD Tx****Contract Term: 07/01/2021 – 06/30/22**

- 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:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Adult and Older Adult Performance Objectives FY 20-21.

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

Contractor Name: HealthRIGHT 360**Appendix A-1****Program Name: HR360 ODS Residential SUD Tx****Contract Term: 07/01/2021 – 06/30/22**

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

Contractor Name: HealthRIGHT 360**Appendix A-1****Program Name: HR360 ODS Residential SUD Tx****Contract Term: 07/01/2021 – 06/30/22****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.

Contractor Name: HealthRIGHT 360**Program Name: Recovery Residence (Recovery Step-Down)****Appendix A-2****Contract Term: 07/01/21 – 06/30/22****1. Identifiers:**

Program Name: Men's Recovery Residence
 Program Address: 214 Haight Street
 City, State, Zip Code: San Francisco, CA 94117
 Telephone: (415) 701-5100
 Website: www.healthright360.org
Program Code: 88077, 87067

Program Name: Women's Recovery Residence
 Program Address: 2024 Hayes
 City, State, Zip Code: San Francisco, CA 94117
 Telephone: (415) 750-5111
 Website: www.healthright360.org
Program Code: 88077, 87067

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

Program Director: Steve Garcia
 Telephone: 415-760-6402
 Email Address: sgarcia@healthRIGHT360.org

2. Nature of Document:

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

3. Goal Statement:

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

4. Priority Population:

The target population served by HR360 Residential Step-down (RSD) services are adult poly-substance abusers 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. Populations benefiting from specialized services include men; the mentally ill; HIV positive individuals; homeless people; young adults ages 18-24; gay, bisexual and transgender people; veterans; parents; and individuals involved in the criminal justice system.

- Polysubstance abusers
- Intravenous route of administration

Contractor Name: HealthRIGHT 360**Appendix A-2****Program Name: Recovery Residence (Recovery Step-Down)****Contract Term: 07/01/21 – 06/30/22**

- Homeless

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

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Unduplicated Clients (UDC)
Res-59: ODS Recovery Residences – Per Day 92 Beds x 365 days	22,667	92
Total UOS Delivered	22,667 bed days	
Total UDC Served		92

6. Methodology:

HR360 Adult Residential step-down services, in which peers in recovery live together and support each other's recovery while continuing participation in treatment and related services has proven effective in sustaining treatment gains. The program serves San Francisco residents whose substance abuse and related problems no longer require the full intensity of services provided in a residential program setting, but continue to require substantial case management and treatment services to achieve treatment goals. No Treatment services for satellite clients are provided at these locations. Satellite services are provided to clients at their Primary Residential programs.

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

Admission is open to all adult San Francisco residents with a substance use disorder. Clients are referred into residential step-down services after completing a residential SUD treatment program, and must receive a referral from HR360 program staff.

B. Service delivery model

The program has a variable length, and participants are eligible for up to 9 months total of recovery step down (RSD) services. However, eligibility is contingent on the client participating in outpatient treatment, working towards achievement of treatment plan goals, and linking to the next step-down level of care.

Contractor Name: HealthRIGHT 360**Appendix A-2****Program Name: Recovery Residence (Recovery Step-Down)****Contract Term: 07/01/21 – 06/30/22**

Program Service Locations: These RSD programs are located at the following HR360 facilities, women at 2024 Hayes Street and 1225 Northpoint Dr, and men are housed at 214 Haight Street, and 1202 Mariner Dr, San Francisco, CA.

C. Discharge Planning and exit criteria and process

Those who complete the program have stabilized their lives and have secured 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.

D. Program staffing

See salaries & benefits detail page in Appendix B.

E. 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 20-21.

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.

Contractor Name: HealthRIGHT 360**Appendix A-2****Program Name: Recovery Residence (Recovery Step-Down)****Contract Term: 07/01/21 – 06/30/22**

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

Contractor Name: HealthRIGHT 360**Appendix A-2****Program Name: Recovery Residence (Recovery Step-Down)****Contract Term: 07/01/21 – 06/30/22**

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.

Contractor Name: HealthRIGHT 360

Program Name: Recovery Residence (Recovery Step-Down)

Appendix A-2

Contract Term: 07/01/21 – 06/30/22

Contractor Name: HealthRIGHT 360**Program Name:** HR360 ODS Perinatal Residential SUD Tx**Appendix A-3****Contract Term:** 07/01/21 – 06/30/22**1. Identifiers:**

Program Name: Perinatal Residential (Women's HOPE)

Program Address: 2261 Bryant Street

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

Telephone: (415) 800-7534

Website: www.healthright360.org

Perinatal Program Code: 8910RPN**Non Perinatal Program Code:** 89102

Contractor Address, City, State, ZIP:

1563 Mission St, 4th Floor, San Francisco, CA 94103

contracts@healthright360.org

Program Director: Shelly Wynne

Telephone: 415-654-9024

Email Address: swynne@healthright360.org

2. Nature of Document:
☐ Original ☒ First Amendment ☐ 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:

The target population for Women's HOPE (Healing Opportunities & Parenting Education) Program is pregnant and post-partum women and their children. These populations include individuals that are polysubstance users, chronic mental illness, transition age youth (aged 18-25 years), the African American, Asian Pacific Islander, and Hispanic/Latino communities, the LBTQQ community including transgendered individuals, homeless individuals and families, and individuals with HIV/AIDS.

- Pregnant Women *
- Post-partum Women
- Intravenous Drug Users (IDU)*

**Admission Priority population.*

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

Contractor Name: HealthRIGHT 360**Appendix A-3****Program Name: HR360 ODS Perinatal Residential SUD Tx****Contract Term: 07/01/21 – 06/30/22**

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Unduplicated Clients (UDC)
ODS-112: ODS Residential (Drug-Medi-Cal) 3.1 – Per Day 1 beds x 30 days	30	1
ODS-113: ODS Residential (Drug-Medi-Cal) 3.3 – Per Day 1 bed x 30 days	30	1
ODS-114: ODS Residential (Drug-Medi-Cal) 3.5 – Per Day 13 beds x 365 days	3,644	40
Res-58-1: ODS Residential Recovery Room and Board– Per Day 15 beds x 365 days	3,704	42
Total UOS Delivered	3,704 days of treatment + 3,704 days of room and board	
Total UDC Served		42

6. Methodology:

Women's HOPE Program is a multi-services residential substance abuse treatment program for pregnant and post-partum women. The facility houses up to 16 women, with additional capacity for up to 9 children. Services are trauma-informed and gender responsive, and include parenting and family services in an effort to break the intergenerational cycles of substance abuse and mental illness. The program has been designed to address all co-factors that support addictive behaviors in addition to providing services for children. Issues to be addressed include substance use, trauma, mental illness, health and wellness, spirituality, culture, relationships, family reunification, employability, homelessness, sober living skills, parenting education, and aftercare.

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

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

Contractor Name: HealthRIGHT 360**Appendix A-3****Program Name: HR360 ODS Perinatal Residential SUD Tx****Contract Term: 07/01/21 – 06/30/22**

TAP (County Central Intake Program) at 1380 Howard Street. Intake orientations happen Monday through Friday for anyone in the community to come to 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. 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 an initial medication evaluation with a HR360 psychiatrist.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers, including TAP.

C. Service delivery model

I. Residential Treatment Services

The adult perinatal residential program is a short-term residential program that provides stays from 30 to 90 days of residential services that must be authorized by the County. Each client's length of stay in treatment is determined by their assessment that establishes individual, clinical priorities as well as ASAM risk levels.

Services are provided in a 24- hour facility where clients reside.

ASAM designations:

2261-2263 Bryant Street

3.1 Low intensity services

- 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.

Contractor Name: HealthRIGHT 360**Appendix A-3****Program Name: HR360 ODS Perinatal Residential SUD Tx****Contract Term: 07/01/21 – 06/30/22****3.3 Population specific High intensity**

- 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.

3.5 High intensity services

- 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.

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

Contractor Name: HealthRIGHT 360**Appendix A-3****Program Name: HR360 ODS Perinatal Residential SUD Tx****Contract Term: 07/01/21 – 06/30/22**

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

Contractor Name: HealthRIGHT 360**Appendix A-3****Program Name: HR360 ODS Perinatal Residential SUD Tx****Contract Term: 07/01/21 – 06/30/22**

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. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion is celebrated through a formal ceremony. Unsuccessful completions may include those who left without consent or notification of the program staff, or were 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

Contractor Name: HealthRIGHT 360**Appendix A-3****Program Name: HR360 ODS Perinatal Residential SUD Tx****Contract Term: 07/01/21 – 06/30/22**

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 20-21.

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

Contractor Name: HealthRIGHT 360**Appendix A-3****Program Name: HR360 ODS Perinatal Residential SUD Tx****Contract Term: 07/01/21 – 06/30/22**

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).

Contractor Name: HealthRIGHT 360

Appendix A-3

Program Name: HR360 ODS Perinatal Residential SUD Tx

Contract Term: 07/01/21 – 06/30/22

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.

Contractor Name: HealthRIGHT 360
Program Name: Withdrawal Management

Appendix A-4
Contract Term: 07/01/21 – 06/30/22
Funding Source

1. Identifiers:

Program Name: HR360 Men's Adult Withdrawal Management
Program Address: 890 Hayes St, San Francisco, CA 94117
Telephone: (415) 701-5100
Website Address: www.healthright360.org
Program Codes: 3834RWM

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: James Dixon, Division Director
Telephone: (415) 701-5100
Email Address: jdixon@healthright360.org

2. Nature of Document:

☐ Original ☒ First Amendment ☐ 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:

The target population served by HR360 Adult Residential is 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

Contractor Name: HealthRIGHT 360
Program Name: Withdrawal Management

Appendix A-4
Contract Term: 07/01/21 – 06/30/22
Funding Source

- 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):

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Unduplicated Clients (UDC)
ODS-109: ODS Withdrawal Management 3.2– Per Day 30 beds x 365 days	7,667	511
ODS-58: ODS Res Tx Room & Board Only – Per Day 36 beds x 365 days	11,422	761
Total UOS Delivered	5,667 days of treatment + 5,667 days of room and board	
Total UDC Served		761

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

Contractor Name: HealthRIGHT 360
Program Name: Withdrawal Management

Appendix A-4
Contract Term: 07/01/21 – 06/30/22
Funding Source

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. 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:

Contractor Name: HealthRIGHT 360
Program Name: Withdrawal Management

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Funding Source

815 Buena Vista West & 890 Hayes St

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:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Adult and Older Adult Performance Objectives FY 20-21.

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

Contractor Name: HealthRIGHT 360
Program Name: Withdrawal Management

Appendix A-4
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Funding Source

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;

Contractor Name: HealthRIGHT 360
Program Name: Withdrawal Management

Appendix A-4
Contract Term: 07/01/21 – 06/30/22
Funding Source

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.

Contractor Name: HealthRIGHT 360
Program Name: Outpatient & Intensive Outpatient

Appendix A-5
Contract Term: 07/01/21 – 06/30/22

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
- 2) 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: 87301
- 3) 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: 38371
- 4) Program Name: Lee Woodward Counseling Center (LWCC)
Program Address: 1735 Mission Street
City, State, Zip Code: San Francisco, CA 94103
Website: www.healthright360.org
Telephone: (415) 776-1001
Program Code: 01201

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

Program Director: Angela Ball, Division Director
Telephone: 415-762-3700
Email Address: anball@healthright360.org

2. Nature of Document:

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

Contractor Name: HealthRIGHT 360
Program Name: Outpatient & Intensive Outpatient

Appendix A-5
Contract Term: 07/01/21 – 06/30/22

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:

The target population served by Outpatient Services are 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):

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Unduplicated Clients (UDC)
ODS-91: ODS Outpatient Treatment – 15 min	29,580	202
ODS-105: ODS Intensive Outpatient Treatment – 15 min	7,925	83
Nonres-33 & Nonres-34: Nonresidential ODF – 15 min	15,064	97
ODS-91rscm: ODS OT Recovery Services Case Management – 15 min	2,909	150
Total UOS Delivered	58,260 units of 15 min service increments	
Total UDC Served		532

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.

Contractor Name: HealthRIGHT 360
Program Name: Outpatient & Intensive Outpatient

Appendix A-5
Contract Term: 07/01/21 – 06/30/22

- 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:

Contractor Name: HealthRIGHT 360
Program Name: Outpatient & Intensive Outpatient

Appendix A-5
Contract Term: 07/01/21 – 06/30/22

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.

Contractor Name: HealthRIGHT 360
Program Name: Outpatient & Intensive Outpatient

Appendix A-5
Contract Term: 07/01/21 – 06/30/22

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 20-21.

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.

Contractor Name: HealthRIGHT 360
Program Name: Outpatient & Intensive Outpatient

Appendix A-5
Contract Term: 07/01/21 – 06/30/22

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.

Contractor Name: HealthRIGHT 360

Program Name: Outpatient & Intensive Outpatient

Appendix A-5

Contract Term: 07/01/21 – 06/30/22

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: Representative Payee Services

Appendix A-6
Contract Term: 07/01/21 – 06/30/22
Funding Source

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: Angela Ball, Division Director
Telephone: 415-762-3700
Email Address: anball@healthright360.org

2. Nature of Document:

☐ Original ☒ First Amendment ☐ 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:

The program serves 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

Contractor Name: HealthRIGHT 360
Program Name: Representative Payee Services

Appendix A-6
Contract Term: 07/01/21 – 06/30/22
Funding Source

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

Contractor Name: HealthRIGHT 360
Program Name: Representative Payee Services

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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. 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

Contractor Name: HealthRIGHT 360
Program Name: Representative Payee Services

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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 20-21.

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.

Contractor Name: HealthRIGHT 360
Program Name: Representative Payee Services

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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

Contractor Name: HealthRIGHT 360

Program Name: Representative Payee Services

Appendix A-6

Contract Term: 07/01/21 – 06/30/22

Funding Source

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-7****Contract Term:** 07/01/21 – 06/30/22**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
- 2) 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: 38K3OP

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

Program Director: Angela Ball, Division Director
 Telephone: 415-762-3700
 Email Address: anball@healthright360.org

2. Nature of Document:

☐ Original ☒ First Amendment ☐ 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:

This component serves 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,

Contractor Name: HealthRIGHT 360**Program Name: HR360 Adult OP Mental Health Services****Appendix A-7****Contract Term: 07/01/21 – 06/30/22**

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):

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Unduplicated Clients (UDC)
15/10-57,59: OP MH Svcs – Minute	79,340	35
15/01-09: OP Case Mgmt Brokerage – Minute	1,887	2
15/70-79: OP Crisis Intervention – Minute	696	1
Total UOS Delivered	81,923 minutes of service	
Total UDC Served		38

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.

Contractor Name: HealthRIGHT 360**Program Name: HR360 Adult OP Mental Health Services****Appendix A-7****Contract Term: 07/01/21 – 06/30/22**

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

Contractor Name: HealthRIGHT 360**Appendix A-7****Program Name: HR360 Adult OP Mental Health Services****Contract Term: 07/01/21 – 06/30/22**

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:

Contractor Name: HealthRIGHT 360**Program Name: HR360 Adult OP Mental Health Services****Appendix A-7****Contract Term: 07/01/21 – 06/30/22**

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

Contractor Name: HealthRIGHT 360**Appendix A-7****Program Name: HR360 Adult OP Mental Health Services****Contract Term: 07/01/21 – 06/30/22****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 20-21.

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**

Contractor Name: HealthRIGHT 360**Appendix A-7****Program Name: HR360 Adult OP Mental Health Services****Contract Term: 07/01/21 – 06/30/22**

- 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

Contractor Name: HealthRIGHT 360

Program Name: HR360 Adult OP Mental Health Services

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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-8****Contract Term:** 07/01/21 – 06/30/22**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, Division Director
 Telephone: 415-762-3700
 Email Address: anball@healthright360.org

2. Nature of Document:

☐ Original ☒ First Amendment ☐ 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:

This component serves 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

Contractor Name: HealthRIGHT 360**Program Name:** ADAPT Mental Health Services**Appendix A-8****Contract Term:** 07/01/21 – 06/30/22**5. Modality(s)/Intervention(s):**

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Unduplicated Clients (UDC)
15/10-57, 59: OP MH Services – Staff Minutes	48,083	19
15/01-09: OP Case Mgt Brokerage – Staff Minutes	730	1
15/70-79: OP Crisis Intervention	340	1
Total UOS Delivered	49,153 minutes of treatment	
Total UDC Served		19

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.

Contractor Name: HealthRIGHT 360**Program Name: ADAPT Mental Health Services****Appendix A-8****Contract Term: 07/01/21 – 06/30/22****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.

Contractor Name: HealthRIGHT 360**Appendix A-8****Program Name: ADAPT Mental Health Services****Contract Term: 07/01/21 – 06/30/22****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 or 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

Contractor Name: HealthRIGHT 360**Appendix A-8****Program Name: ADAPT Mental Health Services****Contract Term: 07/01/21 – 06/30/22**

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 20-21.

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

Contractor Name: HealthRIGHT 360**Appendix A-8****Program Name: ADAPT Mental Health Services****Contract Term: 07/01/21 – 06/30/22**

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

Contractor Name: HealthRIGHT 360**Appendix A-8****Program Name: ADAPT Mental Health Services****Contract Term: 07/01/21 – 06/30/22**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-8

Contract Term: 07/01/21 – 06/30/22

Contractor Name: HealthRIGHT 360**Program Name: WCC Primary Care****Appendix A-9****Contract Term: 07/01/21 – 06/30/22****1. Identifiers:**

Program Name: Women's Community Clinic: Primary Care

Program Address, City, State, ZIP: 1735 Mission Street 1st floor San Francisco, CA 94103

Telephone/FAX: (415) 820-7304

Website Address: www.healthright360.org

Contractor Address, City, State, ZIP:

1563 Mission St, 4th Floor, San Francisco, CA 94103

contracts@healthright360.org

Program Director: JM Jaffe

Telephone: (415) 901-7108

Email Address: jjaffe@lyon-martin.org

Program Code(s) (if applicable): N/A

2. Nature of Document:☐ Original ☒ First Amendment ☐ Revision to Program Budgets (RPB)**3. Goal Statement:**

To increase access to preventive health care services for uninsured women in San Francisco.

4. Priority Population:

Low-income women, women of color, bisexual, lesbian, and transgender women, and uninsured women and girls who reside in San Francisco.

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

N/A

6. Methodology**A. Outreach, recruitment, promotion, and advertisement:**

Women in San Francisco are informed about the services of the Women's Community Clinic through referral processes of other organizations, our web site, flyers, end listings in the phone book and service directories and by word of mouth. All services are affordable and accessible on a sliding fee scale.

B. Admission & Intake:

The clinic is located at 1735 Mission Street in Son Francisco. It is on the ground floor and is ADA accessible. The Clinic is open 5 days per week, and has many evening hours:

Contractor Name: HealthRIGHT 360**Program Name: WCC Primary Care****Appendix A-9****Contract Term: 07/01/21 – 06/30/22**

Monday	Tuesday	Wednesday	Thursday	Friday
1:00 – 9:00 PM	9:00 – 5:00 PM	9:00 – 5:00 PM	1:00 – 9:00 PM	9:00 – 5:00 PM

Clients can call or stop by the clinic to schedule an appointment. Clients can now also request appointments through our patient portal, MyChart. Each client receives a reminder call one day prior to their scheduled appointment. A client is registered at the front desk by a front desk volunteer or staff member. She is given intake paperwork and asked to provide contact information and a complete health history. As part of the registration process, the client is screened for eligibility in the Family Planning Access Care and Treatment (Family P.A.C.T) program, a California program that funds family planning services for low income women and for eligibility for other insurance programs. An enrollment specialist is available on site to assist with Medi-CAL and Covered CA enrollment.

C. Service delivery model

Next, the client is seen by a volunteer health worker who determines the nature of the client's concern and provides health education relevant to the concern. The health educator takes vital signs, does routine domestic violence and sexual assault screening, and provides health-related education, including information about safer sex practices, STI's, and birth control options. The client is then seen by a licensed clinician who reviews the client's health history, performs a clinical exam as indicated, orders appropriate lab tests, and provides any indicated health education, prescriptions and/or referrals.

D. Discharge Planning and Exit Criteria and Process

Upon checkout at the front desk, the client receives any necessary referral paperwork or handouts and may schedule a follow-up appointment. Clients are also asked to fill out a client satisfaction survey after check-out.

All clients are encouraged to call for lab results. Clients with abnormal labs receive a phone call within 72 hours of receipt of results from a clinician. The clinician discusses all of the client's options for treatment and provides referrals as necessary.

Appointments at Women's Community Clinic typically last 20-60 minutes, excluding wait time. Client confidentiality is emphasized to create a safe and supportive environment and HIPAA policies and protocols are in place.

E. Program Staffing

Staff Supervision, Training and Volunteer Based Model

The Clinic Director provides oversight of clinical services, and is responsible for the medical component of the program and clinical operations. The Clinic Manager is charged with administrative supervision of the Medical Assistants, Health Educators, and Client Services Coordinators. All follow up care and any abnormal test results are tracked by our clinic staff. The Clinic has a paid staff of over 30 people including three paid Nurse Practitioners, three paid

Contractor Name: HealthRIGHT 360**Program Name: WCC Primary Care****Appendix A-9****Contract Term: 07/01/21 – 06/30/22**

Certified Nurse Midwives, one RN, one Medical Assistant, a Clinic Director, Clinic Manager, and two Medical Directors (OBGYN and Internist) along with other Program and Administrative Staff including an Outreach Coordinator and Volunteer Director. The Clinic also has an active Board which oversees the operations of the Clinic and act as community spokespeople and fund raisers.

The Health Educators and Client Services Coordinators who work closely with clients in a variety of capacities, such as client intake and education, are predominantly volunteers. The Clinic is host to over 150 volunteers who provide services to clients in a variety of capacities. This amounts to approximately \$350,000 in cost savings per year. Additionally, over 80% of our volunteer alumni enter into the health professions after their experience volunteering at the Clinic. The Clinic considers itself a training ground for future health care leaders who will enter into their careers with a strong grounding in community health and harm reduction based services.

The staff training plan includes scheduled training in alternating months conducted during clinical staff meetings, and additional educational leave for staff to attend conferences and workshops. Volunteers receive both initial and ongoing training which is a requirement of their volunteer experience at the Women's Community Clinic. The level of training varies according to the volunteer role. In accordance with rules and regulations which govern Women's Community Clinic, certain training such as HIPAA, Cal OSHA requirements and yearly training on Infection Control are mandatory for all clinic staff. Additionally, in 2015-16, the Clinic has implemented a staff training program focused around cultural inclusion and racism - with a focus on our organization as well as our client and community facing programming.

F. Vouchers: N/A

7. Objectives and Measurements:

A. Outcome Objectives

1. By the end of the contract term, at least 80% of eligible patients will receive at least one pap smear within a 3-year period.

Evaluation: Outcome evaluation for this objective will be achieved through a patient registry (Azara DRVS) report. The report will be conducted on an annual basis.
Eligible patients: Patients age 21 -64 with ~ 1 medical visit in the past 12 months.

2. By the end of the contract term, 100% of patients with a high grade positive pap result will receive appropriate follow-up within 6 months of the test result.

Evaluation: Outcome evaluation for this objective will be achieved through a patient registry report (to identify high-level positives) and chart review (to retrieve follow-up information.) The report and chart review will be conducted on an annual basis.

- High-level positive pap result include: LSIL/HSIL or AGC
- Appropriate Follow-up:

Contractor Name: HealthRIGHT 360**Program Name: WCC Primary Care****Appendix A-9****Contract Term: 07/01/21 – 06/30/22**

- For LSIL/HSIL: colposcopy evaluation within 6 months
- For AGC: colposcopy plus ECC and EMB as appropriate within 6 months.
- Documentation of referral for specialty care (i.e. LEEP) that needs to be obtained at another health care facility elsewhere
- Records of follow-up include:
 - records for chart;
 - records release in chart; or
 - patient to return to clinic to sign record release
- For patients who have been lost-to-follow-up, documentation of attempts to contact the patient will be kept

3. By the end of the contract term, at least 80% of patients age 24 and under will receive at least one test for Chlamydia within a 12-month period.

Evaluation: Outcome evaluation for this objective will be achieved through a patient registry (Azara DRVS) report. The report will be conducted on a monthly basis. Eligible patients: Patients age 24 and under with ~ 1 medical visit in 1 year.

4. By the end of the contract term, 100% of returning patients with a positive Chlamydia result will be retested within 6 months of the treatment date.

Evaluation: Outcome evaluation for this objective will be achieved through a patient registry report and subsequent chart review. The report and chart review will be conducted on an annual basis.

B. Process Objectives

1. During the contract term, 100% of patients will receive initial and follow-up health assessments, which shall include a medical evaluation (medical history review), and, as indicated, a targeted physical examination, laboratory evaluation, preventive and therapeutic medical services, and referrals to appropriate care.

Evaluation: Outcome evaluation for this objective will be achieved through documentation of relevant baseline, laboratory data, and medical evaluation results within patient charts.

2. During the contract term, 100% of patients will receive initial and follow-up health education assessments to evaluate current high-risk behaviors, along with education and behavioral change and risk reduction interventions.

Evaluation: Outcome evaluation for this objective will be achieved through capture of baseline data in the patient's chart. Patients will receive an individual health education assessment and ongoing health education on preventing STIs, HIV transmission, and the use of safer sex tools such as condoms and dental dams.

8. Continuous Quality Improvement:

Contractor Name: HealthRIGHT 360
Program Name: WCC Primary Care

Appendix A-9
Contract Term: 07/01/21 – 06/30/22

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.

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,

Contractor Name: HealthRIGHT 360**Program Name: WCC Primary Care****Appendix A-9****Contract Term: 07/01/21 – 06/30/22**

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: WCC Primary Care

Appendix A-9
Contract Term: 07/01/21 – 06/30/22

Contractor Name: HealthRIGHT 360**Program Name:** WAHT Workforce Initiative**Appendix A-10****Contract Term:** 07/01/21 – 06/30/22**Funding Source****1. Identifiers:**

Program Name: Western Addition Healthcare Training (WAHT) Workforce Initiative

Program Address, City, State, ZIP: 1735 Mission Street 1st floor

Telephone/FAX: (415) 820-7304

Website Address: www.healthright360.org

Contractor Address, City, State, ZIP:

1563 Mission St, 4th Floor, San Francisco, CA 94103

contracts@healthright360.org

Program Director: JM Jaffe

Telephone: (415) 901-7108

Email Address: jjaffe@lyon-martin.org

Program Code(s) (if applicable): N/A

2. Nature of Document:☐ Original ☒ First Amendment ☐ Revision to Program Budgets (RPB)**3. Goal Statement:**

The WAHT Workforce Initiative increases access to women's health services while also providing community-based workforce development and training with a focus on Western Addition residents.

4. Priority Population:

Our primary target populations are low-income women, women of color, bisexual, lesbian, and transgender women and uninsured women and girls who reside in San Francisco. More specifically, we will also target diverse aged (ranging from 12-50) women of color residing in the Western Addition/Fillmore with a focus on public housing residents who are likely to experience health disparities, barriers to health information and services, and lack of economic opportunities.

The program will focus on the Western Addition (WA), a community in San Francisco that has experienced great disruption and disempowerment-- what was once a thriving community is now home to a concentration of public housing projects and a disenfranchised populace. The WA shares the 94115 zip code with bordering affluent neighborhoods, yet within the WA are some of the city's highest rates of homicide, unemployment, sexually transmitted infections, and uninsured residents.

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

N/A

6. Methodology:

Contractor Name: HealthRIGHT 360**Program Name: WAHT Workforce Initiative****Appendix A-10****Contract Term: 07/01/21 – 06/30/22****Funding Source**

The WAHT Workforce Initiative increases the pool of underrepresented individuals, particularly young women of color, who are exposed to the diverse career opportunities in the health professions. The Western Addition has one of the highest unemployment rates for young people in San Francisco, and with the unprecedented stream of health-related jobs in San Francisco due to implementation of the Affordable Care Act, it is paramount that Western Addition residents are equipped with the tools and skill set to capitalize on the changing healthcare landscape. Our geographic focus of working with young women of color in the Western Addition neighborhood of San Francisco, assures that we're building the workforce capacity of young people in the local community. WAHT uses a community inclusive approach to provide Western Addition residents the opportunity to both improve their economic prospects through workforce development and support the health and wellness of community members through facilitation of community education and outreach. The WAHT Workforce Development Initiative creates several access points for community members to gain health workforce experience through multiple tiers that build over the course of two years.

The Tier paths are summarized below:

I. WAHT Internship Track I: A 20-hour health careers training curriculum for community members interested in gaining more skills and knowledge around women's health and careers in health. Participants are paid and upon graduation are able to move to Internship Track II.

II. WAHT Internship Track II: A 6-month, 12 hour /week curriculum that includes a health worker position at the Women's Community Clinic with job placement support upon successful completion of Track II. Participants will provide direct clinical services as a Health Worker for 9 hours/week and participate in professional development and training activities 3 hours/week. Participants are paid and upon graduation are able to move to the WAHT Fellowship.

III. WAHT Fellowship: An intensive and high level 18-month, 28 hour /week staff position at the Women's Community Clinic with job placement support upon successful completion of Fellowship. The WAHT Fellowship participants will be trained in clinic management and supervision; facilitation and presentation community-based health education and will participate in numerous professional and leadership development activities. WAHT Fellowship participants will also graduate with Medical Assistant and CPR Certifications.

A. Outreach & Recruitment:

Women in San Francisco are informed about the services of the Women's Community Clinic through referral processes of other organizations, our web site, flyers, end listings in the phone book and service directories and by word of mouth. All services are affordable and accessible on a sliding fee scale.

The WAHT Workforce Initiative is also focused on educating and enrolling eligible Western Addition residents in expanded insurance coverage under the Affordable Core Act. A big focus of the Initiative will be in hosting forums and workshops to educate the community on the Affordable Care

Contractor Name: HealthRIGHT 360**Program Name:** WAHT Workforce Initiative**Appendix A-10****Contract Term:** 07/01/21 – 06/30/22**Funding Source**

Act (ACA). Initiative participants will get trained on the basic tenets of the ACA and will be the primary facilitators of community-based outreach and education. The Clinic will also have a Certified Enrollment Counselor that will be present and available to enroll community members during outreach activities.

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

The clinic is located at 1735 Mission Street in Son Francisco. It is on the ground floor and is ADA accessible. The Clinic is open 5 days per week, and has many evening hours:

Monday	Tuesday	Wednesday	Thursday	Friday
1:00 – 9:00 PM	9:00 – 5:00 PM	9:00 – 5:00 PM	1:00 – 9:00 PM	9:00 – 5:00 PM

Clients can call or stop by the clinic to schedule an appointment. Clients can now also request appointments through our patient portal, MyChart. Each client receives a reminder call one day prior to their scheduled appointment. A client is registered at the front desk by a front desk volunteer or staff member. She is given intake paperwork and asked to provide contact information and a complete health history. As part of the registration process, the client is screened for eligibility in the Family Planning Access Care and Treatment (Family P.A.C.T) program, a California program that funds family planning services for low income women and for eligibility for other insurance programs. An enrollment specialist is available on site to assist with Medi-CAL and Covered CA enrollment.

C. Service delivery model

Next, the client is seen by a volunteer health worker who determines the nature of the client's concern and provides health education relevant to the concern.

D. Discharge Planning and exit criteria and process

Upon checkout at the front desk, the client receives any necessary referral paperwork or handouts and may schedule a follow-up appointment. Clients are also asked to fill out a client satisfaction survey after check-out.

All clients are encouraged to call for lab results. Clients with abnormal labs receive a phone call within 72 hours of receipt of results from a clinician. The clinician discusses all of the client's options for treatment and provides referrals as necessary.

Appointments at Women's Community Clinic typically last 20-60 minutes, excluding wait time. Client confidentiality is emphasized to create a safe and supportive environment and HIPAA policies and protocols are in place.

E. Program staffing

Staff Supervision, Training and Volunteer Based Model

Contractor Name: HealthRIGHT 360**Program Name: WAHT Workforce Initiative****Appendix A-10****Contract Term: 07/01/21 – 06/30/22****Funding Source**

The Clinic Director provides oversight of clinical services and is responsible for the medical component of the program and clinical operations. The Clinic Manager is charged with administrative supervision of the Medical Assistants, Health Educators, and Client Services Coordinators. All follow up care and any abnormal test results are tracked by our clinic staff. The Clinic has a paid staff of over 30 people including three paid Nurse Practitioners, three paid Certified Nurse Midwives, one RN, one Medical Assistant, a Clinic Director, Clinic Manager, and two Medical Directors (OB/GYN and Internist) along with other Program and Administrative Staff including an Outreach Coordinator and Volunteer Director. The Clinic also has an active Board which oversees the operations of the Clinic and act as community spokespeople and fund raisers.

The Health Educators and Client Services Coordinators who work closely with clients in a variety of capacities, such as client intake and education, are predominantly volunteers. The Clinic is host to over 150 volunteers who provide services to clients in a variety of capacities. This amounts to approximately \$350,000 in cost savings per year. Additionally, over 80% of our volunteer alumni enter into the health professions after their experience volunteering at the Clinic. The Clinic considers itself a training ground for future health care leaders who will enter into their careers with a strong grounding in community health and harm reduction-based services.

The staff training plan includes scheduled training in alternating months conducted during clinical staff meetings, and additional educational leave for staff to attend conferences and workshops. Volunteers receive both initial and ongoing training which is a requirement of their volunteer experience at the Women's Community Clinic. The level of training varies according to the volunteer role. In accordance with rules and regulations which govern Women's Community Clinic, certain training such as HIPAA, Cal OSHA requirements and yearly training on Infection Control are mandatory for all clinic staff. Additionally, in 2015-16, the Clinic has implemented a staff training program focused around cultural inclusion and racism - with a focus on our organization as well as our client and community facing programming.

F. Vouchers: N/A

7. Objectives and Measurements:

A. Outcome Objectives

1. By the end of the contract term, at least 75% of WAHT Workforce Initiative participants will score 70% or above on a content exam of clinical women's health knowledge.

Evaluation: Outcome evaluation for this objective will be achieved based on exam scores on a women's health content exam; the data will be collected upon completion of each program tier. Participants will be evaluated on discrete knowledge learned using a pre- and post test survey. Participants are expected to increase their knowledge of women's health and primary care services, customer service philosophies, health insurance terms and enrollment. Demonstrable increase in

Contractor Name: HealthRIGHT 360
Program Name: WAHT Workforce Initiative

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"self-efficacy" in- workshop subject matter based on pre and post-test tracking of discrete knowledge gained. The data will be collected by program staff.

2. By the end of the contract term, at least 30% (N=12) of WAHT Workforce Initiative participants will be placed in an internship/permanent job in a health care setting.

Evaluation: Outcome evaluation for this objective will be achieved through Salesforce data tracking. The data will be collected by program staff.

3. By the end of the contract term, 300 community members will be enrolled in MediCal Expansion/ Covered California by a Women's Community Clinic Certified Enrollment Counselor.

Evaluation: Outcome evaluation for this objective will be achieved through CalHeers/Salesforce data tracking. The data will be collected by our Certified Enrollment Counselor.

B. Process Objectives

1. During the contract term, 40 women of color from the Western Addition will receive comprehensive women's health education and health professions leadership development and training at the Women's Community Clinic.

Evaluation: Process evaluation for this objective will be achieved through documentation and tracking of number of participants who have completed each Workforce Initiative tier. The data will be collected by program staff.

2. During the contract term, a minimum of 12 women of color from the Western Addition will complete a short-term site placement at the Women's Community Clinic or at community partner sites including: San Francisco Community Clinic Consortium UCSF, School of Medicine; UCSF, School of Nursing or University of San Francisco.

Evaluation: Process evaluation for this objective will be achieved through documentation and tracking of number of participants who have completed site placements. The data will be collected by program staff.

3. During the contract term, 50% of workforce program participants will complete an updated and revised resume.

Evaluation: Process evaluation for this objective will be achieved through documentation and tracking of number of participants who completed the program's resume workshop. The data will be collected by program staff.

4. During the contract term, WAHT will provide community health education and Affordable Care Act enrollment education to 400 community members.

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Evaluation: Process evaluation for this objective will be achieved through tracking number of attendees/participants at community forums and workshops~ The data will be collected by program staff.

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.

Contractor Name: HealthRIGHT 360**Program Name: WAHT Workforce Initiative****Appendix A-10****Contract Term: 07/01/21 – 06/30/22****Funding Source****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: WAHT Workforce Initiative

Appendix A-10

Contract Term: 07/01/21 – 06/30/22

Funding Source

Contractor Name: HealthRIGHT 360
Program Name: HR360 ODS Residential SUD Tx

Appendix A-1
Contract Term: 07/01/2022 – 06/30/23

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: James Dixon, Division Director
Telephone: (415) 701-5100
Email Address: jdixon@healthright360.org
Program Code(s): 3834ARS, 3806ARM

2. Nature of Document:

☐ Original ☒ First Amendment ☐ 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:

The target population served by HR360 Adult Residential is 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)

Contractor Name: HealthRIGHT 360**Appendix A-1****Program Name: HR360 ODS Residential SUD Tx****Contract Term: 07/01/2022 – 06/30/23**

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):

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Unduplicated Clients (UDC)
ODS-112: ODS Residential (Drug-Medi-Cal) 3.1 – Per Day 4 beds x 365 days	932	11
ODS-113: ODS Residential (Drug-Medi-Cal) 3.3 – Per Day 6 beds x 365 days	1,567	16
ODS-114: ODS Residential (Drug-Medi-Cal) 3.5 – Per Day 118 beds x 365 days	29,413	323
ODS-58: ODS Residential Treatment Services - Room & Board Only– Per Day 128 beds x 365 days	31,912	350
Total UOS Delivered	31,912 days of treatment + 31,912 days of room and board	
Total UDC Served		350

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

Contractor Name: HealthRIGHT 360**Appendix A-1****Program Name: HR360 ODS Residential SUD Tx****Contract Term: 07/01/2022 – 06/30/23**

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

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- 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

Contractor Name: HealthRIGHT 360
Program Name: HR360 ODS Residential SUD Tx

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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.

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Program Name: HR360 ODS Residential SUD Tx

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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;

Contractor Name: HealthRIGHT 360**Appendix A-1****Program Name: HR360 ODS Residential SUD Tx****Contract Term: 07/01/2022 – 06/30/23**

- 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:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Adult and Older Adult Performance Objectives FY 20-21.

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

Contractor Name: HealthRIGHT 360**Appendix A-1****Program Name: HR360 ODS Residential SUD Tx****Contract Term: 07/01/2022 – 06/30/23**

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

Contractor Name: HealthRIGHT 360**Appendix A-1****Program Name: HR360 ODS Residential SUD Tx****Contract Term: 07/01/2022 – 06/30/23****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.

Contractor Name: HealthRIGHT 360**Program Name: Recovery Residence (Recovery Step-Down)****Appendix A-2****Contract Term: 07/01/22 – 06/30/23****1. Identifiers:**

Program Name: Men's Recovery Residence
 Program Address: 214 Haight Street
 City, State, Zip Code: San Francisco, CA 94117
 Telephone: (415) 701-5100
 Website: www.healthright360.org
Program Code: 88077, 87067

Program Name: Women's Recovery Residence
 Program Address: 2024 Hayes
 City, State, Zip Code: San Francisco, CA 94117
 Telephone: (415) 750-5111
 Website: www.healthright360.org
Program Code: 88077, 87067

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

Program Director: Steve Garcia
 Telephone: 415-760-6402
 Email Address: sgarcia@healthRIGHT360.org

2. Nature of Document:

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

3. Goal Statement:

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

4. Priority Population:

The target population served by HR360 Residential Step-down (RSD) services are adult poly-substance abusers 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. Populations benefiting from specialized services include men; the mentally ill; HIV positive individuals; homeless people; young adults ages 18-24; gay, bisexual and transgender people; veterans; parents; and individuals involved in the criminal justice system.

- Polysubstance abusers
- Intravenous route of administration

Contractor Name: HealthRIGHT 360**Appendix A-2****Program Name: Recovery Residence (Recovery Step-Down)****Contract Term: 07/01/22 – 06/30/23**

- Homeless

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

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Unduplicated Clients (UDC)
Res-59: ODS Recovery Residences – Per Day 92 Beds x 365 days	22,667	92
Total UOS Delivered	22,667 bed days	
Total UDC Served		92

6. Methodology:

HR360 Adult Residential step-down services, in which peers in recovery live together and support each other's recovery while continuing participation in treatment and related services has proven effective in sustaining treatment gains. The program serves San Francisco residents whose substance abuse and related problems no longer require the full intensity of services provided in a residential program setting, but continue to require substantial case management and treatment services to achieve treatment goals. No Treatment services for satellite clients are provided at these locations. Satellite services are provided to clients at their Primary Residential programs.

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

Admission is open to all adult San Francisco residents with a substance use disorder. Clients are referred into residential step-down services after completing a residential SUD treatment program, and must receive a referral from HR360 program staff.

B. Service delivery model

The program has a variable length, and participants are eligible for up to 9 months total of recovery step down (RSD) services. However, eligibility is contingent on the client participating in outpatient treatment, working towards achievement of treatment plan goals, and linking to the next step-down level of care.

Contractor Name: HealthRIGHT 360**Appendix A-2****Program Name: Recovery Residence (Recovery Step-Down)****Contract Term: 07/01/22 – 06/30/23**

Program Service Locations: These RSD programs are located at the following HR360 facilities, women at 2024 Hayes Street and 1225 Northpoint Dr, and men are housed at 214 Haight Street, and 1202 Mariner Dr, San Francisco, CA.

C. Discharge Planning and exit criteria and process

Those who complete the program have stabilized their lives and have secured 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.

D. Program staffing

See salaries & benefits detail page in Appendix B.

E. 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 20-21.

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.

Contractor Name: HealthRIGHT 360**Appendix A-2****Program Name: Recovery Residence (Recovery Step-Down)****Contract Term: 07/01/22 – 06/30/23**

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

Contractor Name: HealthRIGHT 360**Appendix A-2****Program Name: Recovery Residence (Recovery Step-Down)****Contract Term: 07/01/22 – 06/30/23**

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.

Contractor Name: HealthRIGHT 360

Program Name: Recovery Residence (Recovery Step-Down)

Appendix A-2

Contract Term: 07/01/22 – 06/30/23

Contractor Name: HealthRIGHT 360**Program Name:** HR360 ODS Perinatal Residential SUD Tx**Appendix A-3****Contract Term:** 07/01/22 – 06/30/23**1. Identifiers:**

Program Name: Perinatal Residential (Women's HOPE)

Program Address: 2261 Bryant Street

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

Telephone: (415) 800-7534

Website: www.healthright360.org

Perinatal Program Code: 8910RPN**Non Perinatal Program Code:** 89102

Contractor Address, City, State, ZIP:

1563 Mission St, 4th Floor, San Francisco, CA 94103

contracts@healthright360.org

Program Director: Shelly Wynne

Telephone: 415-654-9024

Email Address: swynne@healthright360.org

2. Nature of Document:
☐ Original ☒ First Amendment ☐ 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:

The target population for Women's HOPE (Healing Opportunities & Parenting Education) Program is pregnant and post-partum women and their children. These populations include individuals that are polysubstance users, chronic mental illness, transition age youth (aged 18-25 years), the African American, Asian Pacific Islander, and Hispanic/Latino communities, the LBTQQ community including transgendered individuals, homeless individuals and families, and individuals with HIV/AIDS.

- Pregnant Women *
- Post-partum Women
- Intravenous Drug Users (IDU)*

**Admission Priority population.*

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

Contractor Name: HealthRIGHT 360**Appendix A-3****Program Name: HR360 ODS Perinatal Residential SUD Tx****Contract Term: 07/01/22 – 06/30/23**

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Unduplicated Clients (UDC)
ODS-112: ODS Residential (Drug-Medi-Cal) 3.1 – Per Day 1 beds x 30 days	30	1
ODS-113: ODS Residential (Drug-Medi-Cal) 3.3 – Per Day 1 bed x 30 days	30	1
ODS-114: ODS Residential (Drug-Medi-Cal) 3.5 – Per Day 13 beds x 365 days	3,644	40
Res-58-1: ODS Residential Recovery Room and Board– Per Day 15 beds x 365 days	3,704	42
Total UOS Delivered	3,704 days of treatment + 3,704 days of room and board	
Total UDC Served		42

6. Methodology:

Women's HOPE Program is a multi-services residential substance abuse treatment program for pregnant and post-partum women. The facility houses up to 16 women, with additional capacity for up to 9 children. Services are trauma-informed and gender responsive, and include parenting and family services in an effort to break the intergenerational cycles of substance abuse and mental illness. The program has been designed to address all co-factors that support addictive behaviors in addition to providing services for children. Issues to be addressed include substance use, trauma, mental illness, health and wellness, spirituality, culture, relationships, family reunification, employability, homelessness, sober living skills, parenting education, and aftercare.

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

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

Contractor Name: HealthRIGHT 360**Appendix A-3****Program Name: HR360 ODS Perinatal Residential SUD Tx****Contract Term: 07/01/22 – 06/30/23**

TAP (County Central Intake Program) at 1380 Howard Street. Intake orientations happen Monday through Friday for anyone in the community to come to 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. 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 an initial medication evaluation with a HR360 psychiatrist.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers, including TAP.

C. Service delivery model

I. Residential Treatment Services

The adult perinatal residential program is a short-term residential program that provides stays from 30 to 90 days of residential services that must be authorized by the County. Each client's length of stay in treatment is determined by their assessment that establishes individual, clinical priorities as well as ASAM risk levels.

Services are provided in a 24- hour facility where clients reside.

ASAM designations:

2261-2263 Bryant Street

3.1 Low intensity services

- 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.

Contractor Name: HealthRIGHT 360**Appendix A-3****Program Name: HR360 ODS Perinatal Residential SUD Tx****Contract Term: 07/01/22 – 06/30/23****3.3 Population specific High intensity**

- 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.

3.5 High intensity services

- 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.

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

Contractor Name: HealthRIGHT 360**Appendix A-3****Program Name: HR360 ODS Perinatal Residential SUD Tx****Contract Term: 07/01/22 – 06/30/23**

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

Contractor Name: HealthRIGHT 360**Appendix A-3****Program Name: HR360 ODS Perinatal Residential SUD Tx****Contract Term: 07/01/22 – 06/30/23**

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. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion is celebrated through a formal ceremony. Unsuccessful completions may include those who left without consent or notification of the program staff, or were 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

Contractor Name: HealthRIGHT 360**Appendix A-3****Program Name: HR360 ODS Perinatal Residential SUD Tx****Contract Term: 07/01/22 – 06/30/23**

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 20-21.

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

Contractor Name: HealthRIGHT 360**Appendix A-3****Program Name: HR360 ODS Perinatal Residential SUD Tx****Contract Term: 07/01/22 – 06/30/23**

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).

Contractor Name: HealthRIGHT 360

Program Name: HR360 ODS Perinatal Residential SUD Tx

Appendix A-3

Contract Term: 07/01/22 – 06/30/23

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.

Contractor Name: HealthRIGHT 360
Program Name: Withdrawal Management

Appendix A-4
Contract Term: 07/01/22 – 06/30/23
Funding Source

1. Identifiers:

Program Name: HR360 Men's Adult Withdrawal Management
 Program Address: 890 Hayes St, San Francisco, CA 94117
 Telephone: (415) 701-5100
 Website Address: www.healthright360.org
Program Codes: 3834RWM

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: James Dixon, Division Director
 Telephone: (415) 701-5100
 Email Address: jdixon@healthright360.org

2. Nature of Document:

☐ Original ☒ First Amendment ☐ 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:

The target population served by HR360 Adult Residential is 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

Contractor Name: HealthRIGHT 360
Program Name: Withdrawal Management

Appendix A-4
Contract Term: 07/01/22 – 06/30/23
Funding Source

- 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):

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Unduplicated Clients (UDC)
ODS-109: ODS Withdrawal Management 3.2– Per Day 30 beds x 365 days	7,667	511
ODS-58: ODS Res Tx Room & Board Only – Per Day 36 beds x 365 days	11,422	761
Total UOS Delivered	5,667 days of treatment + 5,667 days of room and board	
Total UDC Served		761

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

Contractor Name: HealthRIGHT 360
Program Name: Withdrawal Management

Appendix A-4
Contract Term: 07/01/22 – 06/30/23
Funding Source

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. 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:

Contractor Name: HealthRIGHT 360
Program Name: Withdrawal Management

Appendix A-4
Contract Term: 07/01/22 – 06/30/23
Funding Source

815 Buena Vista West & 890 Hayes St

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:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Adult and Older Adult Performance Objectives FY 20-21.

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

Contractor Name: HealthRIGHT 360
Program Name: Withdrawal Management

Appendix A-4
Contract Term: 07/01/22 – 06/30/23
Funding Source

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;

Contractor Name: HealthRIGHT 360
Program Name: Withdrawal Management

Appendix A-4
Contract Term: 07/01/22 – 06/30/23
Funding Source

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.

Contractor Name: HealthRIGHT 360
Program Name: Outpatient & Intensive Outpatient

Appendix A-5
Contract Term: 07/01/22 – 06/30/23

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

- 2) 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: 87301

- 3) 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: 38371

- 4) Program Name: Lee Woodward Counseling Center (LWCC)
 Program Address: 1735 Mission Street
 City, State, Zip Code: San Francisco, CA 94103
 Website: www.healthright360.org
 Telephone: (415) 776-1001
Program Code: 01201

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

Program Director: Angela Ball, Division Director
 Telephone: 415-762-3700
 Email Address: anball@healthright360.org

2. Nature of Document:

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

Contractor Name: HealthRIGHT 360
Program Name: Outpatient & Intensive Outpatient

Appendix A-5
Contract Term: 07/01/22 – 06/30/23

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:

The target population served by Outpatient Services are 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):

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Unduplicated Clients (UDC)
ODS-91: ODS Outpatient Treatment – 15 min	29,580	202
ODS-105: ODS Intensive Outpatient Treatment – 15 min	7,925	83
Nonres-33 & Nonres-34: Nonresidential ODF – 15 min	15,064	97
ODS-91rscm: ODS OT Recovery Services Case Management – 15 min	2,909	150
Total UOS Delivered	58,260 units of 15 min service increments	
Total UDC Served		532

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.

Contractor Name: HealthRIGHT 360
Program Name: Outpatient & Intensive Outpatient

Appendix A-5
Contract Term: 07/01/22 – 06/30/23

- 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:

Contractor Name: HealthRIGHT 360
Program Name: Outpatient & Intensive Outpatient

Appendix A-5
Contract Term: 07/01/22 – 06/30/23

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.

Contractor Name: HealthRIGHT 360
Program Name: Outpatient & Intensive Outpatient

Appendix A-5
Contract Term: 07/01/22 – 06/30/23

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 20-21.

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.

Contractor Name: HealthRIGHT 360
Program Name: Outpatient & Intensive Outpatient

Appendix A-5
Contract Term: 07/01/22 – 06/30/23

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.

Contractor Name: HealthRIGHT 360

Program Name: Outpatient & Intensive Outpatient

Appendix A-5

Contract Term: 07/01/22 – 06/30/23

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: Representative Payee Services

Appendix A-6
Contract Term: 07/01/22 – 06/30/23

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: Angela Ball, Division Director
Telephone: 415-762-3700
Email Address: anball@healthright360.org

2. Nature of Document:

☐ Original ☒ First Amendment ☐ 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:

The program serves 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

Contractor Name: HealthRIGHT 360
Program Name: Representative Payee Services

Appendix A-6
Contract Term: 07/01/22 – 06/30/23

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

Contractor Name: HealthRIGHT 360**Appendix A-6****Program Name: Representative Payee Services****Contract Term: 07/01/22 – 06/30/23**

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. 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

Contractor Name: HealthRIGHT 360
Program Name: Representative Payee Services

Appendix A-6
Contract Term: 07/01/22 – 06/30/23

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 20-21.

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.

Contractor Name: HealthRIGHT 360
Program Name: Representative Payee Services

Appendix A-6
Contract Term: 07/01/22 – 06/30/23

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

Contractor Name: HealthRIGHT 360**Appendix A-6****Program Name: Representative Payee Services****Contract Term: 07/01/22 – 06/30/23**

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-7****Contract Term:** 07/01/22 – 06/30/23**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
- 2) 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: 38K3OP

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

Program Director: Angela Ball, Division Director
 Telephone: 415-762-3700
 Email Address: anball@healthright360.org

2. Nature of Document:

☐ Original ☒ First Amendment ☐ 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:

This component serves 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,

Contractor Name: HealthRIGHT 360**Program Name: HR360 Adult OP Mental Health Services****Appendix A-7****Contract Term: 07/01/22 – 06/30/23**

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):

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Unduplicated Clients (UDC)
15/10-57,59: OP MH Svcs – Minute	79,340	35
15/01-09: OP Case Mgmt Brokerage – Minute	1,887	2
15/70-79: OP Crisis Intervention – Minute	696	1
Total UOS Delivered	81,923 minutes of service	
Total UDC Served		38

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.

Contractor Name: HealthRIGHT 360**Program Name: HR360 Adult OP Mental Health Services****Appendix A-7****Contract Term: 07/01/22 – 06/30/23**

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

Contractor Name: HealthRIGHT 360**Appendix A-7****Program Name:** HR360 Adult OP Mental Health Services**Contract Term:** 07/01/22 – 06/30/23

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:

Contractor Name: HealthRIGHT 360**Program Name: HR360 Adult OP Mental Health Services****Appendix A-7****Contract Term: 07/01/22 – 06/30/23**

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

Contractor Name: HealthRIGHT 360**Appendix A-7****Program Name: HR360 Adult OP Mental Health Services****Contract Term: 07/01/22 – 06/30/23****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 20-21.

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**

Contractor Name: HealthRIGHT 360**Appendix A-7****Program Name: HR360 Adult OP Mental Health Services****Contract Term: 07/01/22 – 06/30/23**

- 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

Contractor Name: HealthRIGHT 360

Program Name: HR360 Adult OP Mental Health Services

Appendix A-7

Contract Term: 07/01/22 – 06/30/23

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-8****Contract Term:** 07/01/22 – 06/30/23**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, Division Director
 Telephone: 415-762-3700
 Email Address: anball@healthright360.org

2. Nature of Document:

☐ Original ☒ First Amendment ☐ 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:

This component serves 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

Contractor Name: HealthRIGHT 360**Program Name:** ADAPT Mental Health Services**Appendix A-8****Contract Term:** 07/01/22 – 06/30/23**5. Modality(s)/Intervention(s):**

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Unduplicated Clients (UDC)
15/10-57, 59: OP MH Services – Staff Minutes	48,083	19
15/01-09: OP Case Mgt Brokerage – Staff Minutes	730	1
15/70-79: OP Crisis Intervention	340	1
Total UOS Delivered	49,153 minutes of treatment	
Total UDC Served		19

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.

Contractor Name: HealthRIGHT 360**Program Name: ADAPT Mental Health Services****Appendix A-8****Contract Term: 07/01/22 – 06/30/23****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.

Contractor Name: HealthRIGHT 360**Appendix A-8****Program Name: ADAPT Mental Health Services****Contract Term: 07/01/22 – 06/30/23****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 or 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

Contractor Name: HealthRIGHT 360**Appendix A-8****Program Name: ADAPT Mental Health Services****Contract Term: 07/01/22 – 06/30/23**

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 20-21.

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

Contractor Name: HealthRIGHT 360**Appendix A-8****Program Name: ADAPT Mental Health Services****Contract Term: 07/01/22 – 06/30/23**

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

Contractor Name: HealthRIGHT 360**Appendix A-8****Program Name: ADAPT Mental Health Services****Contract Term: 07/01/22 – 06/30/23**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-8

Contract Term: 07/01/22 – 06/30/23

Contractor Name: HealthRIGHT 360**Program Name: WCC Primary Care****Appendix A-9****Contract Term: 07/01/22 – 06/30/23****1. Identifiers:**

Program Name: Women's Community Clinic: Primary Care

Program Address, City, State, ZIP: 1735 Mission Street 1st floor San Francisco, CA 94103

Telephone/FAX: (415) 820-7304

Website Address: www.healthright360.org

Contractor Address, City, State, ZIP:

1563 Mission St, 4th Floor, San Francisco, CA 94103

contracts@healthright360.org

Program Director: JM Jaffe

Telephone: (415) 901-7108

Email Address: jjaffe@lyon-martin.org

Program Code(s) (if applicable): N/A

2. Nature of Document:
☐ Original

 ☒ First Amendment

 ☐ Revision to Program Budgets (RPB)
3. Goal Statement:

To increase access to preventive health care services for uninsured women in San Francisco.

4. Priority Population:

Low-income women, women of color, bisexual, lesbian, and transgender women, and uninsured women and girls who reside in San Francisco.

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

N/A

6. Methodology**A. Outreach, recruitment, promotion, and advertisement:**

Women in San Francisco are informed about the services of the Women's Community Clinic through referral processes of other organizations, our web site, flyers, end listings in the phone book and service directories and by word of mouth. All services are affordable and accessible on a sliding fee scale.

B. Admission & Intake:

The clinic is located at 1735 Mission Street in Son Francisco. It is on the ground floor and is ADA accessible. The Clinic is open 5 days per week, and has many evening hours:

Contractor Name: HealthRIGHT 360**Program Name: WCC Primary Care****Appendix A-9****Contract Term: 07/01/22 – 06/30/23**

Monday	Tuesday	Wednesday	Thursday	Friday
1:00 – 9:00 PM	9:00 – 5:00 PM	9:00 – 5:00 PM	1:00 – 9:00 PM	9:00 – 5:00 PM

Clients can call or stop by the clinic to schedule an appointment. Clients can now also request appointments through our patient portal, MyChart. Each client receives a reminder call one day prior to their scheduled appointment. A client is registered at the front desk by a front desk volunteer or staff member. She is given intake paperwork and asked to provide contact information and a complete health history. As part of the registration process, the client is screened for eligibility in the Family Planning Access Care and Treatment (Family P.A.C.T) program, a California program that funds family planning services for low income women and for eligibility for other insurance programs. An enrollment specialist is available on site to assist with Medi-CAL and Covered CA enrollment.

C. Service delivery model

Next, the client is seen by a volunteer health worker who determines the nature of the client's concern and provides health education relevant to the concern. The health educator takes vital signs, does routine domestic violence and sexual assault screening, and provides health-related education, including information about safer sex practices, STI's, and birth control options. The client is then seen by a licensed clinician who reviews the client's health history, performs a clinical exam as indicated, orders appropriate lab tests, and provides any indicated health education, prescriptions and/or referrals.

D. Discharge Planning and Exit Criteria and Process

Upon checkout at the front desk, the client receives any necessary referral paperwork or handouts and may schedule a follow-up appointment. Clients are also asked to fill out a client satisfaction survey after check-out.

All clients are encouraged to call for lab results. Clients with abnormal labs receive a phone call within 72 hours of receipt of results from a clinician. The clinician discusses all of the client's options for treatment and provides referrals as necessary.

Appointments at Women's Community Clinic typically last 20-60 minutes, excluding wait time. Client confidentiality is emphasized to create a safe and supportive environment and HIPAA policies and protocols are in place.

E. Program Staffing

Staff Supervision, Training and Volunteer Based Model

The Clinic Director provides oversight of clinical services, and is responsible for the medical component of the program and clinical operations. The Clinic Manager is charged with administrative supervision of the Medical Assistants, Health Educators, and Client Services Coordinators. All follow up care and any abnormal test results are tracked by our clinic staff. The Clinic has a paid staff of over 30 people including three paid Nurse Practitioners, three paid

Contractor Name: HealthRIGHT 360**Program Name: WCC Primary Care****Appendix A-9****Contract Term: 07/01/22 – 06/30/23**

Certified Nurse Midwives, one RN, one Medical Assistant, a Clinic Director, Clinic Manager, and two Medical Directors (OBGYN and Internist) along with other Program and Administrative Staff including an Outreach Coordinator and Volunteer Director. The Clinic also has an active Board which oversees the operations of the Clinic and act as community spokespeople and fund raisers.

The Health Educators and Client Services Coordinators who work closely with clients in a variety of capacities, such as client intake and education, are predominantly volunteers. The Clinic is host to over 150 volunteers who provide services to clients in a variety of capacities. This amounts to approximately \$350,000 in cost savings per year. Additionally, over 80% of our volunteer alumni enter into the health professions after their experience volunteering at the Clinic. The Clinic considers itself a training ground for future health care leaders who will enter into their careers with a strong grounding in community health and harm reduction based services.

The staff training plan includes scheduled training in alternating months conducted during clinical staff meetings, and additional educational leave for staff to attend conferences and workshops. Volunteers receive both initial and ongoing training which is a requirement of their volunteer experience at the Women's Community Clinic. The level of training varies according to the volunteer role. In accordance with rules and regulations which govern Women's Community Clinic, certain training such as HIPAA, Cal OSHA requirements and yearly training on Infection Control are mandatory for all clinic staff. Additionally, in 2015-16, the Clinic has implemented a staff training program focused around cultural inclusion and racism - with a focus on our organization as well as our client and community facing programming.

F. Vouchers: N/A

7. Objectives and Measurements:

A. Outcome Objectives

1. By the end of the contract term, at least 80% of eligible patients will receive at least one pap smear within a 3-year period.

Evaluation: Outcome evaluation for this objective will be achieved through a patient registry (Azara DRVS) report. The report will be conducted on an annual basis.
Eligible patients: Patients age 21 -64 with ~ 1 medical visit in the past 12 months.

2. By the end of the contract term, 100% of patients with a high grade positive pap result will receive appropriate follow-up within 6 months of the test result.

Evaluation: Outcome evaluation for this objective will be achieved through a patient registry report (to identify high-level positives) and chart review (to retrieve follow-up information.) The report and chart review will be conducted on an annual basis.

- High-level positive pap result include: LSIL/HSIL or AGC
- Appropriate Follow-up:

Contractor Name: HealthRIGHT 360
Program Name: WCC Primary Care

Appendix A-9
Contract Term: 07/01/22 – 06/30/23

- For LSIL/HSIL: colposcopy evaluation within 6 months
- For AGC: colposcopy plus ECC and EMB as appropriate within 6 months.
- Documentation of referral for specialty care (i.e. LEEP) that needs to be obtained at another health care facility elsewhere
- Records of follow-up include:
 - records for chart;
 - records release in chart; or
 - patient to return to clinic to sign record release
- For patients who have been lost-to-follow-up, documentation of attempts to contact the patient will be kept

3. By the end of the contract term, at least 80% of patients age 24 and under will receive at least one test for Chlamydia within a 12-month period.

Evaluation: Outcome evaluation for this objective will be achieved through a patient registry (Azara DRVS) report. The report will be conducted on a monthly basis. Eligible patients: Patients age 24 and under with ~ 1 medical visit in 1 year.

4. By the end of the contract term, 100% of returning patients with a positive Chlamydia result will be retested within 6 months of the treatment date.

Evaluation: Outcome evaluation for this objective will be achieved through a patient registry report and subsequent chart review. The report and chart review will be conducted on an annual basis.

B. Process Objectives

1. During the contract term, 100% of patients will receive initial and follow-up health assessments, which shall include a medical evaluation (medical history review), and, as indicated, a targeted physical examination, laboratory evaluation, preventive and therapeutic medical services, and referrals to appropriate care.

Evaluation: Outcome evaluation for this objective will be achieved through documentation of relevant baseline, laboratory data, and medical evaluation results within patient charts.

2. During the contract term, 100% of patients will receive initial and follow-up health education assessments to evaluate current high-risk behaviors, along with education and behavioral change and risk reduction interventions.

Evaluation: Outcome evaluation for this objective will be achieved through capture of baseline data in the patient's chart. Patients will receive an individual health education assessment and ongoing health education on preventing STIs, HIV transmission, and the use of safer sex tools such as condoms and dental dams.

8. Continuous Quality Improvement:

Contractor Name: HealthRIGHT 360
Program Name: WCC Primary Care

Appendix A-9
Contract Term: 07/01/22 – 06/30/23

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.

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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.

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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,

Contractor Name: HealthRIGHT 360**Program Name: WCC Primary Care****Appendix A-9****Contract Term: 07/01/22 – 06/30/23**

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: WCC Primary Care

Appendix A-9
Contract Term: 07/01/22 – 06/30/23

Contractor Name: HealthRIGHT 360**Program Name:** WAHT Workforce Initiative**Appendix A-10****Contract Term:** 07/01/22 – 06/30/23**1. Identifiers:**

Program Name: Western Addition Healthcare Training (WAHT) Workforce Initiative

Program Address, City, State, ZIP: 1735 Mission Street 1st floor

Telephone/FAX: (415) 820-7304

Website Address: www.healthright360.org

Contractor Address, City, State, ZIP:

1563 Mission St, 4th Floor, San Francisco, CA 94103

contracts@healthright360.org

Program Director: JM Jaffe

Telephone: (415) 901-7108

Email Address: jjaffe@lyon-martin.org

Program Code(s) (**if applicable**): N/A**2. Nature of Document:**☐ Original ☒ First Amendment ☐ Revision to Program Budgets (RPB)**3. Goal Statement:**

The WAHT Workforce Initiative increases access to women's health services while also providing community-based workforce development and training with a focus on Western Addition residents.

4. Priority Population:

Our primary target populations are low-income women, women of color, bisexual, lesbian, and transgender women and uninsured women and girls who reside in San Francisco. More specifically, we will also target diverse aged (ranging from 12-50) women of color residing in the Western Addition/Fillmore with a focus on public housing residents who are likely to experience health disparities, barriers to health information and services, and lack of economic opportunities.

The program will focus on the Western Addition (WA), a community in San Francisco that has experienced great disruption and disempowerment-- what was once a thriving community is now home to a concentration of public housing projects and a disenfranchised populace. The WA shares the 94115 zip code with bordering affluent neighborhoods, yet within the WA are some of the city's highest rates of homicide, unemployment, sexually transmitted infections, and uninsured residents.

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

N/A

6. Methodology:

Contractor Name: HealthRIGHT 360**Program Name: WAHT Workforce Initiative****Appendix A-10****Contract Term: 07/01/22 – 06/30/23**

The WAHT Workforce Initiative increases the pool of underrepresented individuals, particularly young women of color, who are exposed to the diverse career opportunities in the health professions. The Western Addition has one of the highest unemployment rates for young people in San Francisco, and with the unprecedented stream of health-related jobs in San Francisco due to implementation of the Affordable Care Act, it is paramount that Western Addition residents are equipped with the tools and skill set to capitalize on the changing healthcare landscape. Our geographic focus of working with young women of color in the Western Addition neighborhood of San Francisco, assures that we're building the workforce capacity of young people in the local community. WAHT uses a community inclusive approach to provide Western Addition residents the opportunity to both improve their economic prospects through workforce development and support the health and wellness of community members through facilitation of community education and outreach. The WAHT Workforce Development Initiative creates several access points for community members to gain health workforce experience through multiple tiers that build over the course of two years.

The Tier paths are summarized below:

I. WAHT Internship Track I: A 20-hour health careers training curriculum for community members interested in gaining more skills and knowledge around women's health and careers in health. Participants are paid and upon graduation are able to move to Internship Track II.

II. WAHT Internship Track II: A 6-month, 12 hour /week curriculum that includes a health worker position at the Women's Community Clinic with job placement support upon successful completion of Track II. Participants will provide direct clinical services as a Health Worker for 9 hours/week and participate in professional development and training activities 3 hours/week. Participants are paid and upon graduation are able to move to the WAHT Fellowship.

III. WAHT Fellowship: An intensive and high level 18-month, 28 hour /week staff position at the Women's Community Clinic with job placement support upon successful completion of Fellowship. The WAHT Fellowship participants will be trained in clinic management and supervision; facilitation and presentation community-based health education and will participate in numerous professional and leadership development activities. WAHT Fellowship participants will also graduate with Medical Assistant and CPR Certifications.

A. Outreach & Recruitment:

Women in San Francisco are informed about the services of the Women's Community Clinic through referral processes of other organizations, our web site, flyers, end listings in the phone book and service directories and by word of mouth. All services are affordable and accessible on a sliding fee scale.

The WAHT Workforce Initiative is also focused on educating and enrolling eligible Western Addition residents in expanded insurance coverage under the Affordable Core Act. A big focus of the Initiative will be in hosting forums and workshops to educate the community on the Affordable Care

Contractor Name: HealthRIGHT 360**Appendix A-10****Program Name:** WAHT Workforce Initiative**Contract Term:** 07/01/22 – 06/30/23

Act (ACA). Initiative participants will get trained on the basic tenets of the ACA and will be the primary facilitators of community-based outreach and education. The Clinic will also have a Certified Enrollment Counselor that will be present and available to enroll community members during outreach activities.

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

The clinic is located at 1735 Mission Street in Son Francisco. It is on the ground floor and is ADA accessible. The Clinic is open 5 days per week, and has many evening hours:

Monday	Tuesday	Wednesday	Thursday	Friday
1:00 – 9:00 PM	9:00 – 5:00 PM	9:00 – 5:00 PM	1:00 – 9:00 PM	9:00 – 5:00 PM

Clients can call or stop by the clinic to schedule an appointment. Clients can now also request appointments through our patient portal, MyChart. Each client receives a reminder call one day prior to their scheduled appointment. A client is registered at the front desk by a front desk volunteer or staff member. She is given intake paperwork and asked to provide contact information and a complete health history. As part of the registration process, the client is screened for eligibility in the Family Planning Access Care and Treatment (Family P.A.C.T) program, a California program that funds family planning services for low income women and for eligibility for other insurance programs. An enrollment specialist is available on site to assist with Medi-CAL and Covered CA enrollment.

C. Service delivery model

Next, the client is seen by a volunteer health worker who determines the nature of the client's concern and provides health education relevant to the concern.

D. Discharge Planning and exit criteria and process

Upon checkout at the front desk, the client receives any necessary referral paperwork or handouts and may schedule a follow-up appointment. Clients are also asked to fill out a client satisfaction survey after check-out.

All clients are encouraged to call for lab results. Clients with abnormal labs receive a phone call within 72 hours of receipt of results from a clinician. The clinician discusses all of the client's options for treatment and provides referrals as necessary.

Appointments at Women's Community Clinic typically last 20-60 minutes, excluding wait time. Client confidentiality is emphasized to create a safe and supportive environment and HIPAA policies and protocols are in place.

E. Program staffing

Staff Supervision, Training and Volunteer Based Model

Contractor Name: HealthRIGHT 360**Appendix A-10****Program Name: WAHT Workforce Initiative****Contract Term: 07/01/22 – 06/30/23**

The Clinic Director provides oversight of clinical services and is responsible for the medical component of the program and clinical operations. The Clinic Manager is charged with administrative supervision of the Medical Assistants, Health Educators, and Client Services Coordinators. All follow up care and any abnormal test results are tracked by our clinic staff. The Clinic has a paid staff of over 30 people including three paid Nurse Practitioners, three paid Certified Nurse Midwives, one RN, one Medical Assistant, a Clinic Director, Clinic Manager, and two Medical Directors (OBGYN and Internist) along with other Program and Administrative Staff including an Outreach Coordinator and Volunteer Director. The Clinic also has an active Board which oversees the operations of the Clinic and act as community spokespeople and fund raisers.

The Health Educators and Client Services Coordinators who work closely with clients in a variety of capacities, such as client intake and education, are predominantly volunteers. The Clinic is host to over 150 volunteers who provide services to clients in a variety of capacities. This amounts to approximately \$350,000 in cost savings per year. Additionally, over 80% of our volunteer alumni enter into the health professions after their experience volunteering at the Clinic. The Clinic considers itself a training ground for future health care leaders who will enter into their careers with a strong grounding in community health and harm reduction-based services.

The staff training plan includes scheduled training in alternating months conducted during clinical staff meetings, and additional educational leave for staff to attend conferences and workshops. Volunteers receive both initial and ongoing training which is a requirement of their volunteer experience at the Women's Community Clinic. The level of training varies according to the volunteer role. In accordance with rules and regulations which govern Women's Community Clinic, certain training such as HIPAA, Cal OSHA requirements and yearly training on Infection Control are mandatory for all clinic staff. Additionally, in 2015-16, the Clinic has implemented a staff training program focused around cultural inclusion and racism - with a focus on our organization as well as our client and community facing programming.

F. Vouchers: N/A

7. Objectives and Measurements:

A. Outcome Objectives

1. By the end of the contract term, at least 75% of WAHT Workforce Initiative participants will score 70% or above on a content exam of clinical women's health knowledge.

Evaluation: Outcome evaluation for this objective will be achieved based on exam scores on a women's health content exam; the data will be collected upon completion of each program tier. Participants will be evaluated on discrete knowledge learned using a pre- and post test survey. Participants are expected to increase their knowledge of women's health and primary care services, customer service philosophies, health insurance terms and enrollment. Demonstrable increase in

Contractor Name: HealthRIGHT 360**Appendix A-10****Program Name: WAHT Workforce Initiative****Contract Term: 07/01/22 – 06/30/23**

"self-efficacy" in- workshop subject matter based on pre and post-test tracking of discrete knowledge gained. The data will be collected by program staff.

2. By the end of the contract term, at least 30% (N=12) of WAHT Workforce Initiative participants will be placed in an internship/permanent job in a health care setting.

Evaluation: Outcome evaluation for this objective will be achieved through Salesforce data tracking. The data will be collected by program staff.

3. By the end of the contract term, 300 community members will be enrolled in MediCal Expansion/ Covered California by a Women's Community Clinic Certified Enrollment Counselor.

Evaluation: Outcome evaluation for this objective will be achieved through CalHeers/Salesforce data tracking. The data will be collected by our Certified Enrollment Counselor.

B. Process Objectives

1. During the contract term, 40 women of color from the Western Addition will receive comprehensive women's health education and health professions leadership development and training at the Women's Community Clinic.

Evaluation: Process evaluation for this objective will be achieved through documentation and tracking of number of participants who have completed each Workforce Initiative tier. The data will be collected by program staff.

2. During the contract term, a minimum of 12 women of color from the Western Addition will complete a short-term site placement at the Women's Community Clinic or at community partner sites including: San Francisco Community Clinic Consortium UCSF, School of Medicine; UCSF, School of Nursing or University of San Francisco.

Evaluation: Process evaluation for this objective will be achieved through documentation and tracking of number of participants who have completed site placements. The data will be collected by program staff.

3. During the contract term, 50% of workforce program participants will complete an updated and revised resume.

Evaluation: Process evaluation for this objective will be achieved through documentation and tracking of number of participants who completed the program's resume workshop. The data will be collected by program staff.

4. During the contract term, WAHT will provide community health education and Affordable Care Act enrollment education to 400 community members.

Contractor Name: HealthRIGHT 360**Program Name: WAHT Workforce Initiative****Appendix A-10****Contract Term: 07/01/22 – 06/30/23**

Evaluation: Process evaluation for this objective will be achieved through tracking number of attendees/participants at community forums and workshops~ The data will be collected by program staff.

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.

Contractor Name: HealthRIGHT 360**Program Name: WAHT Workforce Initiative****Appendix A-10****Contract Term: 07/01/22 – 06/30/23****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: WAHT Workforce Initiative

Appendix A-10

Contract Term: 07/01/22 – 06/30/23

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

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

Budget Summary 2021-22 and 2022-23

Appendix B-1 – Residential

Appendix B-2 --Residential Step Down

Appendix B-3 – Perinatal Residential

Appendix B-4 – Residential Withdrawal Management

Appendix B-5 – Outpatient/Intensive Outpatient

Appendix B-6 – Representative Payee Services

Appendix B-7 – Adult Outpatient

Appendix B-8 –Adapt MH

Appendix B-9 – Women's Community Clinic Primary Care

Appendix B-10 – Women's Community Clinic WAHT

Appendix B-1: Fiscal Intermediary Budget and Fee

B. *COMPENSATION*

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **One Hundred Sixty-Three Million Nine Hundred Thirty Thousand Eight Hundred Seventy-Nine Dollars (\$163,930,879) for the period of July 1, 2018 through June 30, 2025.**

CONTRACTOR understands that, of this maximum dollar obligation, **\$8,427,278** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, not withstanding 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.

July 1, 2018 to June 30, 2019	\$ 17,067,250
July 1, 2019 to June 30, 2020	\$ 19,667,814
July 1, 2020 to June 30, 2021	\$ 20,833,562
July 1, 2021 to June 30, 2022	\$ 23,409,108
July 1, 2022 to June 30, 2023	\$ 24,111,381
July 1, 2023 to June 30, 2024	\$ 24,834,722
July 1, 2024 to June 30, 2025	\$ 25,579,764
Subtotal July 1, 2018 to June 30, 2025	\$ 155,503,601
Contingency	\$ 8,427,278
Total July 1, 2018 to June 30, 2025	\$ 163,930,879

CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to

compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

3. Services of Attorneys

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

4. State or Federal Medi-Cal Revenues

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

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

5. Reports and Services

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

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 thirty (30) business 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, which shall not be unreasonably withheld, conditioned, or delayed. Within 30 days of executing this Agreement, CONTRACTOR shall record a notice, substantially in a form acceptable to the City, against the properties located at 890 Hayes Street and/or 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				Appendix B, Page 1			
Contractor Name HealthRIGHT 360				Fiscal Year 21-22			
Contract ID Number 1000010457				Funding Notification Date 01/25/22			
Appendix Number	B-1	B-2	B-3	B-4	B-5	B-6	B-7
Provider Number	383806, 383834	383805, 388924	388910	383806, 383834	388926	383835	38K3
Program Name	HR360 Residential	HR360 Residential Step-Down	HR360 Perinatal Residential	HR360 Residential Withdrawal Management	HR360 Outpatient / Intensive OP	HR360 Representative Payee Pgm	Adult Outpatient
Program Code	3834ARS, 3806ARM	88077, 87067	89102	3834RWM, 3806RWM	8926OP, 87301, 38371, 01201, 3873OP, 3837OP, 3873RS, 3837RS	88359	38K3OP
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22
FUNDING USES							
Salaries	\$ 4,092,189	\$ 1,587,800	\$ 767,400	\$ 1,810,000	\$ 2,939,185	\$ 103,565	\$ 230,065
Employee Benefits	\$ 1,309,501	\$ 508,096	\$ 245,569	\$ 579,200	\$ 911,150	\$ 33,140	\$ 73,622
Subtotal Salaries & Employee Benefits	\$ 5,401,690	\$ 2,095,896	\$ 1,012,969	\$ 2,389,200	\$ 3,850,335	\$ 136,705	\$ 303,687
Operating Expenses	\$ 2,375,854	\$ 679,728	\$ 241,304	\$ 308,599	\$ 1,150,530	\$ 20,650	\$ 32,200
Capital Expenses		\$ -					
Subtotal Direct Expenses	\$ 7,777,544	\$ 2,775,624	\$ 1,254,273	\$ 2,697,799	\$ 5,000,865	\$ 157,355	\$ 335,887
Indirect Expenses	\$ 1,166,639	\$ 416,343	\$ 188,139	\$ 404,672	\$ 750,115	\$ 23,600	\$ 50,385
Indirect %	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
TOTAL FUNDING USES	\$ 8,944,183	\$ 3,191,967	\$ 1,442,412	\$ 3,102,471	\$ 5,750,980	\$ 180,955	\$ 386,272
BHS MENTAL HEALTH FUNDING SOURCES							
MH Adult Fed SDMC FFP (50%)							\$ 168,098
MH Adult State 1991 MH Realignment							\$ 182,084
MH Adult County General Fund							\$ 36,090
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 386,272
BHS SUD FUNDING SOURCES							
SUD Fed SABG CRRSAA, CFDA 93.959	\$ 329,692	\$ 112,158					
SUD Fed SABG Discretionary, CFDA 93.959	\$ 1,742,464	\$ 2,140,994		\$ 278,033			
SUD Fed SABG Perinatal Set-Aside, CFDA 93.959			\$ 166,709				
SUD Fed DMC FFP, CFDA 93.778	\$ 3,545,812		\$ 201,887	\$ 699,004	\$ 1,415,370		
SUD Fed Perinatal DMC FFP, CFDA 93.778			\$ 201,887				
SUD State DMC					\$ 593,873		
SUD State Perinatal DMC			\$ 108,708				
SUD State General Fund (ODS Waiver)	\$ 1,909,281		\$ 108,708	\$ 376,386	\$ 168,248		
SUD State Women/Children's Residential			\$ 182,286				
SUD County General Fund	\$ 1,416,934		\$ 472,227	\$ 1,749,048	\$ 2,012,304	\$ 180,955	
SUD County Prop C Homeless Baseline		\$ 938,815			\$ 1,561,185		
TOTAL BHS SUD FUNDING SOURCES	\$ 8,944,183	\$ 3,191,967	\$ 1,442,412	\$ 3,102,471	\$ 5,750,980	\$ 180,955	\$ -
OTHER DPH FUNDING SOURCES							
COPC General Fund - Admin							
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 8,944,183	\$ 3,191,967	\$ 1,442,412	\$ 3,102,471	\$ 5,750,980	\$ 180,955	\$ 386,272
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 8,944,183	\$ 3,191,967	\$ 1,442,412	\$ 3,102,471	\$ 5,750,980	\$ 180,955	\$ 386,272
Prepared By	Tony Duong			Phone Number	415-967-7416		

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

DHCS Legal Entity Number 00348								Appendix B, Page 2
Contractor Name HealthRIGHT 360								Fiscal Year 21-22
Contract ID Number 1000010457								Funding Notification Date 01/25/22
Appendix Number	B-8	B-9	B-10	B-11	B-12	B-13	B-14	
Provider Number	38JB	N/A	N/A					
Program Name	ADAPT MH	Women's Community Clinic Primary Care	Women's Community Clinic WAHT					
Program Code	38JBOP	N/A	N/A					
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22					
FUNDING USES								TOTAL
Salaries	\$ 140,400	\$ 43,780	\$ 62,545	\$ -	\$ -	\$ -	\$ -	\$ 11,776,929
Employee Benefits	\$ 44,925	\$ 11,250	\$ 19,386	\$ -	\$ -	\$ -	\$ -	\$ 3,735,839
Subtotal Salaries & Employee Benefits	\$ 185,325	\$ 55,030	\$ 81,931	\$ -	\$ -	\$ -	\$ -	\$ 15,512,768
Operating Expenses	\$ 16,236	\$ -	\$ 17,885	\$ -	\$ -	\$ -	\$ -	\$ 4,842,986
Capital Expenses								\$ -
Subtotal Direct Expenses	\$ 201,561	\$ 55,030	\$ 99,816	\$ -	\$ -	\$ -	\$ -	\$ 20,355,754
Indirect Expenses	\$ 30,234	\$ 8,253	\$ 14,974	\$ -	\$ -	\$ -	\$ -	\$ 3,053,354
Indirect %	15.0%	15.0%	15.0%	0.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES	\$ 231,795	\$ 63,283	\$ 114,790	\$ -	\$ -	\$ -	\$ -	\$ 23,409,108
							Employee Benefits Rate	31.8%
BHS MENTAL HEALTH FUNDING SOURCES								
MH Adult Fed SDMC FFP (50%)	\$ 44,332							\$ 212,430
MH Adult State 1991 MH Realignment	\$ -							\$ 182,084
MH Adult County General Fund	\$ 187,463							\$ 223,553
								\$ -
								\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 231,795	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 618,067
BHS SUD FUNDING SOURCES								
SUD Fed SABG CRRSAA, CFDA 93.959								\$ 441,850
SUD Fed SABG Discretionary, CFDA 93.959								\$ 4,161,491
SUD Fed SABG Perinatal Set-Aside, CFDA 93.959								\$ 166,709
SUD Fed DMC FFP, CFDA 93.778								\$ 5,862,073
SUD Fed Perinatal DMC FFP, CFDA 93.778								\$ 201,887
SUD State DMC								\$ 593,873
SUD State Perinatal DMC								\$ 108,708
SUD State General Fund (ODS Waiver)								\$ 2,562,623
SUD State Women/Children's Residential								\$ 182,286
SUD County General Fund								\$ 5,831,468
SUD County Prop C Homeless Baseline								\$ 2,500,000
								\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 22,612,968
OTHER DPH FUNDING SOURCES								
COPC General Fund - Admin		\$ 63,283	\$ 114,790					\$ 178,073
								\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ 63,283	\$ 114,790		\$ -	\$ -	\$ -	\$ 178,073
TOTAL DPH FUNDING SOURCES	\$ 231,795	\$ 63,283	\$ 114,790	\$ -	\$ -	\$ -	\$ -	\$ 23,409,108
NON-DPH FUNDING SOURCES								
								\$ -
								\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 231,795	\$ 63,283	\$ 114,790	\$ -	\$ -	\$ -	\$ -	\$ 23,409,108
Prepared By Tony Duong					Phone Number 415-967-7416			

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

DHCS Legal Entity Number 00348					Appendix Number		B-1
Provider Name HealthRIGHT 360					Page Number		1
Provider Number 383806, 383834					Fiscal Year		21-22
Contract ID Number 1000010457					Funding Notification Date		01/25/22
Program Name		HR360 Residential					
Program Code		3834ARS; 3806ARM	3834ARS; 3806ARM	3834ARS; 3806ARM	3834ARS; 3806ARM	3834ARS; 3806ARM	
Mode/SFC (MH) or Modality (SUD)		ODS-112	ODS-113	ODS-114	Res-58	Res-58	
Service Description		ODS Residential 3.1	ODS Residential 3.3	ODS Residential 3.5	ODS Room & Board, Residential Treatment	ODS Room & Board, Residential Treatment	
Funding Term		7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	
FUNDING USES							TOTAL
Salaries & Employee Benefits		\$ 132,422	\$ 222,664	\$ 4,179,364	\$ 768,031	\$ 99,209	\$ 5,401,690
Operating Expenses		\$ 21,530	\$ 36,180	\$ 679,250	\$ 1,451,414	\$ 187,480	\$ 2,375,854
Capital Expenses							\$ -
Subtotal Direct Expenses		\$ 153,952	\$ 258,844	\$ 4,858,614	\$ 2,219,445	\$ 286,689	\$ 7,777,544
Indirect Expenses		\$ 23,095	\$ 38,830	\$ 728,794	\$ 332,917	\$ 43,003	\$ 1,166,639
Indirect %		15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
TOTAL FUNDING USES		\$ 177,047	\$ 297,674	\$ 5,587,408	\$ 2,552,362	\$ 329,692	\$ 8,944,183
BHS MENTAL HEALTH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity					
SUD Fed SABG CRRSAA, CFDA 93.959		0				\$ 329,692	\$ 329,692
SUD Fed SABG Discretionary, CFDA 93.959		240646-10000-10001681-0003			\$ 1,742,464		\$ 1,742,464
SUD Fed DMC FFP, CFDA 93.778		240646-10000-10001681-0003	\$ 103,557	\$ 174,113	\$ 3,268,142		\$ 3,545,812
SUD State General Fund (ODS Waiver)		240646-10000-10001681-0003	\$ 55,761	\$ 93,753	\$ 1,759,767		\$ 1,909,281
SUD County General Fund			\$ 17,729	\$ 29,808	\$ 559,499	\$ 809,898	\$ 1,416,934
TOTAL BHS SUD FUNDING SOURCES		\$ 177,047	\$ 297,674	\$ 5,587,408	\$ 2,552,362	\$ 329,692	\$ 8,944,183
OTHER DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 177,047	\$ 297,674	\$ 5,587,408	\$ 2,552,362	\$ 329,692	\$ 8,944,183
NON-DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		177,047	297,674	5,587,408	2,552,362	329,692	8,944,183
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased		4	6	118	128	128	
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)	
DPH Units of Service		932	1,567	29,413	28,261	3,651	
Unit Type		Day	Day	Day	Bed Days	Bed Days	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 189.96	\$ 189.96	\$ 189.96	\$ 90.31	\$ 90.30	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 189.96	\$ 189.96	\$ 189.96	\$ 90.31	\$ 90.30	
Published Rate (Medi-Cal Providers Only)		\$ 275.63	\$ 385.88	\$ 330.75	\$ 150.00	\$ 150.00	Total UDC
Unduplicated Clients (UDC)		11	16	323	310	40	350

Appendix B - DPH 3: Salaries & Employee Benefits Detail

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

Appendix Number B-1
Page Number 2
Fiscal Year 21-22
Funding Notification Date 01/25/22

	TOTAL		Residential - ODS Residential 3.1		Residential - ODS Residential 3.3		Residential - ODS Residential 3.5		Residential - Room and Board		Residential - Room and Board			
Funding Term	7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22			
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
AOD Counselors	6.00	312,670	0.18	\$ 9,110	0.29	\$ 15,365	5.53	\$ 288,195						
Peer Recovery Navigator (PSS)	6.00	270,010	0.18	\$ 7,890	0.29	\$ 13,260	5.53	\$ 248,860						
LPHA	8.00	624,000	0.23	\$ 18,220	0.39	\$ 30,640	7.37	\$ 575,140						
Mental Health Therapist	2.00	156,000	0.06	\$ 4,560	0.10	\$ 7,660	1.84	\$ 143,780						
Clinical Director	2.00	190,000	0.06	\$ 5,550	0.10	\$ 9,330	1.84	\$ 175,120						
Mental Health Training Coordinator	0.00	-	0.00	\$ -	0.00	\$ -	0.00	\$ -						
Health and Wellness Coordinator	2.00	110,000	0.06	\$ 3,210	0.10	\$ 5,400	1.84	\$ 101,390						
Registered Nurse	2.00	210,000	0.06	\$ 6,130	0.10	\$ 10,310	1.84	\$ 193,560						
Medical Director	0.50	130,000	0.01	\$ 3,800	0.02	\$ 6,380	0.46	\$ 119,820						
Program Manager	4.00	300,000	0.12	\$ 8,760	0.20	\$ 14,730	3.69	\$ 276,510						
Program Director	2.00	220,000	0.06	\$ 6,430	0.10	\$ 10,800	1.84	\$ 202,770						
Managing Director	0.75	105,010	0.02	\$ 3,070	0.04	\$ 5,160	0.69	\$ 96,780						
Administrative Assistant	2.00	100,000	0.06	\$ 2,920	0.10	\$ 4,910	1.84	\$ 92,170						
Compliance Quality Improvement	2.00	130,000	0.06	\$ 3,800	0.10	\$ 6,380	1.84	\$ 119,820						
Compliance Quality Assurance	2.00	130,000	0.06	\$ 3,800	0.10	\$ 6,380	1.84	\$ 119,820						
EMR Support	1.00	65,000	0.03	\$ 1,900	0.05	\$ 3,190	0.92	\$ 59,910						
Overnight/Weekend Staff	9.00	393,442	0.00	\$ -	0.00	\$ -	0.00	\$ -	7.97	\$ 348,441	1.03	\$ 45,001		
Food Service	3.00	144,000	0.00	\$ -	0.00	\$ -	0.00	\$ -	2.66	\$ 127,527	0.34	\$ 16,473		
Drivers	3.00	119,557	0.00	\$ -	0.00	\$ -	0.00	\$ -	2.66	\$ 105,880	0.34	\$ 13,677		
Intake Counselor	2.00	110,000	0.06	\$ 3,210	0.10	\$ 5,400	1.84	\$ 101,390						
Intake LPHA	2.00	150,000	0.06	\$ 4,380	0.10	\$ 7,370	1.84	\$ 138,250						
Intake Director	0.50	40,000	0.01	\$ 1,170	0.02	\$ 1,960	0.46	\$ 36,870						
Intake Manager	0.50	32,500	0.01	\$ 950	0.02	\$ 1,600	0.46	\$ 29,950						
Intake Medi-Cal Eligibility Worker	1.00	50,000	0.03	\$ 1,460	0.05	\$ 2,460	0.92	\$ 46,080						
	0.00	-												
	0.00	-												
	0.00	-												
	0.00													
	0.00	-												
	0.00	-												
	0.00	-												
	0.00	-												
Totals:	63.25	4,092,189	1.41	\$ 100,320	2.37	168,685	44.47	3,166,185	13.28	581,848	1.71	\$ 75,151	0.00	\$ -
Employee Benefits:	32.00%	1,309,501	32.00%	\$ 32,102	32.00%	53,979	32.00%	1,013,179	32.00%	186,183	32.01%	24,058	0.00%	
TOTAL SALARIES & BENEFITS		5,401,690		\$ 132,422		222,664		4,179,364		768,031		\$ 99,209		\$ -

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 3
 Fiscal Year 21-22
 Funding Notification Date 01/25/22

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	
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	
Rent	\$ 270,920.00	\$ 2,360.00	\$ 3,970.00	\$ 74,490.00	\$ 168,354.00	\$ 21,746.00	
Utilities (telephone, electricity, water, gas)	\$ 586,040.00	\$ 5,100.00	\$ 8,580.00	\$ 161,100.00	\$ 364,214.00	\$ 47,046.00	
Building Repair/Maintenance	\$ 461,850.00	\$ 4,050.00	\$ 6,800.00	\$ 127,700.00	\$ 286,316.00	\$ 36,984.00	
Occupancy Total:	\$ 1,318,810.00	\$ 11,510.00	\$ 19,350.00	\$ 363,290.00	\$ 818,884.00	\$ 105,776.00	\$ -
Office Supplies	\$ 14,670.00	\$ 430.00	\$ 720.00	\$ 13,520.00	\$ -		
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -		
Program Supplies	\$ 48,190.00	\$ 1,410.00	\$ 2,370.00	\$ 44,410.00	\$ -		
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -		
Materials & Supplies Total:	\$ 62,860.00	\$ 1,840.00	\$ 3,090.00	\$ 57,930.00	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -	\$ -	\$ -	\$ -		
Insurance	\$ 78,048.00	\$ 680.00	\$ 1,140.00	\$ 21,460.00	\$ 48,503.00	\$ 6,265.00	
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -		
Permits	\$ 59,350.00	\$ 1,730.00	\$ 2,910.00	\$ 54,710.00	\$ -		
Equipment Lease & Maintenance	\$ 45,400.00	\$ 1,330.00	\$ 2,230.00	\$ 41,840.00	\$ -		
General Operating Total:	\$ 182,798.00	\$ 3,740.00	\$ 6,280.00	\$ 118,010.00	\$ 48,503.00	\$ 6,265.00	\$ -
Local Travel	\$ -	\$ -	\$ -	\$ -			
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -			
Field Expenses	\$ -	\$ -	\$ -	\$ -			
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Depreciation	\$ 506,386.00	\$ 4,440.00	\$ 7,460.00	\$ 140,020.00	\$ 313,917.00	\$ 40,549.00	
Client Healthcare Related/Transportation	\$ 180,000.00	\$ -	\$ -	\$ -	\$ 159,409.00	\$ 20,591.00	
Food	\$ 125,000.00	\$ -	\$ -	\$ -	\$ 110,701.00	\$ 14,299.00	
Other Total:	\$ 811,386.00	\$ 4,440.00	\$ 7,460.00	\$ 140,020.00	\$ 584,027.00	\$ 75,439.00	\$ -
TOTAL OPERATING EXPENSE	\$ 2,375,854.00	\$ 21,530	\$ 36,180	\$ 679,250	\$ 1,451,414	\$ 187,480.00	\$ -

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 1			
Provider Number 383805, 388924				Fiscal Year 21-22			
Contract ID Number 1000010457				Funding Notification Date 01/25/22			
Program Name		HR360 Residential Step-Down					
Program Code		88077, 87067	88077, 87067				
Mode/SFC (MH) or Modality (SUD)		Res-59	Res-59				
Service Description		ODS Room & Board Recovery Residences	ODS Room & Board Recovery Residences				
Funding Term		7/1/21-6/30/22	7/1/21-6/30/22				
FUNDING USES							TOTAL
Salaries & Employee Benefits		\$ 2,095,896	\$ -	\$ -	\$ -		\$ 2,095,896
Operating Expenses		\$ 582,178	\$ 97,550	\$ -	\$ -		\$ 679,728
Capital Expenses							\$ -
Subtotal Direct Expenses		\$ 2,678,074	\$ 97,550	\$ -	\$ -	\$ -	\$ 2,775,624
Indirect Expenses		\$ 401,735	\$ 14,608				\$ 416,343
Indirect %		15.0%	15.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES		\$ 3,079,809	\$ 112,158	\$ -	\$ -	\$ -	\$ 3,191,967
BHS MENTAL HEALTH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity					
SUD Fed SABG CRRSAA, CFDA 93.959	0		\$ 112,158				\$ 112,158
SUD Fed SABG Discretionary, CFDA 93.959	240646-10000-10001681-0003	\$ 2,140,994					\$ 2,140,994
SUD County General Fund	240646-10000-10001681-0003						\$ -
SUD County Prop C Homeless Baseline		\$ 938,815					\$ 938,815
TOTAL BHS SUD FUNDING SOURCES		\$ 3,079,809	\$ 112,158	\$ -	\$ -	\$ -	\$ 3,191,967
OTHER DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 3,079,809	\$ 112,158	\$ -	\$ -	\$ -	\$ 3,191,967
NON-DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		3,079,809	112,158	-	-	-	3,191,967
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased		92	92				
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)				
DPH Units of Service		22,667	22,667				
Unit Type		Bed Days	Bed Days	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 135.87	\$ 4.95	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 135.87	\$ 4.95	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)		\$ 150.00	\$ 150.00				Total UDC
Unduplicated Clients (UDC)		92	92				92

Appendix Number	B-2
Page Number	2
Fiscal Year	21-22
Funding Notification Date	01/25/22

	TOTAL		Recovery Residence		Recovery Residence - ERAF									
Funding Term	7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22									
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Recovery Coach	20.00	\$ 1,026,800	20.00	\$ 1,026,800										
Health and Wellness Coordinators	2.00	\$ 104,000	2.00	\$ 104,000										
Manager	2.00	\$ 160,000	2.00	\$ 160,000										
Managing Director	0.25	\$ 35,000	0.25	\$ 35,000										
Cook	2.00	\$ 84,000	2.00	\$ 84,000										
Administrative Assistant	1.00	\$ 42,000	1.00	\$ 42,000										
Drivers	2.00	\$ 84,000	2.00	\$ 84,000										
Intake Coordinator	1.00	\$ 52,000	1.00	\$ 52,000										
	0.00	\$ -												
	0.00	\$ -												
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Totals:	30.25	\$ 1,587,800	30.25	\$ 1,587,800	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	32.00%	\$ 508,096	32.00%	\$ 508,096	0.00%	\$ -	0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 2,095,896	\$ 2,095,896		\$ -		\$ -		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
Program Name HR360 Residential Step-Down
Program Code 88077, 87067

Appendix Number B-2
Page Number 3
Fiscal Year 21-22
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	Recovery Residence					
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22					
Rent	\$ 113,600.00	\$ 78,350.00	\$ 35,250.00				
Utilities (telephone, electricity, water, gas)	\$ 180,000.00	\$ 180,000.00					
Building Repair/Maintenance	\$ 70,000.00	\$ 70,000.00					
Occupancy Total:	\$ 363,600.00	\$ 328,350.00	\$ 35,250.00	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 12,000.00	\$ 12,000.00					
Photocopying	\$ 12,000.00	\$ 12,000.00					
Program Supplies	\$ 36,000.00	\$ 36,000.00					
Computer Hardware/Software	\$ 14,400.00	\$ 14,400.00					
Materials & Supplies Total:	\$ 74,400.00	\$ 74,400.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 5,306.00	\$ 5,306.00					
Insurance	\$ 50,800.00	\$ 50,800.00					
Professional License	\$ -	\$ -					
Permits	\$ -	\$ -					
Equipment Lease & Maintenance	\$ 12,000.00	\$ 12,000.00					
General Operating Total:	\$ 68,106.00	\$ 68,106.00	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 10,622.00	\$ 10,622.00					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 10,622.00	\$ 10,622.00	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Depreciation	\$ 50,700.00	\$ 50,700.00					
Client Healthcare Related/Transportation	\$ 50,000.00	\$ 50,000.00					
Food	\$ 62,300.00		\$ 62,300.00				
Other Total:	\$ 163,000.00	\$ 100,700.00	\$ 62,300.00	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 679,728.00	\$ 582,178.00	\$ 97,550.00	\$ -	\$ -	\$ -	\$ -

Appendix B - DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)						
DHCS Legal Entity Number 00348				Appendix Number B-3		
Provider Name HealthRIGHT 360				Page Number 1		
Provider Number 388910				Fiscal Year 21-22		
Contract ID Number 1000010457				Funding Notification Date 01/25/22		
Program Name		HR360 Perinatal Residential				
Program Code		89102	89102	89102	89102	
Mode/SFC (MH) or Modality (SUD)		ODS-112	ODS-113	ODS-114	Res-58-1	
Service Description		ODS Residential 3.1	ODS Residential 3.3	ODS Residential 3.5	ODS Room & Board, Residential Treatment (Perinatal Only)	
Funding Term		7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	
FUNDING USES						TOTAL
Salaries & Employee Benefits		\$ 6,739	\$ 6,739	\$ 819,311	\$ 180,180	\$ 1,012,969
Operating Expenses		\$ 1,420	\$ 1,420	\$ 172,630	\$ 65,834	\$ 241,304
Capital Expenses						\$ -
Subtotal Direct Expenses		\$ 8,159	\$ 8,159	\$ 991,941	\$ 246,014	\$ - \$ 1,254,273
Indirect Expenses		\$ 1,223	\$ 1,223	\$ 148,791	\$ 36,902	\$ 188,139
Indirect %		15.0%	15.0%	15.0%	15.0%	0.0% 15.0%
TOTAL FUNDING USES		\$ 9,382	\$ 9,382	\$ 1,140,732	\$ 282,916	\$ - \$ 1,442,412
BHS MENTAL HEALTH FUNDING SOURCES						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity				
SUD Fed SABG Perinatal Set-Aside, CFDA 93.959	240646-10000-10001681-0003				\$ 166,709	\$ 166,709
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$ 1,635	\$ 1,635	\$ 198,617		\$ 201,887
SUD Fed SABG Perinatal Set-Aside, CFDA 93.959	240646-10000-10001681-0003	\$ 1,635	\$ 1,635	\$ 198,617		\$ 201,887
SUD State Perinatal DMC	240646-10000-10001681-0003	\$ 880	\$ 880	\$ 106,948		\$ 108,708
SUD State General Fund (ODS Waiver)	240646-10000-10001681-0003	\$ 880	\$ 880	\$ 106,948		\$ 108,708
SUD State Women/Children's Residential	240646-10000-10001681-0003	\$ 1,476	\$ 1,476	\$ 179,334		\$ 182,286
SUD County General Fund	240646-10000-10001681-0003	\$ 2,876	\$ 2,876	\$ 350,268	\$ 116,207	\$ 472,227
						\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ 9,382	\$ 9,382	\$ 1,140,732	\$ 282,916	\$ - \$ 1,442,412
OTHER DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 9,382	\$ 9,382	\$ 1,140,732	\$ 282,916	\$ - \$ 1,442,412
NON-DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		9,382	9,382	1,140,732	282,916	- 1,442,412
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased		1	1	13	15	
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)	
DPH Units of Service		30	30	3,644	3,704	
Unit Type		Day	Day	Day	Bed Days	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 312.73	\$ 312.73	\$ 313.04	\$ 76.38	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 312.73	\$ 312.73	\$ 313.04	\$ 76.38	\$ -
Published Rate (Medi-Cal Providers Only)		\$ 275.63	\$ 385.88	\$ 330.75	\$ 150.00	Total UDC
Unduplicated Clients (UDC)		1	1	40	42	42

Appendix B - DPH 3: Salaries & Employee Benefits Detail

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

Appendix Number	B-3
Page Number	2
Fiscal Year	21-22
Funding Notification Date	01/25/22

	TOTAL		Perinatal Residential 3.1		Perinatal Residential 3.3		Perinatal Residential 3.5		Perinatal Residential - Room and Board					
Funding Term	7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22					
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
AOD Counselors	3.00	\$ 143,980	0.02	\$ 1,155	0.02	\$ 1,155	2.95	\$ 141,670						
Parenting Specialist/Peer Navigator	2.00	\$ 96,000	0.02	\$ 780	0.02	\$ 780	1.97	\$ 94,440						
Clinical Director (LPHA)	1.00	\$ 82,500	0.01	\$ 670	0.01	\$ 670	0.98	\$ 81,160						
Therapist	1.00	\$ 66,990	0.01	\$ 540	0.01	\$ 540	0.98	\$ 65,910						
Program Manager	1.00	\$ 65,010	0.01	\$ 530	0.01	\$ 530	0.98	\$ 63,950						
Program Director	1.00	\$ 85,000	0.01	\$ 690	0.01	\$ 690	0.98	\$ 83,620						
Managing Director	0.05	\$ 6,400	0.00	\$ 50	0.00	\$ 50	0.05	\$ 6,300						
Administrative Assistant	1.00	\$ 48,250	0.01	\$ 390	0.01	\$ 390	0.98	\$ 47,470						
Compliance Quality Improvement	0.13	\$ 8,100	0.02	\$ 70	0.01	\$ 70	0.10	\$ 7,960						
Compliance Quality Assurance	0.13	\$ 8,100	0.02	\$ 70	0.01	\$ 70	0.10	\$ 7,960						
Overnight/Weekend Staff	2.00	\$ 78,000	0.00	\$ -	0.00	\$ -	0.00	\$ -	2.00	\$ 78,000				
Food Service	1.00	\$ 39,000	0.00	\$ -	0.00	\$ -	0.00	\$ -	1.00	\$ 39,000				
Drivers	0.50	\$ 19,500	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.50	\$ 19,500				
Intake Counselor	0.05	\$ 3,030	0.00	\$ 20	0.00	\$ 20	0.05	\$ 2,990						
Intake LPHA	0.05	\$ 5,060	0.00	\$ 40	0.00	\$ 40	0.05	\$ 4,980						
Intake Director	0.05	\$ 5,060	0.00	\$ 40	0.00	\$ 40	0.05	\$ 4,980						
Intake Manager	0.05	\$ 4,390	0.00	\$ 40	0.00	\$ 40	0.05	\$ 4,310						
Intake Medi-Cal Eligibility Worker	0.05	\$ 3,030	0.00	\$ 20	0.00	\$ 20	0.05	\$ 2,990						
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
Totals:	14.05	\$ 767,400.00	0.11	\$ 5,105	0.12	\$ 5,105	10.32	\$ 620,690	3.50	\$ 136,500	0.00	\$ -	0.00	\$ -
Employee Benefits:	32.00%	\$ 245,569.00	32.01%	\$ 1,634	32.01%	\$ 1,634	32.00%	\$ 198,621	32.00%	\$ 43,680	0.00%	\$ -	0.00%	
TOTAL SALARIES & BENEFITS		\$ 1,012,969.00	\$ 6,739		\$ 6,739		\$ 819,311		\$ 180,180		\$ -		\$ -	

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 3
 Fiscal Year 21-22
 Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	Perinatal Residential 3.1	Perinatal Residential 3.3	Perinatal Residential 3.5	Perinatal Residential - Room and Board		
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22		
Rent	\$ 13,551.00	\$ 70.00	\$ 70.00	\$ 8,140.00	\$ 5,271.00		
Utilities (telephone, electricity, water, gas)	\$ 72,206.00	\$ 380.00	\$ 380.00	\$ 45,680.00	\$ 25,766.00		
Building Repair/Maintenance	\$ 32,758.00	\$ 160.00	\$ 160.00	\$ 19,680.00	\$ 12,758.00		
Occupancy Total:	\$ 118,515.00	\$ 610.00	\$ 610.00	\$ 73,500.00	\$ 43,795.00	\$ -	\$ -
Office Supplies	\$ 7,500.00	\$ 60.00	\$ 60.00	\$ 7,380.00			
Photocopying	\$ -	\$ -	\$ -	\$ -			
Program Supplies	\$ 9,380.00	\$ 80.00	\$ 80.00	\$ 9,220.00			
Computer Hardware/Software	\$ 7,500.00	\$ 60.00	\$ 60.00	\$ 7,380.00			
Materials & Supplies Total:	\$ 24,380.00	\$ 200.00	\$ 200.00	\$ 23,980.00	\$ -	\$ -	\$ -
Training/Staff Development	\$ 7,500.00	\$ 60.00	\$ 60.00	\$ 7,380.00			
Insurance	\$ 9,240.00	\$ 70.00	\$ 70.00	\$ 9,100.00			
Professional License	\$ -	\$ -	\$ -	\$ -			
Permits	\$ -	\$ -	\$ -	\$ -			
Equipment Lease & Maintenance	\$ 18,750.00	\$ 150.00	\$ 150.00	\$ 18,450.00			
General Operating Total:	\$ 35,490.00	\$ 280.00	\$ 280.00	\$ 34,930.00	\$ -	\$ -	\$ -
Local Travel	\$ 4,510.00	\$ 40.00	\$ 40.00	\$ 4,430.00			
Out-of-Town Travel	\$ -	\$ -	\$ -				
Field Expenses	\$ -	\$ -	\$ -				
Staff Travel Total:	\$ 4,510.00	\$ 40.00	\$ 40.00	\$ 4,430.00	\$ -	\$ -	\$ -
	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Depreciation	\$ 36,370.00	\$ 290.00	\$ 290.00	\$ 35,790.00			
Client Healthcare Related/Transportation	\$ 5,980.00	\$ -	\$ -	\$ -	\$ 5,980.00		
Food	\$ 16,059.00	\$ -	\$ -	\$ -	\$ 16,059.00		
Other Total:	\$ 58,409.00	\$ 290.00	\$ 290.00	\$ 35,790.00	\$ 22,039.00	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 241,304.00	\$ 1,420.00	\$ 1,420.00	\$ 172,630.00	\$ 65,834.00	\$ -	\$ -

Appendix B - DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)						
DHCS Legal Entity Number 00348				Appendix Number B-4		
Provider Name HealthRIGHT 360				Page Number 1		
Provider Number 383806, 383834				Fiscal Year 21-22		
Contract ID Number 1000010457				Funding Notification Date 01/25/22		
Program Name		HR360 Residential Withdrawal Management				
Program Code		3834RWM, 3806RWM	3834RWM, 3806RWM			
Mode/SFC (MH) or Modality (SUD)		ODS-109	Res-58			
Service Description		ODS Withdrawal Management 3.2	ODS Room & Board, Residential Treatment			
Funding Term		7/1/21-6/30/22	7/1/21-6/30/22			
FUNDING USES						TOTAL
Salaries & Employee Benefits		\$ 1,866,480	\$ 522,720	\$ -	\$ -	\$ 2,389,200
Operating Expenses		\$ 104,065	\$ 204,534	\$ -	\$ -	\$ 308,599
Capital Expenses						\$ -
Subtotal Direct Expenses		\$ 1,970,545	\$ 727,254	\$ -	\$ -	\$ 2,697,799
Indirect Expenses		\$ 295,584	\$ 109,088			\$ 404,672
Indirect %		15.0%	15.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES		\$ 2,266,129	\$ 836,342	\$ -	\$ -	\$ 3,102,471
BHS MENTAL HEALTH FUNDING SOURCES						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity				
SUD Fed SABG Discretionary, CFDA 93.959	240646-10000-10001681-0003	\$ -	\$ 278,033			\$ 278,033
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$ 699,004				\$ 699,004
SUD State General Fund (ODS Waiver)	240646-10000-10001681-0003	\$ 376,386				\$ 376,386
SUD County General Fund	240646-10000-10001681-0003	\$ 1,190,739	\$ 558,309			\$ 1,749,048
						\$ -
						\$ -
						\$ -
						\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ 2,266,129	\$ 836,342	\$ -	\$ -	\$ 3,102,471
OTHER DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 2,266,129	\$ 836,342	\$ -	\$ -	\$ 3,102,471
NON-DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		2,266,129	836,342	-	-	3,102,471
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased		30	36			
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)			
DPH Units of Service		7,667	11,422			
Unit Type		Day	Bed Days	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 295.57	\$ 73.22	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 295.57	\$ 73.22	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)		\$ 500.00	\$ 150.00			Total UDC
Unduplicated Clients (UDC)		511	761			761

Form Revised 5/31/2019

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 3
Fiscal Year 21-22
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	Residential - ODS Withdraw Mgmt 3.2	Residential - Room and Board				
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22				
Rent	\$ 45,249.00	\$ 16,100.00	\$ 29,149.00				
Utilities (telephone, electricity, water, gas)	\$ 59,388.00	\$ 19,500.00	\$ 39,888.00				
Building Repair/Maintenance	\$ 34,183.00	\$ 15,289.00	\$ 18,894.00				
Occupancy Total:	\$ 138,820.00	\$ 50,889.00	\$ 87,931.00	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 2,588.00	\$ 2,588.00					
Photocopying	\$ -	\$ -					
Program Supplies	\$ 8,502.00	\$ 8,502.00					
Computer Hardware/Software	\$ -	\$ -					
Materials & Supplies Total:	\$ 11,090.00	\$ 11,090.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -					
Insurance	\$ 12,498.00	\$ 4,100.00	\$ 8,398.00				
Professional License	\$ -	\$ -					
Permits	\$ 10,476.00	\$ 10,476.00					
Equipment Lease & Maintenance	\$ 8,010.00	\$ 8,010.00					
General Operating Total:	\$ 30,984.00	\$ 22,586.00	\$ 8,398.00	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Depreciation	\$ 59,351.00	\$ 19,500.00	\$ 39,851.00				
Client Healthcare Related/Transportation	\$ 17,200.00		\$ 17,200.00				
Food	\$ 51,154.00		\$ 51,154.00				
Other Total:	\$ 127,705.00	\$ 19,500.00	\$ 108,205.00	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 308,599.00	\$ 104,065.00	\$ 204,534.00	\$ -	\$ -	\$ -	\$ -

Appendix B - DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)													Appendix Number	B-5
DHCS Legal Entity Number 00348													Page Number	1
Provider Name HealthRIGHT 360													Fiscal Year	21-22
Provider Number 388926													Funding Notification Date	01/25/22
Contract ID Number 1000010457														
Program Name		HR360 Outpatient / Intensive OP												
Program Code		3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837RS, 3873RS, 8926RS	3837RS, 3873RS, 8926RS	3837RS, 3873RS, 8926RS	3837RS, 3873RS, 8926RS	
Mode/SFC (MH) or Modality (SUD)		ODS-91g	ODS-91i	ODS-91i	ODS-91g	ODS-91cm	ODS-105i	ODS-105g	ODS-105cm	ODS-91rsi	ODS-91rsg	ODS-91rscm	ODS-91rsm	
Service Description		ODS OT Group Counseling	ODS OT Individual Counseling	ODS OT Individual Counseling	ODS OT Group Counseling	ODS OT Case Management	ODS IOT Individual Counseling	ODS IOT Group Counseling	ODS IOT Case Management	Recovery Services Individual	ODS OT Recovery Services Group	Recovery Services Case Management	Recovery Services Monitoring	
Funding Term		7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	
FUNDING USES														TOTAL
Salaries & Employee Benefits		\$ 166,763	\$ 878,381	\$ 1,342,226	\$ 595,290	\$ 115,693	\$ 276,698	\$ 191,810	\$ 81,534	\$ 124,817	\$ 74,081	\$ 3,042	\$ -	\$ 3,850,335
Operating Expenses		\$ 49,850	\$ 262,560	\$ 401,030	\$ 177,840	\$ 34,550	\$ 82,670	\$ 57,330	\$ 24,370	\$ 37,280	\$ 22,130	\$ 920	\$ -	\$ 1,150,530
Capital Expenses														\$ -
Subtotal Direct Expenses		\$ 216,613	\$ 1,140,941	\$ 1,743,256	\$ 773,130	\$ 150,243	\$ 359,368	\$ 249,140	\$ 105,904	\$ 162,097	\$ 96,211	\$ 3,962	\$ -	\$ 5,000,865
Indirect Expenses		\$ 32,489	\$ 171,142	\$ 261,491	\$ 115,969	\$ 22,533	\$ 53,908	\$ 37,362	\$ 15,881	\$ 24,312	\$ 14,433	\$ 595	\$ -	\$ 750,115
Indirect %		15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	0.0%	15.0%
TOTAL FUNDING USES		\$ 249,102	\$ 1,312,083	\$ 2,004,747	\$ 889,099	\$ 172,776	\$ 413,276	\$ 286,502	\$ 121,785	\$ 186,409	\$ 110,644	\$ 4,557	\$ -	\$ 5,750,980
BHS MENTAL HEALTH FUNDING SOURCES														
														\$ -
														\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity												
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003			\$ 713,513	\$ 263,072	\$ 49,584	\$ 156,248	\$ 109,381	\$ 46,831	\$ 47,429	\$ 28,152	\$ 1,160		\$ 1,415,370
SUD State DMC	240646-10000-10001681-0003			\$ 363,628	\$ 151,525	\$ 37,398				\$ 25,540	\$ 15,159	\$ 623		\$ 593,873
SUD State General Fund (ODS Waiver)	240646-10000-10001681-0003						\$ 110,281	\$ 47,158	\$ 10,809					\$ 168,248
SUD County General Fund	240646-10000-10001681-0003			\$ 927,606	\$ 474,502	\$ 85,794	\$ 146,747	\$ 129,963	\$ 64,145	\$ 113,440	\$ 67,333	\$ 2,774		\$ 2,012,304
SUD County Prop C Homeless Baseline	0	\$ 249,102	\$ 1,312,083											\$ 1,561,185
														\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ 249,102	\$ 1,312,083	\$ 2,004,747	\$ 889,099	\$ 172,776	\$ 413,276	\$ 286,502	\$ 121,785	\$ 186,409	\$ 110,644	\$ 4,557	\$ -	\$ 5,750,980
OTHER DPH FUNDING SOURCES														
														\$ -
														\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 249,102	\$ 1,312,083	\$ 2,004,747	\$ 889,099	\$ 172,776	\$ 413,276	\$ 286,502	\$ 121,785	\$ 186,409	\$ 110,644	\$ 4,557	\$ -	\$ 5,750,980
NON-DPH FUNDING SOURCES														
														\$ -
														\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		249,102	1,312,083	2,004,747	889,099	172,776	413,276	286,502	121,785	186,409	110,644	4,557	-	5,750,980
BHS UNITS OF SERVICE AND UNIT COST														
Number of Beds Purchased														
SUD Only - Number of Outpatient Group Counseling Sessions		917			1,100			925			171			
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)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service		2,404	12,660	19,338	8,576	1,666	3,986	2,764	1,175	1,798	1,067	44	0	
Unit Type		15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 103.62	\$ 103.64	\$ 103.67	\$ 103.67	\$ 103.71	\$ 103.68	\$ 103.65	\$ 103.65	\$ 103.68	\$ 103.70	\$ 103.57	\$ -	
ost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 103.62	\$ 103.64	\$ 103.67	\$ 103.67	\$ 103.71	\$ 103.68	\$ 103.65	\$ 103.65	\$ 103.68	\$ 103.70	\$ 103.57	\$ -	
Published Rate (Medi-Cal Providers Only)		\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	Total UDC
Unduplicated Clients (UDC)		97	97	202	202	202	83	83	83	150	150	150		532

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
Program Name HR360 Outpatient / Intensive OP
Program Code 8926OP, 87301, 38371, 01201, 3873OP, 3837OP, 3873RS, 3837RS

Appendix Number B-5
Page Number 3
Fiscal Year 21-22
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	ODS OT Group Counseling	ODS OT Individual Counseling	ODS OT Individual Counseling	ODS OT Group Counseling	ODS OT Case Management	ODS IOT Individual Counseling	ODS IOT Group Counseling	ODS IOT Case Management	ODS OT Recovery Services Individual	ODS OT Recovery Services Group	ODS OT Recovery Services Case Management	ODS OT Recovery Services Monitoring
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22
Rent/Mortgage	\$ 437,710.00	\$ 18,970.00	\$ 99,880.00	\$ 152,570.00	\$ 67,660.00	\$ 13,140.00	\$ 31,450.00	\$ 21,810.00	\$ 9,270.00	\$ 14,190.00	\$ 8,420.00	\$ 350.00	
Utilities (telephone, electricity, water, gas)	\$ 120,000.00	\$ 5,200.00	\$ 27,380.00	\$ 41,830.00	\$ 18,550.00	\$ 3,600.00	\$ 8,620.00	\$ 5,980.00	\$ 2,540.00	\$ 3,890.00	\$ 2,310.00	\$ 100.00	
Building Repair/Maintenance	\$ 75,000.00	\$ 3,250.00	\$ 17,120.00	\$ 26,140.00	\$ 11,590.00	\$ 2,250.00	\$ 5,390.00	\$ 3,740.00	\$ 1,590.00	\$ 2,430.00	\$ 1,440.00	\$ 60.00	
Occupancy Total:	\$ 632,710.00	\$ 27,420.00	\$ 144,380.00	\$ 220,540.00	\$ 97,800.00	\$ 18,990.00	\$ 45,460.00	\$ 31,530.00	\$ 13,400.00	\$ 20,510.00	\$ 12,170.00	\$ 510.00	\$ -
Office Supplies	\$ 28,200.00	\$ 1,220.00	\$ 6,440.00	\$ 9,830.00	\$ 4,360.00	\$ 850.00	\$ 2,030.00	\$ 1,400.00	\$ 600.00	\$ 910.00	\$ 540.00	\$ 20.00	
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Program Supplies	\$ 28,200.00	\$ 1,220.00	\$ 6,440.00	\$ 9,830.00	\$ 4,360.00	\$ 850.00	\$ 2,030.00	\$ 1,400.00	\$ 600.00	\$ 910.00	\$ 540.00	\$ 20.00	
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Materials & Supplies Total:	\$ 56,400.00	\$ 2,440.00	\$ 12,880.00	\$ 19,660.00	\$ 8,720.00	\$ 1,700.00	\$ 4,060.00	\$ 2,800.00	\$ 1,200.00	\$ 1,820.00	\$ 1,080.00	\$ 40.00	\$ -
Training/Staff Development	\$ 17,990.00	\$ 780.00	\$ 4,110.00	\$ 6,270.00	\$ 2,780.00	\$ 540.00	\$ 1,290.00	\$ 900.00	\$ 380.00	\$ 580.00	\$ 350.00	\$ 10.00	
Insurance	\$ 32,540.00	\$ 1,410.00	\$ 7,420.00	\$ 11,340.00	\$ 5,030.00	\$ 980.00	\$ 2,340.00	\$ 1,620.00	\$ 690.00	\$ 1,050.00	\$ 630.00	\$ 30.00	
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Permits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Equipment Lease & Maintenance	\$ 20,650.00	\$ 890.00	\$ 4,710.00	\$ 7,200.00	\$ 3,190.00	\$ 620.00	\$ 1,480.00	\$ 1,030.00	\$ 440.00	\$ 670.00	\$ 400.00	\$ 20.00	
General Operating Total:	\$ 71,180.00	\$ 3,080.00	\$ 16,240.00	\$ 24,810.00	\$ 11,000.00	\$ 2,140.00	\$ 5,110.00	\$ 3,550.00	\$ 1,510.00	\$ 2,300.00	\$ 1,380.00	\$ 60.00	\$ -
Local Travel	\$ 22,220.00	\$ 960.00	\$ 5,070.00	\$ 7,740.00	\$ 3,430.00	\$ 670.00	\$ 1,600.00	\$ 1,110.00	\$ 470.00	\$ 720.00	\$ 430.00	\$ 20.00	
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Staff Travel Total:	\$ 22,220.00	\$ 960.00	\$ 5,070.00	\$ 7,740.00	\$ 3,430.00	\$ 670.00	\$ 1,600.00	\$ 1,110.00	\$ 470.00	\$ 720.00	\$ 430.00	\$ 20.00	\$ -
	\$ -	\$ -											
	\$ -	\$ -											
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -							\$ -	\$ -	\$ -	\$ -
Facility Depreciation	\$ 308,000.00	\$ 13,350.00	\$ 70,290.00	\$ 107,360.00	\$ 47,610.00	\$ 9,250.00	\$ 22,130.00	\$ 15,350.00	\$ 6,520.00	\$ 9,980.00	\$ 5,920.00	\$ 240.00	
Client Healthcare Related/Transportation	\$ 36,010.00	\$ 1,560.00	\$ 8,220.00	\$ 12,550.00	\$ 5,570.00	\$ 1,080.00	\$ 2,590.00	\$ 1,790.00	\$ 760.00	\$ 1,170.00	\$ 690.00	\$ 30.00	
Food	\$ 24,010.00	\$ 1,040.00	\$ 5,480.00	\$ 8,370.00	\$ 3,710.00	\$ 720.00	\$ 1,720.00	\$ 1,200.00	\$ 510.00	\$ 780.00	\$ 460.00	\$ 20.00	
Other Total:	\$ 368,020.00	\$ 15,950.00	\$ 83,990.00	\$ 128,280.00	\$ 56,890.00	\$ 11,050.00	\$ 26,440.00	\$ 18,340.00	\$ 7,790.00	\$ 11,930.00	\$ 7,070.00	\$ 290.00	\$ -
TOTAL OPERATING EXPENSE	\$ 1,150,530.00	\$ 49,850.00	\$ 262,560.00	\$ 401,030.00	\$ 177,840.00	\$ 34,550.00	\$ 82,670.00	\$ 57,330.00	\$ 24,370.00	\$ 37,280.00	\$ 22,130.00	\$ 920.00	\$ -

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 1		
Provider Number 383835				Fiscal Year 21-22		
Contract ID Number 1000010457				Funding Notification Date 01/25/22		
Program Name		HR360 Representative Payee Pgm				
Program Code		88359				
Mode/SFC (MH) or Modality (SUD)		Anc-68				
Service Description		SA-Ancillary Svcs Case Mgmt				
Funding Term		7/1/21-6/30/22				
FUNDING USES						TOTAL
Salaries & Employee Benefits		\$ 136,705	\$ -	\$ -	\$ -	\$ 136,705
Operating Expenses		\$ 20,650	\$ -	\$ -	\$ -	\$ 20,650
Capital Expenses						\$ -
Subtotal Direct Expenses		\$ 157,355	\$ -	\$ -	\$ -	\$ 157,355
Indirect Expenses		\$ 23,600				\$ 23,600
Indirect %		15.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES		\$ 180,955	\$ -	\$ -	\$ -	\$ 180,955
BHS MENTAL HEALTH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity				
SUD County General Fund	240646-10000-10001681-0003	\$ 180,955				\$ 180,955
						\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ 180,955	\$ -	\$ -	\$ -	\$ 180,955
OTHER DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 180,955	\$ -	\$ -	\$ -	\$ 180,955
NON-DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		180,955	-	-	-	180,955
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method		Cost Reimbursement (CR)				
DPH Units of Service		464				
Unit Type		Hours	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 390.41	\$ -	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 390.41	\$ -	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)						Total UDC
Unduplicated Clients (UDC)		75				75

Appendix Number	B-6
Page Number	2
Fiscal Year	21-22
Funding Notification Date	01/25/22

	TOTAL		HR360 Representative Payee Pgm											
Funding Term	7/1/21-6/30/22		7/1/21-6/30/22											
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Representative Payee	1.00	\$ 38,565	1.00	\$ 38,565										
Program Manager	1.00	\$ 65,000	1.00	\$ 65,000										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	2.00	\$ 103,565.00	2.00	\$ 103,565	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	32.00%	\$ 33,140.00	32.00%	\$ 33,140	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 136,705.00	\$ 136,705		\$ -		\$ -		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

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

Appendix Number B-6
Page Number 3
Fiscal Year 21-22
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	HR360 Representative Payee Pgm						
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22						
Rent	\$ 12,000.00	\$ 12,000.00						
Utilities (telephone, electricity, water, gas)	\$ 2,000.00	\$ 2,000.00						
Building Repair/Maintenance	\$ -							
Occupancy Total:	\$ 14,000.00	\$ 14,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 6,000.00	\$ 6,000.00						
Photocopying	\$ -							
Program Supplies	\$ 650.00	\$ 650.00						
Computer Hardware/Software	\$ -							
Materials & Supplies Total:	\$ 6,650.00	\$ 6,650.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -							
Insurance	\$ -							
Professional License	\$ -							
Permits	\$ -							
Equipment Lease & Maintenance	\$ -							
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -							
Out-of-Town Travel	\$ -							
Field Expenses	\$ -							
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -							
	\$ -							
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -							
	\$ -							
	\$ -							
Other Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 20,650.00	\$ 20,650.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00348				Appendix Number B-7	
Provider Name HealthRIGHT 360				Page Number 1	
Provider Number 383834				Fiscal Year 21-22	
Contract ID Number 1000010457				Funding Notification Date 01/25/22	
Program Name	Adult Outpatient				
Program Code	38K3OP	38K3OP	38K3OP		
Mode/SFC (MH) or Modality (SUD)	15/10-57, 59	15/01-09	15/70-79		
Service Description	OP-MH Svcs	OP-Case Mgt Brokerage	OP-Crisis Intervention		
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22		
FUNDING USES					TOTAL
Salaries & Employee Benefits	\$ 294,320	\$ 5,480	\$ 3,887	\$ -	\$ 303,687
Operating Expenses	\$ 29,650	\$ 2,150	\$ 400	\$ -	\$ 32,200
Capital Expenses					\$ -
Subtotal Direct Expenses	\$ 323,970	\$ 7,630	\$ 4,287	\$ -	\$ 335,887
Indirect Expenses	\$ 48,595	\$ 1,146	\$ 644		\$ 50,385
Indirect %	15.0%	15.0%	15.0%	0.0%	0.0%
TOTAL FUNDING USES	\$ 372,565	\$ 8,776	\$ 4,931	\$ -	\$ 386,272
BHS MENTAL HEALTH FUNDING SOURCES					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 162,228	\$ 3,772	\$ 2,098	\$ 168,098
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	\$ 175,544	\$ 4,176	\$ 2,364	\$ 182,084
MH Adult County General Fund	251984-10000-10001792-0001	\$ 34,793	\$ 828	\$ 469	\$ 36,090
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 372,565	\$ 8,776	\$ 4,931	\$ 386,272
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity				
					\$ -
					\$ -
					\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES					
					\$ -
					\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 372,565	\$ 8,776	\$ 4,931	\$ 386,272
NON-DPH FUNDING SOURCES					
					\$ -
					\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		372,565	8,776	4,931	386,272
BHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased					
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)		
DPH Units of Service	79,340	1,887	696		
Unit Type	Staff Minute	Staff Minute	Staff Minute	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 4.70	\$ 4.65	\$ 7.08	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 4.70	\$ 4.65	\$ 7.08	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)	\$ 9.64	\$ 7.42	\$ 18.54		Total UDC
Unduplicated Clients (UDC)	35	2	1		38

Appendix B - DPH 3: Salaries & Employee Benefits Detail

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

Appendix Number	B-7
Page Number	2
Fiscal Year	21-22
Funding Notification Date	01/25/22

	TOTAL		Adult Outpatient - MH Services		Adult Outpatient - Case Management		Adult Outpatient - Crisis Intervention							
Funding Term	7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22							
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Case Manager	0.50	\$ 25,120.00	0.49	\$ 23,480	0.01	\$ 1,470	0.01	\$ 170						
Director of MH Services	0.30	\$ 36,000.00	0.27	\$ 35,220	0.02	\$ 540	0.02	\$ 240						
Therapist	1.50	\$ 103,500.00	1.46	\$ 99,880	0.02	\$ 1,540	0.02	\$ 2,080						
MH Manager	0.50	\$ 42,360.00	0.49	\$ 41,500	0.01	\$ 570	0.01	\$ 290						
Admin Assistant	0.50	\$ 23,085.00	0.49	\$ 22,890	0.01	\$ 30	0.01	\$ 165						
	0.00	\$ -												
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Totals:	3.30	\$ 230,065.00	3.18	\$ 222,970.00	0.06	\$ 4,150.00	0.06	\$ 2,945.00	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	32.00%	\$ 73,622.00	32.00%	\$ 71,350.00	32.05%	\$ 1,330.00	31.99%	\$ 942.00	0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 303,687.00	\$ 294,320.00		\$ 5,480.00		\$ 3,887.00		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

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

Appendix Number B-7
Page Number 3
Fiscal Year 21-22
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	Adult Outpatient - MH Services	Adult Outpatient - Case Management	Adult Outpatient - Crisis Intervention			
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22			
Rent	\$ 16,576.00	\$ 15,264.00	\$ 1,107.00	\$ 205.00			
Utilities (telephone, electricity, water, gas)	\$ 5,967.00	\$ 5,495.00	\$ 398.00	\$ 74.00			
Building Repair/Maintenance	\$ 1,990.00	\$ 1,832.00	\$ 133.00	\$ 25.00			
Occupancy Total:	\$ 24,533.00	\$ 22,591.00	\$ 1,638.00	\$ 304.00	\$ -	\$ -	\$ -
Office Supplies	\$ 796.00	\$ 733.00	\$ 53.00	\$ 10.00			
Photocopying	\$ -						
Program Supplies	\$ 2,123.00	\$ 1,954.00	\$ 142.00	\$ 27.00			
Computer Hardware/Software	\$ 1,327.00	\$ 1,221.00	\$ 89.00	\$ 17.00			
Materials & Supplies Total:	\$ 4,246.00	\$ 3,908.00	\$ 284.00	\$ 54.00	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -					
Insurance	\$ 1,300.00	\$ 1,197.00	\$ 87.00	\$ 16.00			
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ 1,458.00	\$ 1,343.00	\$ 97.00	\$ 18.00			
General Operating Total:	\$ 2,758.00	\$ 2,540.00	\$ 184.00	\$ 34.00	\$ -	\$ -	\$ -
Local Travel	\$ -	\$ -					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -					
Client Healthcare Related/Transportation	\$ 663.00	\$ 611.00	\$ 44.00	\$ 8.00			
	\$ -	\$ -					
Other Total:	\$ 663.00	\$ 611.00	\$ 44.00	\$ 8.00	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 32,200.00	\$ 29,650.00	\$ 2,150.00	\$ 400.00	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00348				Appendix Number B-8		
Provider Name HealthRIGHT 360				Page Number 1		
Provider Number 383807				Fiscal Year 21-22		
Contract ID Number 1000010457				Funding Notification Date 01/25/22		
Program Name	ADAPT MH					
Program Code	38JBOP	38JBOP	38JBOP			
Mode/SFC (MH) or Modality (SUD)	15/10-57, 59	15/01-09	15/70-79			
Service Description	OP-MH Svcs	OP-Case Mgt Brokerage	OP-Crisis Intervention			
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22			
FUNDING USES						TOTAL
Salaries & Employee Benefits	\$ 180,508	\$ 2,731	\$ 2,086	\$ -		\$ 185,325
Operating Expenses	\$ 16,007	\$ 224	\$ 5	\$ -		\$ 16,236
Capital Expenses						\$ -
Subtotal Direct Expenses	\$ 196,515	\$ 2,955	\$ 2,091	\$ -	\$ -	\$ 201,561
Indirect Expenses	\$ 29,477	\$ 443	\$ 314			\$ 30,234
Indirect %	15.0%	15.0%	15.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES	\$ 225,992	\$ 3,398	\$ 2,405	\$ -	\$ -	\$ 231,795
BHS MENTAL HEALTH FUNDING SOURCES						
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 43,222	\$ 650	\$ 460		\$ 44,332
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001					
MH Adult County General Fund	251984-10000-10001792-0001	\$ 182,770	\$ 2,748	\$ 1,945		\$ 187,463
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 225,992	\$ 3,398	\$ 2,405	\$ -	\$ -	\$ 231,795
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity					
						\$ -
						\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 225,992	\$ 3,398	\$ 2,405	\$ -	\$ -	\$ 231,795
NON-DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	225,992	3,398	2,405	-	-	231,795
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
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)			
DPH Units of Service	48,083	730	340			
Unit Type	Staff Minute	Staff Minute	Staff Minute	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 4.70	\$ 4.65	\$ 7.07	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 4.70	\$ 4.65	\$ 7.07	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)	\$ 9.64	\$ 7.42	\$ 18.54			Total UDC
Unduplicated Clients (UDC)	19	1	1			19

Form Revised 5/31/2019

Appendix B - DPH 4: Operating Expenses Detail

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

Appendix Number B-8
Page Number 3
Fiscal Year 21-22
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	ADAPT MH - MH Services	ADAPT MH - Case Management	ADAPT MH - Crisis Intervention			
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22			
Rent	\$ 8,360.00	\$ 8,241.00	\$ 115.00	\$ 4.00			
Utilities (telephone, electricity, water, gas)	\$ 3,009.00	\$ 2,967.00	\$ 41.00	\$ 1.00			
Building Repair/Maintenance	\$ 1,002.00	\$ 988.00	\$ 14.00	\$ -			
Occupancy Total:	\$ 12,371.00	\$ 12,196.00	\$ 170.00	\$ 5.00	\$ -	\$ -	\$ -
Office Supplies	\$ 401.00	\$ 395.00	\$ 6.00	\$ -			
Photocopying	\$ -	\$ -	\$ -	\$ -			
Program Supplies	\$ 1,070.00	\$ 1,055.00	\$ 15.00	\$ -			
Computer Hardware/Software	\$ 668.00	\$ 659.00	\$ 9.00	\$ -			
Materials & Supplies Total:	\$ 2,139.00	\$ 2,109.00	\$ 30.00	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -	\$ -	\$ -			
Insurance	\$ 655.00	\$ 646.00	\$ 9.00	\$ -			
Professional License	\$ -	\$ -	\$ -	\$ -			
Permits	\$ -	\$ -	\$ -	\$ -			
Equipment Lease & Maintenance	\$ 736.00	\$ 726.00	\$ 10.00	\$ -			
General Operating Total:	\$ 1,391.00	\$ 1,372.00	\$ 19.00	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -	\$ -					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -					
Client Healthcare Related/Transportation	\$ 335.00	\$ 330.00	\$ 5.00	\$ -			
	\$ -	\$ -					
Other Total:	\$ 335.00	\$ 330.00	\$ 5.00	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 16,236.00	\$ 16,007.00	\$ 224.00	\$ 5.00	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00348					Appendix Number		B-9
Provider Name HealthRIGHT 360					Page Number		1
Provider Number 383837					Fiscal Year		21-22
Contract ID Number 1000010457					Funding Notification Date		01/25/22
Program Name		Women's Community Clinic Primary Care					
Program Code		N/A					
Mode/SFC (MH) or Modality (SUD)		N/A					
Service Description		Primary Care					
Funding Term		7/1/21-6/30/22					
FUNDING USES							TOTAL
Salaries & Employee Benefits		\$ 55,030	\$ -	\$ -	\$ -		\$ 55,030
Operating Expenses		\$ -	\$ -	\$ -	\$ -		\$ -
Capital Expenses							\$ -
Subtotal Direct Expenses		\$ 55,030	\$ -	\$ -	\$ -	\$ -	\$ 55,030
Indirect Expenses		\$ 8,253					\$ 8,253
Indirect %		15.0%	0.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES		\$ 63,283	\$ -	\$ -	\$ -	\$ -	\$ 63,283
BHS MENTAL HEALTH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity					
							\$ -
							\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES							
COPC General Fund - Admin		251892-10000-10001992-0002	\$ 63,283				\$ 63,283
							\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ 63,283	\$ -	\$ -	\$ -	\$ -	\$ 63,283
TOTAL DPH FUNDING SOURCES		\$ 63,283	\$ -	\$ -	\$ -	\$ -	\$ 63,283
NON-DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		63,283	-	-	-	-	63,283
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method		Cost Reimbursement (CR)					
DPH Units of Service		554					
Unit Type		Hours	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 114.18	\$ -	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 114.18	\$ -	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)							Total UDC
Unduplicated Clients (UDC)		185					185

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010457
 Program Name Women's Community Clinic Primary Care
 Program Code N/A

Appendix Number	B-9
Page Number	2
Fiscal Year	21-22
Funding Notification Date	01/25/22

	TOTAL		Women's Community Clinic Primary Care											
Funding Term	7/1/21-6/30/22		7/1/21-6/30/22											
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Staff Clinician	0.35	\$ 43,780.00	0.35	\$ 43,780										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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	0.00	\$ -												
Totals:	0.35	\$ 43,780.00	0.35	\$ 43,780.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	25.70%	\$ 11,250.00	25.70%	\$ 11,250.00	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 55,030.00	\$ 55,030.00		\$ -		\$ -		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
Program Name Women's Community Clinic Primary Care
Program Code N/A

Appendix Number B-9
Page Number 3
Fiscal Year 21-22
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	Women's Community Clinic Primary Care						
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22						
Rent	\$ -							
Utilities (telephone, electricity, water, gas)	\$ -							
Building Repair/Maintenance	\$ -							
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ -							
Photocopying	\$ -							
Program Supplies	\$ -							
Computer Hardware/Software	\$ -							
Materials & Supplies Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -							
Insurance	\$ -							
Professional License	\$ -							
Permits	\$ -							
Equipment Lease & Maintenance	\$ -							
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -							
Out-of-Town Travel	\$ -							
Field Expenses	\$ -							
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -							
	\$ -							
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -							
	\$ -							
	\$ -							
Other Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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 1					
Provider Number 38K3		Fiscal Year 21-22					
Contract ID Number 1000010457		Funding Notification Date 01/25/22					
Program Name		Women's Community Clinic WAHT					
Program Code		N/A					
Mode/SFC (MH) or Modality (SUD)		N/A					
Service Description		Healthcare Training					
Funding Term		7/1/21-6/30/22					
FUNDING USES							TOTAL
Salaries & Employee Benefits		\$ 81,931	\$ -	\$ -	\$ -	\$ -	\$ 81,931
Operating Expenses		\$ 17,885	\$ -	\$ -	\$ -	\$ -	\$ 17,885
Capital Expenses							\$ -
Subtotal Direct Expenses		\$ 99,816	\$ -	\$ -	\$ -	\$ -	\$ 99,816
Indirect Expenses		\$ 14,974	\$ -	\$ -	\$ -	\$ -	\$ 14,974
Indirect %		15.00%	0.00%	0.00%	0.0%	0.0%	15.0%
TOTAL FUNDING USES		\$ 114,790	\$ -	\$ -	\$ -	\$ -	\$ 114,790
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity						
							\$ -
							\$ -
							\$ -
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES							
							\$ -
							\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES							
COPC General Fund - Admin	251892-10000-10001992-0002	\$ 114,790					\$ 114,790
							\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ 114,790	\$ -	\$ -	\$ -	\$ -	\$ 114,790
TOTAL DPH FUNDING SOURCES		\$ 114,790	\$ -	\$ -	\$ -	\$ -	\$ 114,790
NON-DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		114,790	-	-	-	-	114,790
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method		Cost Reimbursement (CR)					
DPH Units of Service		593			0	0	0
Unit Type		Hours	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 193.74	\$ -	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 193.74	\$ -	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)							Total UDC
Unduplicated Clients (UDC)		143					143

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010457
 Program Name Women's Community Clinic WAHT
 Program Code N/A

Appendix Number	B-10
Page Number	2
Fiscal Year	21-22
Funding Notification Date	01/25/22

	TOTAL		Women's Community Clinic WHAT											
Funding Term	7/1/21-6/30/22		7/1/21-6/30/22											
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director of Workforce and Outreach	0.10	\$ 7,950	0.10	\$ 7,950										
Community Programs Manager	0.25	\$ 16,380	0.25	\$ 16,380										
Community Programs Associate	0.32	\$ 13,975	0.32	\$ 13,975										
WHAT Fellow	0.36	\$ 24,240	0.36	\$ 24,240										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	1.03	\$ 62,545.00	1.03	\$ 62,545.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	31.00%	\$ 19,386.00	31.00%	\$ 19,386.00	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -
TOTAL SALARIES & BENEFITS		\$ 81,931.00	\$ 81,931.00		\$ -		\$ -		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
Program Name Women's Community Clinic WAHT
Program Code N/A

Appendix Number B-10
Page Number 3
Fiscal Year 21-22
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	Women's Community Clinic WHAT						
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22						
Rent	\$ 6,000.00	\$ 6,000.00						
Utilities (telephone, electricity, water, gas)	\$ 4,000.00	\$ 4,000.00						
Building Repair/Maintenance	\$ 2,200.00	\$ 2,200.00						
Occupancy Total:	\$ 12,200.00	\$ 12,200.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 600.00	\$ 600.00						
Photocopying	\$ -							
Program Supplies	\$ 2,285.00	\$ 2,285.00						
Computer Hardware/Software	\$ -							
Materials & Supplies Total:	\$ 2,885.00	\$ 2,885.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -							
Insurance	\$ -							
Professional License	\$ -							
Permits	\$ -							
Equipment Lease & Maintenance	\$ -							
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 800.00	\$ 800.00						
Out-of-Town Travel	\$ -							
Field Expenses	\$ -							
Staff Travel Total:	\$ 800.00	\$ 800.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -							
	\$ -							
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -							
Stipends	\$ 2,000.00	\$ 2,000.00						
	\$ -							
Other Total:	\$ 2,000.00	\$ 2,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 17,885.00	\$ 17,885.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Appendix B - DPH 1: Department of Public Health Contract Budget Summary							
DHCS Legal Entity Number 00348				Appendix B, Page 1			
Contractor Name HealthRIGHT 360				Fiscal Year 22-23			
Contract ID Number 1000010457				Funding Notification Date 01/25/22			
Appendix Number	B-1	B-2	B-3	B-4	B-5	B-6	B-7
Provider Number	383806, 383834	383805, 388924	388910	383806, 383834	388926	383835	38K3
Program Name	HR360 Residential	HR360 Residential Step-Down	HR360 Perinatal Residential	HR360 Residential Withdrawal Management	HR360 Outpatient / Intensive OP	HR360 Representative Payee Pgm	Adult Outpatient
Program Code	3834ARS, 3806ARM	88077, 87067	89102	3834RWM, 3806RWM	8926OP, 87301, 38371, 01201, 3873OP, 3837OP, 3873RS, 3837RS	88359	38K3OP
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23
FUNDING USES							
Salaries	\$ 4,092,189	\$ 1,587,800	\$ 767,400	\$ 1,810,000	\$ 2,939,185	\$ 103,565	\$ 230,065
Employee Benefits	\$ 1,309,501	\$ 508,096	\$ 245,569	\$ 579,200	\$ 911,150	\$ 33,140	\$ 73,622
Subtotal Salaries & Employee Benefits	\$ 5,401,690	\$ 2,095,896	\$ 1,012,969	\$ 2,389,200	\$ 3,850,335	\$ 136,705	\$ 303,687
Operating Expenses	\$ 2,375,854	\$ 679,728	\$ 241,304	\$ 308,599	\$ 1,150,530	\$ 20,650	\$ 32,200
Capital Expenses		\$ -					
Subtotal Direct Expenses	\$ 7,777,544	\$ 2,775,624	\$ 1,254,273	\$ 2,697,799	\$ 5,000,865	\$ 157,355	\$ 335,887
Indirect Expenses	\$ 1,166,639	\$ 416,343	\$ 188,139	\$ 404,672	\$ 750,115	\$ 23,600	\$ 50,385
Indirect %	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
TOTAL FUNDING USES	\$ 8,944,183	\$ 3,191,967	\$ 1,442,412	\$ 3,102,471	\$ 5,750,980	\$ 180,955	\$ 386,272
BHS MENTAL HEALTH FUNDING SOURCES							
MH Adult Fed SDMC FFP (50%)							\$ 168,098
MH Adult State 1991 MH Realignment							\$ 182,084
MH Adult County General Fund							\$ 36,090
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 386,272
BHS SUD FUNDING SOURCES							
SUD Fed SABG CRRSAA, CFDA 93.959	\$ 329,692	\$ 112,158					
SUD Fed SABG Discretionary, CFDA 93.959	\$ 1,742,464	\$ 2,140,994		\$ 278,033			
SUD Fed SABG Perinatal Set-Aside, CFDA 93.959			\$ 166,709				
SUD Fed DMC FFP, CFDA 93.778	\$ 3,545,812		\$ 201,887	\$ 699,004	\$ 1,415,370		
SUD Fed Perinatal DMC FFP, CFDA 93.778			\$ 201,887				
SUD State DMC					\$ 593,873		
SUD State Perinatal DMC			\$ 108,708				
SUD State General Fund (ODS Waiver)	\$ 1,909,281		\$ 108,708	\$ 376,386	\$ 168,248		
SUD State Women/Children's Residential			\$ 182,286				
SUD County General Fund	\$ 1,416,934		\$ 472,227	\$ 1,749,048	\$ 2,012,304	\$ 180,955	
SUD County Prop C Homeless Baseline		\$ 938,815			\$ 1,561,185		
TOTAL BHS SUD FUNDING SOURCES	\$ 8,944,183	\$ 3,191,967	\$ 1,442,412	\$ 3,102,471	\$ 5,750,980	\$ 180,955	\$ -
OTHER DPH FUNDING SOURCES							
COPC General Fund - Admin							
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 8,944,183	\$ 3,191,967	\$ 1,442,412	\$ 3,102,471	\$ 5,750,980	\$ 180,955	\$ 386,272
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 8,944,183	\$ 3,191,967	\$ 1,442,412	\$ 3,102,471	\$ 5,750,980	\$ 180,955	\$ 386,272
Prepared By Tony Duong				Phone Number 415-967-7416			

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

DHCS Legal Entity Number 00348								Appendix B, Page 2
Contractor Name HealthRIGHT 360								Fiscal Year 22-23
Contract ID Number 1000010457								Funding Notification Date 01/25/22
Appendix Number	B-8	B-9	B-10	B-11	B-12	B-13	B-14	
Provider Number	38JB	N/A	N/A					
Program Name	ADAPT MH	Women's Community Clinic Primary Care	Women's Community Clinic WAHT					
Program Code	38JBOP	N/A	N/A					
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23					
FUNDING USES								TOTAL
Salaries	\$ 140,400	\$ 43,780	\$ 62,545	\$ -	\$ -	\$ -	\$ -	\$ 11,776,929
Employee Benefits	\$ 44,925	\$ 11,250	\$ 19,386	\$ -	\$ -	\$ -	\$ -	\$ 3,735,839
Subtotal Salaries & Employee Benefits	\$ 185,325	\$ 55,030	\$ 81,931	\$ -	\$ -	\$ -	\$ -	\$ 15,512,768
Operating Expenses	\$ 16,236	\$ -	\$ 17,885	\$ -	\$ -	\$ -	\$ -	\$ 4,842,986
Capital Expenses								\$ -
Subtotal Direct Expenses	\$ 201,561	\$ 55,030	\$ 99,816	\$ -	\$ -	\$ -	\$ -	\$ 20,355,754
Indirect Expenses	\$ 30,234	\$ 8,253	\$ 14,974	\$ -	\$ -	\$ -	\$ -	\$ 3,053,354
Indirect %	15.0%	15.0%	15.0%	0.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES	\$ 231,795	\$ 63,283	\$ 114,790	\$ -	\$ -	\$ -	\$ -	\$ 23,409,108
							Employee Benefits Rate	31.8%
BHS MENTAL HEALTH FUNDING SOURCES								
MH Adult Fed SDMC FFP (50%)	\$ 44,332							\$ 212,430
MH Adult State 1991 MH Realignment	\$ -							\$ 182,084
MH Adult County General Fund	\$ 187,463							\$ 223,553
								\$ -
								\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 231,795	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 618,067
BHS SUD FUNDING SOURCES								
SUD Fed SABG CRRSAA, CFDA 93.959								\$ 441,850
SUD Fed SABG Discretionary, CFDA 93.959								\$ 4,161,491
SUD Fed SABG Perinatal Set-Aside, CFDA 93.959								\$ 166,709
SUD Fed DMC FFP, CFDA 93.778								\$ 5,862,073
SUD Fed Perinatal DMC FFP, CFDA 93.778								\$ 201,887
SUD State DMC								\$ 593,873
SUD State Perinatal DMC								\$ 108,708
SUD State General Fund (ODS Waiver)								\$ 2,562,623
SUD State Women/Children's Residential								\$ 182,286
SUD County General Fund								\$ 5,831,468
SUD County Prop C Homeless Baseline								\$ 2,500,000
								\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 22,612,968
OTHER DPH FUNDING SOURCES								
COPC General Fund - Admin		\$ 63,283	\$ 114,790					\$ 178,073
								\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ 63,283	\$ 114,790		\$ -	\$ -	\$ -	\$ 178,073
TOTAL DPH FUNDING SOURCES	\$ 231,795	\$ 63,283	\$ 114,790	\$ -	\$ -	\$ -	\$ -	\$ 23,409,108
NON-DPH FUNDING SOURCES								
								\$ -
								\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 231,795	\$ 63,283	\$ 114,790	\$ -	\$ -	\$ -	\$ -	\$ 23,409,108
Prepared By	Tony Duong					Phone Number	415-967-7416	

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

DHCS Legal Entity Number 00348					Appendix Number		B-1
Provider Name HealthRIGHT 360					Page Number		1
Provider Number 383806, 383834					Fiscal Year		22-23
Contract ID Number 1000010457					Funding Notification Date		01/25/22
Program Name		HR360 Residential					
Program Code		3834ARS; 3806ARM	3834ARS; 3806ARM	3834ARS; 3806ARM	3834ARS; 3806ARM	3834ARS; 3806ARM	
Mode/SFC (MH) or Modality (SUD)		ODS-112	ODS-113	ODS-114	Res-58	Res-58	
Service Description		ODS Residential 3.1	ODS Residential 3.3	ODS Residential 3.5	ODS Room & Board, Residential Treatment	ODS Room & Board, Residential Treatment	
Funding Term		7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	
FUNDING USES							TOTAL
Salaries & Employee Benefits		\$ 132,422	\$ 222,664	\$ 4,179,364	\$ 768,031	\$ 99,209	\$ 5,401,690
Operating Expenses		\$ 21,530	\$ 36,180	\$ 679,250	\$ 1,451,414	\$ 187,480	\$ 2,375,854
Capital Expenses							\$ -
Subtotal Direct Expenses		\$ 153,952	\$ 258,844	\$ 4,858,614	\$ 2,219,445	\$ 286,689	\$ 7,777,544
Indirect Expenses		\$ 23,095	\$ 38,830	\$ 728,794	\$ 332,917	\$ 43,003	\$ 1,166,639
Indirect %		15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
TOTAL FUNDING USES		\$ 177,047	\$ 297,674	\$ 5,587,408	\$ 2,552,362	\$ 329,692	\$ 8,944,183
BHS MENTAL HEALTH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity					
SUD Fed SABG CRRSAA, CFDA 93.959		0				\$ 329,692	\$ 329,692
SUD Fed SABG Discretionary, CFDA 93.959		240646-10000-10001681-0003			\$ 1,742,464		\$ 1,742,464
SUD Fed DMC FFP, CFDA 93.778		240646-10000-10001681-0003	\$ 103,557	\$ 174,113	\$ 3,268,142		\$ 3,545,812
SUD State General Fund (ODS Waiver)		240646-10000-10001681-0003	\$ 55,761	\$ 93,753	\$ 1,759,767		\$ 1,909,281
SUD County General Fund			\$ 17,729	\$ 29,808	\$ 559,499	\$ 809,898	\$ 1,416,934
TOTAL BHS SUD FUNDING SOURCES		\$ 177,047	\$ 297,674	\$ 5,587,408	\$ 2,552,362	\$ 329,692	\$ 8,944,183
OTHER DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 177,047	\$ 297,674	\$ 5,587,408	\$ 2,552,362	\$ 329,692	\$ 8,944,183
NON-DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		177,047	297,674	5,587,408	2,552,362	329,692	8,944,183
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased		4	6	118	128	128	
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)	
DPH Units of Service		932	1,567	29,413	28,261	3,651	
Unit Type		Day	Day	Day	Bed Days	Bed Days	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 189.96	\$ 189.96	\$ 189.96	\$ 90.31	\$ 90.30	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 189.96	\$ 189.96	\$ 189.96	\$ 90.31	\$ 90.30	
Published Rate (Medi-Cal Providers Only)		\$ 275.63	\$ 385.88	\$ 330.75	\$ 150.00	\$ 150.00	Total UDC
Unduplicated Clients (UDC)		11	16	323	310	40	350

Appendix B - DPH 3: Salaries & Employee Benefits Detail

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

Appendix Number B-1
Page Number 2
Fiscal Year 22-23
Funding Notification Date 01/25/22

	TOTAL		Residential - ODS Residential 3.1		Residential - ODS Residential 3.3		Residential - ODS Residential 3.5		Residential - Room and Board		Residential - Room and Board			
Funding Term	7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23			
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
AOD Counselors	6.00	312,670	0.18	\$ 9,110	0.29	\$ 15,365	5.53	\$ 288,195						
Peer Recovery Navigator (PSS)	6.00	270,010	0.18	\$ 7,890	0.29	\$ 13,260	5.53	\$ 248,860						
LPHA	8.00	624,000	0.23	\$ 18,220	0.39	\$ 30,640	7.37	\$ 575,140						
Mental Health Therapist	2.00	156,000	0.06	\$ 4,560	0.10	\$ 7,660	1.84	\$ 143,780						
Clinical Director	2.00	190,000	0.06	\$ 5,550	0.10	\$ 9,330	1.84	\$ 175,120						
Mental Health Training Coordinator	0.00	-	0.00	\$ -	0.00	\$ -	0.00	\$ -						
Health and Wellness Coordinator	2.00	110,000	0.06	\$ 3,210	0.10	\$ 5,400	1.84	\$ 101,390						
Registered Nurse	2.00	210,000	0.06	\$ 6,130	0.10	\$ 10,310	1.84	\$ 193,560						
Medical Director	0.50	130,000	0.01	\$ 3,800	0.02	\$ 6,380	0.46	\$ 119,820						
Program Manager	4.00	300,000	0.12	\$ 8,760	0.20	\$ 14,730	3.69	\$ 276,510						
Program Director	2.00	220,000	0.06	\$ 6,430	0.10	\$ 10,800	1.84	\$ 202,770						
Managing Director	0.75	105,010	0.02	\$ 3,070	0.04	\$ 5,160	0.69	\$ 96,780						
Administrative Assistant	2.00	100,000	0.06	\$ 2,920	0.10	\$ 4,910	1.84	\$ 92,170						
Compliance Quality Improvement	2.00	130,000	0.06	\$ 3,800	0.10	\$ 6,380	1.84	\$ 119,820						
Compliance Quality Assurance	2.00	130,000	0.06	\$ 3,800	0.10	\$ 6,380	1.84	\$ 119,820						
EMR Support	1.00	65,000	0.03	\$ 1,900	0.05	\$ 3,190	0.92	\$ 59,910						
Overnight/Weekend Staff	9.00	393,442	0.00	\$ -	0.00	\$ -	0.00	\$ -	7.97	\$ 348,441	1.03	\$ 45,001		
Food Service	3.00	144,000	0.00	\$ -	0.00	\$ -	0.00	\$ -	2.66	\$ 127,527	0.34	\$ 16,473		
Drivers	3.00	119,557	0.00	\$ -	0.00	\$ -	0.00	\$ -	2.66	\$ 105,880	0.34	\$ 13,677		
Intake Counselor	2.00	110,000	0.06	\$ 3,210	0.10	\$ 5,400	1.84	\$ 101,390						
Intake LPHA	2.00	150,000	0.06	\$ 4,380	0.10	\$ 7,370	1.84	\$ 138,250						
Intake Director	0.50	40,000	0.01	\$ 1,170	0.02	\$ 1,960	0.46	\$ 36,870						
Intake Manager	0.50	32,500	0.01	\$ 950	0.02	\$ 1,600	0.46	\$ 29,950						
Intake Medi-Cal Eligibility Worker	1.00	50,000	0.03	\$ 1,460	0.05	\$ 2,460	0.92	\$ 46,080						
	0.00	-												
	0.00	-												
	0.00	-												
	0.00													
	0.00	-												
	0.00	-												
	0.00	-												
	0.00	-												
Totals:	63.25	4,092,189	1.41	\$ 100,320	2.37	168,685	44.47	3,166,185	13.28	581,848	1.71	\$ 75,151	0.00	\$ -
Employee Benefits:	32.00%	1,309,501	32.00%	\$ 32,102	32.00%	53,979	32.00%	1,013,179	32.00%	186,183	32.01%	24,058	0.00%	
TOTAL SALARIES & BENEFITS		5,401,690		\$ 132,422		222,664		4,179,364		768,031		\$ 99,209		\$ -

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 3
 Fiscal Year 22-23
 Funding Notification Date 01/25/22

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	
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	
Rent	\$ 270,920.00	\$ 2,360.00	\$ 3,970.00	\$ 74,490.00	\$ 168,354.00	\$ 21,746.00	
Utilities (telephone, electricity, water, gas)	\$ 586,040.00	\$ 5,100.00	\$ 8,580.00	\$ 161,100.00	\$ 364,214.00	\$ 47,046.00	
Building Repair/Maintenance	\$ 461,850.00	\$ 4,050.00	\$ 6,800.00	\$ 127,700.00	\$ 286,316.00	\$ 36,984.00	
Occupancy Total:	\$ 1,318,810.00	\$ 11,510.00	\$ 19,350.00	\$ 363,290.00	\$ 818,884.00	\$ 105,776.00	\$ -
Office Supplies	\$ 14,670.00	\$ 430.00	\$ 720.00	\$ 13,520.00	\$ -		
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -		
Program Supplies	\$ 48,190.00	\$ 1,410.00	\$ 2,370.00	\$ 44,410.00	\$ -		
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -		
Materials & Supplies Total:	\$ 62,860.00	\$ 1,840.00	\$ 3,090.00	\$ 57,930.00	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -	\$ -	\$ -	\$ -		
Insurance	\$ 78,048.00	\$ 680.00	\$ 1,140.00	\$ 21,460.00	\$ 48,503.00	\$ 6,265.00	
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -		
Permits	\$ 59,350.00	\$ 1,730.00	\$ 2,910.00	\$ 54,710.00	\$ -		
Equipment Lease & Maintenance	\$ 45,400.00	\$ 1,330.00	\$ 2,230.00	\$ 41,840.00	\$ -		
General Operating Total:	\$ 182,798.00	\$ 3,740.00	\$ 6,280.00	\$ 118,010.00	\$ 48,503.00	\$ 6,265.00	\$ -
Local Travel	\$ -	\$ -	\$ -	\$ -			
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -			
Field Expenses	\$ -	\$ -	\$ -	\$ -			
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Depreciation	\$ 506,386.00	\$ 4,440.00	\$ 7,460.00	\$ 140,020.00	\$ 313,917.00	\$ 40,549.00	
Client Healthcare Related/Transportation	\$ 180,000.00	\$ -	\$ -	\$ -	\$ 159,409.00	\$ 20,591.00	
Food	\$ 125,000.00	\$ -	\$ -	\$ -	\$ 110,701.00	\$ 14,299.00	
Other Total:	\$ 811,386.00	\$ 4,440.00	\$ 7,460.00	\$ 140,020.00	\$ 584,027.00	\$ 75,439.00	\$ -
TOTAL OPERATING EXPENSE	\$ 2,375,854.00	\$ 21,530	\$ 36,180	\$ 679,250	\$ 1,451,414	\$ 187,480.00	\$ -

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 1			
Provider Number 383805, 388924				Fiscal Year 22-23			
Contract ID Number 1000010457				Funding Notification Date 01/25/22			
Program Name		HR360 Residential Step-Down					
Program Code		88077, 87067	88077, 87067				
Mode/SFC (MH) or Modality (SUD)		Res-59	Res-59				
Service Description		ODS Room & Board Recovery Residences	ODS Room & Board Recovery Residences				
Funding Term		7/1/22-6/30/23	7/1/22-6/30/23				
FUNDING USES							TOTAL
Salaries & Employee Benefits		\$ 2,095,896	\$ -	\$ -	\$ -		\$ 2,095,896
Operating Expenses		\$ 582,178	\$ 97,550	\$ -	\$ -		\$ 679,728
Capital Expenses							\$ -
Subtotal Direct Expenses		\$ 2,678,074	\$ 97,550	\$ -	\$ -	\$ -	\$ 2,775,624
Indirect Expenses		\$ 401,735	\$ 14,608				\$ 416,343
Indirect %		15.0%	15.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES		\$ 3,079,809	\$ 112,158	\$ -	\$ -	\$ -	\$ 3,191,967
BHS MENTAL HEALTH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity					
SUD Fed SABG CRRSAA, CFDA 93.959	0		\$ 112,158				\$ 112,158
SUD Fed SABG Discretionary, CFDA 93.959	240646-10000-10001681-0003	\$ 2,140,994					\$ 2,140,994
SUD County General Fund	240646-10000-10001681-0003						\$ -
SUD County Prop C Homeless Baseline		\$ 938,815					\$ 938,815
TOTAL BHS SUD FUNDING SOURCES		\$ 3,079,809	\$ 112,158	\$ -	\$ -	\$ -	\$ 3,191,967
OTHER DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 3,079,809	\$ 112,158	\$ -	\$ -	\$ -	\$ 3,191,967
NON-DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		3,079,809	112,158	-	-	-	3,191,967
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased		92	92				
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)				
DPH Units of Service		22,667	22,667				
Unit Type		Bed Days	Bed Days	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 135.87	\$ 4.95	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 135.87	\$ 4.95	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)		\$ 150.00	\$ 150.00				Total UDC
Unduplicated Clients (UDC)		92	92				92

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010457
 Program Name HR360 Residential Step-Down
 Program Code 88077, 87067

Appendix Number	B-2
Page Number	2
Fiscal Year	22-23
Funding Notification Date	01/25/22

	TOTAL		Recovery Residence		Recovery Residence - ERAF									
Funding Term	7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23									
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Recovery Coach	20.00	\$ 1,026,800	20.00	\$ 1,026,800										
Health and Wellness Coordinators	2.00	\$ 104,000	2.00	\$ 104,000										
Manager	2.00	\$ 160,000	2.00	\$ 160,000										
Managing Director	0.25	\$ 35,000	0.25	\$ 35,000										
Cook	2.00	\$ 84,000	2.00	\$ 84,000										
Administrative Assistant	1.00	\$ 42,000	1.00	\$ 42,000										
Drivers	2.00	\$ 84,000	2.00	\$ 84,000										
Intake Coordinator	1.00	\$ 52,000	1.00	\$ 52,000										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	30.25	\$ 1,587,800	30.25	\$ 1,587,800	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	32.00%	\$ 508,096	32.00%	\$ 508,096	0.00%	\$ -	0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 2,095,896	\$ 2,095,896		\$ -		\$ -		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
Program Name HR360 Residential Step-Down
Program Code 88077, 87067

Appendix Number B-2
Page Number 3
Fiscal Year 22-23
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	Recovery Residence					
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23					
Rent	\$ 113,600.00	\$ 78,350.00	\$ 35,250.00				
Utilities (telephone, electricity, water, gas)	\$ 180,000.00	\$ 180,000.00					
Building Repair/Maintenance	\$ 70,000.00	\$ 70,000.00					
Occupancy Total:	\$ 363,600.00	\$ 328,350.00	\$ 35,250.00	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 12,000.00	\$ 12,000.00					
Photocopying	\$ 12,000.00	\$ 12,000.00					
Program Supplies	\$ 36,000.00	\$ 36,000.00					
Computer Hardware/Software	\$ 14,400.00	\$ 14,400.00					
Materials & Supplies Total:	\$ 74,400.00	\$ 74,400.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 5,306.00	\$ 5,306.00					
Insurance	\$ 50,800.00	\$ 50,800.00					
Professional License	\$ -	\$ -					
Permits	\$ -	\$ -					
Equipment Lease & Maintenance	\$ 12,000.00	\$ 12,000.00					
General Operating Total:	\$ 68,106.00	\$ 68,106.00	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 10,622.00	\$ 10,622.00					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 10,622.00	\$ 10,622.00	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Depreciation	\$ 50,700.00	\$ 50,700.00					
Client Healthcare Related/Transportation	\$ 50,000.00	\$ 50,000.00					
Food	\$ 62,300.00		\$ 62,300.00				
Other Total:	\$ 163,000.00	\$ 100,700.00	\$ 62,300.00	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 679,728.00	\$ 582,178.00	\$ 97,550.00	\$ -	\$ -	\$ -	\$ -

Appendix B - DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)						
DHCS Legal Entity Number 00348				Appendix Number B-3		
Provider Name HealthRIGHT 360				Page Number 1		
Provider Number 388910				Fiscal Year 22-23		
Contract ID Number 1000010457				Funding Notification Date 01/25/22		
Program Name		HR360 Perinatal Residential				
Program Code		89102	89102	89102	89102	
Mode/SFC (MH) or Modality (SUD)		ODS-112	ODS-113	ODS-114	Res-58-1	
Service Description		ODS Residential 3.1	ODS Residential 3.3	ODS Residential 3.5	ODS Room & Board, Residential Treatment (Perinatal Only)	
Funding Term		7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	
FUNDING USES						TOTAL
Salaries & Employee Benefits		\$ 6,739	\$ 6,739	\$ 819,311	\$ 180,180	\$ 1,012,969
Operating Expenses		\$ 1,420	\$ 1,420	\$ 172,630	\$ 65,834	\$ 241,304
Capital Expenses						\$ -
Subtotal Direct Expenses		\$ 8,159	\$ 8,159	\$ 991,941	\$ 246,014	\$ - \$ 1,254,273
Indirect Expenses		\$ 1,223	\$ 1,223	\$ 148,791	\$ 36,902	\$ 188,139
Indirect %		15.0%	15.0%	15.0%	15.0%	0.0% 15.0%
TOTAL FUNDING USES		\$ 9,382	\$ 9,382	\$ 1,140,732	\$ 282,916	\$ - \$ 1,442,412
BHS MENTAL HEALTH FUNDING SOURCES						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity				
SUD Fed SABG Perinatal Set-Aside, CFDA 93.959	240646-10000-10001681-0003				\$ 166,709	\$ 166,709
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$ 1,635	\$ 1,635	\$ 198,617		\$ 201,887
SUD Fed SABG Perinatal Set-Aside, CFDA 93.959	240646-10000-10001681-0003	\$ 1,635	\$ 1,635	\$ 198,617		\$ 201,887
SUD State Perinatal DMC	240646-10000-10001681-0003	\$ 880	\$ 880	\$ 106,948		\$ 108,708
SUD State General Fund (ODS Waiver)	240646-10000-10001681-0003	\$ 880	\$ 880	\$ 106,948		\$ 108,708
SUD State Women/Children's Residential	240646-10000-10001681-0003	\$ 1,476	\$ 1,476	\$ 179,334		\$ 182,286
SUD County General Fund	240646-10000-10001681-0003	\$ 2,876	\$ 2,876	\$ 350,268	\$ 116,207	\$ 472,227
						\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ 9,382	\$ 9,382	\$ 1,140,732	\$ 282,916	\$ - \$ 1,442,412
OTHER DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 9,382	\$ 9,382	\$ 1,140,732	\$ 282,916	\$ - \$ 1,442,412
NON-DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		9,382	9,382	1,140,732	282,916	- 1,442,412
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased		1	1	13	15	
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)	
DPH Units of Service		30	30	3,644	3,704	
Unit Type		Day	Day	Day	Bed Days	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 312.73	\$ 312.73	\$ 313.04	\$ 76.38	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 312.73	\$ 312.73	\$ 313.04	\$ 76.38	\$ -
Published Rate (Medi-Cal Providers Only)		\$ 275.63	\$ 385.88	\$ 330.75	\$ 150.00	Total UDC
Unduplicated Clients (UDC)		1	1	40	42	42

Appendix B - DPH 3: Salaries & Employee Benefits Detail

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

Appendix Number	B-3
Page Number	2
Fiscal Year	22-23
Funding Notification Date	01/25/22

	TOTAL		Perinatal Residential 3.1		Perinatal Residential 3.3		Perinatal Residential 3.5		Perinatal Residential - Room and Board					
Funding Term	7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23					
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
AOD Counselors	3.00	\$ 143,980	0.02	\$ 1,155	0.02	\$ 1,155	2.95	\$ 141,670						
Parenting Specialist/Peer Navigator	2.00	\$ 96,000	0.02	\$ 780	0.02	\$ 780	1.97	\$ 94,440						
Clinical Director (LPHA)	1.00	\$ 82,500	0.01	\$ 670	0.01	\$ 670	0.98	\$ 81,160						
Therapist	1.00	\$ 66,990	0.01	\$ 540	0.01	\$ 540	0.98	\$ 65,910						
Program Manager	1.00	\$ 65,010	0.01	\$ 530	0.01	\$ 530	0.98	\$ 63,950						
Program Director	1.00	\$ 85,000	0.01	\$ 690	0.01	\$ 690	0.98	\$ 83,620						
Managing Director	0.05	\$ 6,400	0.00	\$ 50	0.00	\$ 50	0.05	\$ 6,300						
Administrative Assistant	1.00	\$ 48,250	0.01	\$ 390	0.01	\$ 390	0.98	\$ 47,470						
Compliance Quality Improvement	0.13	\$ 8,100	0.02	\$ 70	0.01	\$ 70	0.10	\$ 7,960						
Compliance Quality Assurance	0.13	\$ 8,100	0.02	\$ 70	0.01	\$ 70	0.10	\$ 7,960						
Overnight/Weekend Staff	2.00	\$ 78,000	0.00	\$ -	0.00	\$ -	0.00	\$ -	2.00	\$ 78,000				
Food Service	1.00	\$ 39,000	0.00	\$ -	0.00	\$ -	0.00	\$ -	1.00	\$ 39,000				
Drivers	0.50	\$ 19,500	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.50	\$ 19,500				
Intake Counselor	0.05	\$ 3,030	0.00	\$ 20	0.00	\$ 20	0.05	\$ 2,990						
Intake LPHA	0.05	\$ 5,060	0.00	\$ 40	0.00	\$ 40	0.05	\$ 4,980						
Intake Director	0.05	\$ 5,060	0.00	\$ 40	0.00	\$ 40	0.05	\$ 4,980						
Intake Manager	0.05	\$ 4,390	0.00	\$ 40	0.00	\$ 40	0.05	\$ 4,310						
Intake Medi-Cal Eligibility Worker	0.05	\$ 3,030	0.00	\$ 20	0.00	\$ 20	0.05	\$ 2,990						
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
Totals:	14.05	\$ 767,400.00	0.11	\$ 5,105	0.12	\$ 5,105	10.32	\$ 620,690	3.50	\$ 136,500	0.00	\$ -	0.00	\$ -
Employee Benefits:	32.00%	\$ 245,569.00	32.01%	\$ 1,634	32.01%	\$ 1,634	32.00%	\$ 198,621	32.00%	\$ 43,680	0.00%	\$ -	0.00%	
TOTAL SALARIES & BENEFITS		\$ 1,012,969.00	\$ 6,739		\$ 6,739		\$ 819,311		\$ 180,180		\$ -		\$ -	

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 3
 Fiscal Year 22-23
 Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	Perinatal Residential 3.1	Perinatal Residential 3.3	Perinatal Residential 3.5	Perinatal Residential - Room and Board		
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23		
Rent	\$ 13,551.00	\$ 70.00	\$ 70.00	\$ 8,140.00	\$ 5,271.00		
Utilities (telephone, electricity, water, gas)	\$ 72,206.00	\$ 380.00	\$ 380.00	\$ 45,680.00	\$ 25,766.00		
Building Repair/Maintenance	\$ 32,758.00	\$ 160.00	\$ 160.00	\$ 19,680.00	\$ 12,758.00		
Occupancy Total:	\$ 118,515.00	\$ 610.00	\$ 610.00	\$ 73,500.00	\$ 43,795.00	\$ -	\$ -
Office Supplies	\$ 7,500.00	\$ 60.00	\$ 60.00	\$ 7,380.00			
Photocopying	\$ -	\$ -	\$ -	\$ -			
Program Supplies	\$ 9,380.00	\$ 80.00	\$ 80.00	\$ 9,220.00			
Computer Hardware/Software	\$ 7,500.00	\$ 60.00	\$ 60.00	\$ 7,380.00			
Materials & Supplies Total:	\$ 24,380.00	\$ 200.00	\$ 200.00	\$ 23,980.00	\$ -	\$ -	\$ -
Training/Staff Development	\$ 7,500.00	\$ 60.00	\$ 60.00	\$ 7,380.00			
Insurance	\$ 9,240.00	\$ 70.00	\$ 70.00	\$ 9,100.00			
Professional License	\$ -	\$ -	\$ -	\$ -			
Permits	\$ -	\$ -	\$ -	\$ -			
Equipment Lease & Maintenance	\$ 18,750.00	\$ 150.00	\$ 150.00	\$ 18,450.00			
General Operating Total:	\$ 35,490.00	\$ 280.00	\$ 280.00	\$ 34,930.00	\$ -	\$ -	\$ -
Local Travel	\$ 4,510.00	\$ 40.00	\$ 40.00	\$ 4,430.00			
Out-of-Town Travel	\$ -	\$ -	\$ -				
Field Expenses	\$ -	\$ -	\$ -				
Staff Travel Total:	\$ 4,510.00	\$ 40.00	\$ 40.00	\$ 4,430.00	\$ -	\$ -	\$ -
	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Depreciation	\$ 36,370.00	\$ 290.00	\$ 290.00	\$ 35,790.00			
Client Healthcare Related/Transportation	\$ 5,980.00	\$ -	\$ -	\$ -	\$ 5,980.00		
Food	\$ 16,059.00	\$ -	\$ -	\$ -	\$ 16,059.00		
Other Total:	\$ 58,409.00	\$ 290.00	\$ 290.00	\$ 35,790.00	\$ 22,039.00	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 241,304.00	\$ 1,420.00	\$ 1,420.00	\$ 172,630.00	\$ 65,834.00	\$ -	\$ -

Appendix B - DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)						
DHCS Legal Entity Number 00348				Appendix Number B-4		
Provider Name HealthRIGHT 360				Page Number 1		
Provider Number 383806, 383834				Fiscal Year 22-23		
Contract ID Number 1000010457				Funding Notification Date 01/25/22		
Program Name		HR360 Residential Withdrawal Management				
Program Code		3834RWM, 3806RWM	3834RWM, 3806RWM			
Mode/SFC (MH) or Modality (SUD)		ODS-109	Res-58			
Service Description		ODS Withdrawal Management 3.2	ODS Room & Board, Residential Treatment			
Funding Term		7/1/22-6/30/23	7/1/22-6/30/23			
FUNDING USES						TOTAL
Salaries & Employee Benefits		\$ 1,866,480	\$ 522,720	\$ -	\$ -	\$ 2,389,200
Operating Expenses		\$ 104,065	\$ 204,534	\$ -	\$ -	\$ 308,599
Capital Expenses						\$ -
Subtotal Direct Expenses		\$ 1,970,545	\$ 727,254	\$ -	\$ -	\$ 2,697,799
Indirect Expenses		\$ 295,584	\$ 109,088			\$ 404,672
Indirect %		15.0%	15.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES		\$ 2,266,129	\$ 836,342	\$ -	\$ -	\$ 3,102,471
BHS MENTAL HEALTH FUNDING SOURCES						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity				
SUD Fed SABG Discretionary, CFDA 93.959	240646-10000-10001681-0003	\$ -	\$ 278,033			\$ 278,033
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$ 699,004				\$ 699,004
SUD State General Fund (ODS Waiver)	240646-10000-10001681-0003	\$ 376,386				\$ 376,386
SUD County General Fund	240646-10000-10001681-0003	\$ 1,190,739	\$ 558,309			\$ 1,749,048
						\$ -
						\$ -
						\$ -
						\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ 2,266,129	\$ 836,342	\$ -	\$ -	\$ 3,102,471
OTHER DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 2,266,129	\$ 836,342	\$ -	\$ -	\$ 3,102,471
NON-DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		2,266,129	836,342	-	-	3,102,471
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased		30	36			
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)			
DPH Units of Service		7,667	11,422			
Unit Type		Day	Bed Days	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 295.57	\$ 73.22	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 295.57	\$ 73.22	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)		\$ 500.00	\$ 150.00			Total UDC
Unduplicated Clients (UDC)		511	761			761

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010457

Program Name HR360 Residential Withdrawal Management

Program Code 3834RWM, 3806RWMAppendix Number B-4Page Number 2

Fiscal Year	22-23
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Funding Notification Date	01/25/22
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	TOTAL		Residential - ODS Withdraw Mgmt 3.2		Residential - Room and Board									
Funding Term	7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23									
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
AOD Counselors	7.00	\$ 350,000	7.00	\$ 350,000										
Peer Recovery Navigator (PSS)	6.00	\$ 270,000			6.00	\$ 270,000								
LPHA	3.00	\$ 225,000	3.00	\$ 225,000										
Medical Director	0.50	\$ 120,000	0.50	\$ 120,000										
Program Manager	2.00	\$ 170,000	2.00	\$ 170,000										
Registered Nurse	2.00	\$ 170,000	2.00	\$ 170,000										
Food Service	2.00	\$ 84,000			2.00	\$ 84,000								
Drivers	1.00	\$ 42,000			1.00	\$ 42,000								
Intake Counselor	2.00	\$ 104,000	2.00	\$ 104,000										
Intake LPHA	2.00	\$ 150,000	2.00	\$ 150,000										
Intake Director	0.50	\$ 40,000	0.50	\$ 40,000										
Intake Manager	0.50	\$ 35,000	0.50	\$ 35,000										
Intake Medi-Cal Eligibility Worker	1.00	\$ 50,000	1.00	\$ 50,000										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	29.50	\$ 1,810,000	20.50	\$ 1,414,000	9.00	\$ 396,000	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	32.00%	\$ 579,200	32.00%	\$ 452,480	32.00%	\$ 126,720	0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 2,389,200		\$ 1,866,480		\$ 522,720		\$ -		\$ -		\$ -		\$ -

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 3
Fiscal Year 22-23
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	Residential - ODS Withdraw Mgmt 3.2	Residential - Room and Board				
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23				
Rent	\$ 45,249.00	\$ 16,100.00	\$ 29,149.00				
Utilities (telephone, electricity, water, gas)	\$ 59,388.00	\$ 19,500.00	\$ 39,888.00				
Building Repair/Maintenance	\$ 34,183.00	\$ 15,289.00	\$ 18,894.00				
Occupancy Total:	\$ 138,820.00	\$ 50,889.00	\$ 87,931.00	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 2,588.00	\$ 2,588.00					
Photocopying	\$ -	\$ -					
Program Supplies	\$ 8,502.00	\$ 8,502.00					
Computer Hardware/Software	\$ -	\$ -					
Materials & Supplies Total:	\$ 11,090.00	\$ 11,090.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -					
Insurance	\$ 12,498.00	\$ 4,100.00	\$ 8,398.00				
Professional License	\$ -	\$ -					
Permits	\$ 10,476.00	\$ 10,476.00					
Equipment Lease & Maintenance	\$ 8,010.00	\$ 8,010.00					
General Operating Total:	\$ 30,984.00	\$ 22,586.00	\$ 8,398.00	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Depreciation	\$ 59,351.00	\$ 19,500.00	\$ 39,851.00				
Client Healthcare Related/Transportation	\$ 17,200.00		\$ 17,200.00				
Food	\$ 51,154.00		\$ 51,154.00				
Other Total:	\$ 127,705.00	\$ 19,500.00	\$ 108,205.00	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 308,599.00	\$ 104,065.00	\$ 204,534.00	\$ -	\$ -	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)														
DHCS Legal Entity Number 00348												Appendix Number		B-5
Provider Name HealthRIGHT 360												Page Number		1
Provider Number 388926												Fiscal Year		22-23
Contract ID Number 1000010457												Funding Notification Date		01/25/22
Program Name		HR360 Outpatient / Intensive OP												
		3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837RS, 3873RS, 8926RS	3837RS, 3873RS, 8926RS	3837RS, 3873RS, 8926RS	3837RS, 3873RS, 8926RS	
Mode/SFC (MH) or Modality (SUD)		ODS-91g	ODS-91i	ODS-91i	ODS-91g	ODS-91cm	ODS-105i	ODS-105g	ODS-105cm	ODS-91rsi	ODS-91rsg	ODS-91rscm	ODS-91rsm	
Service Description		ODS OT Group Counseling	ODS OT Individual Counseling	ODS OT Individual Counseling	ODS OT Group Counseling	ODS OT Case Management	ODS IOT Individual Counseling	ODS IOT Group Counseling	ODS IOT Case Management	Recovery Services Individual	ODS OT Recovery Services Group	Recovery Services Case Management	Recovery Services Monitoring	
Funding Term		7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	
FUNDING USES														TOTAL
Salaries & Employee Benefits		\$ 166,763	\$ 878,381	\$ 1,342,226	\$ 595,290	\$ 115,693	\$ 276,698	\$ 191,810	\$ 81,534	\$ 124,817	\$ 74,081	\$ 3,042	\$ -	\$ 3,850,335
Operating Expenses		\$ 49,850	\$ 262,560	\$ 401,030	\$ 177,840	\$ 34,550	\$ 82,670	\$ 57,330	\$ 24,370	\$ 37,280	\$ 22,130	\$ 920	\$ -	\$ 1,150,530
Capital Expenses														\$ -
Subtotal Direct Expenses		\$ 216,613	\$ 1,140,941	\$ 1,743,256	\$ 773,130	\$ 150,243	\$ 359,368	\$ 249,140	\$ 105,904	\$ 162,097	\$ 96,211	\$ 3,962	\$ -	\$ 5,000,865
Indirect Expenses		\$ 32,489	\$ 171,142	\$ 261,491	\$ 115,969	\$ 22,533	\$ 53,908	\$ 37,362	\$ 15,881	\$ 24,312	\$ 14,433	\$ 595	\$ -	\$ 750,115
Indirect %		15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	0.0%	15.0%
TOTAL FUNDING USES		\$ 249,102	\$ 1,312,083	\$ 2,004,747	\$ 889,099	\$ 172,776	\$ 413,276	\$ 286,502	\$ 121,785	\$ 186,409	\$ 110,644	\$ 4,557	\$ -	\$ 5,750,980
BHS MENTAL HEALTH FUNDING SOURCES														
														\$ -
														\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity												
SUD Fed DMC FFP, CFDA 93.778		240646-10000-10001681-0003			\$ 713,513	\$ 263,072	\$ 49,584	\$ 156,248	\$ 109,381	\$ 46,831	\$ 47,429	\$ 28,152	\$ 1,160	\$ 1,415,370
SUD State DMC		240646-10000-10001681-0003			\$ 363,628	\$ 151,525	\$ 37,398			\$ 25,540	\$ 15,159	\$ 623		\$ 593,873
SUD State General Fund (ODS Waiver)		240646-10000-10001681-0003						\$ 110,281	\$ 47,158	\$ 10,809				\$ 168,248
SUD County General Fund		240646-10000-10001681-0003			\$ 927,606	\$ 474,502	\$ 85,794	\$ 146,747	\$ 129,963	\$ 64,145	\$ 113,440	\$ 67,333	\$ 2,774	\$ 2,012,304
SUD County Prop C Homeless Baseline		0			\$ 249,102	\$ 1,312,083								\$ 1,561,185
														\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ 249,102	\$ 1,312,083	\$ 2,004,747	\$ 889,099	\$ 172,776	\$ 413,276	\$ 286,502	\$ 121,785	\$ 186,409	\$ 110,644	\$ 4,557	\$ -	\$ 5,750,980
OTHER DPH FUNDING SOURCES														
														\$ -
														\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -					\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 249,102	\$ 1,312,083	\$ 2,004,747	\$ 889,099	\$ 172,776	\$ 413,276	\$ 286,502	\$ 121,785	\$ 186,409	\$ 110,644	\$ 4,557	\$ -	\$ 5,750,980
NON-DPH FUNDING SOURCES														
														\$ -
														\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		249,102	1,312,083	2,004,747	889,099	172,776	413,276	286,502	121,785	186,409	110,644	4,557	-	5,750,980
BHS UNITS OF SERVICE AND UNIT COST														
Number of Beds Purchased														
SUD Only - Number of Outpatient Group Counseling Sessions		917			1,100			925			171			
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)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service		2,404	12,660	19,338	8,576	1,666	3,986	2,764	1,175	1,798	1,067	44	0	
Unit Type		15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 103.62	\$ 103.64	\$ 103.67	\$ 103.67	\$ 103.71	\$ 103.68	\$ 103.65	\$ 103.65	\$ 103.68	\$ 103.70	\$ 103.57	\$ -	
ost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 103.62	\$ 103.64	\$ 103.67	\$ 103.67	\$ 103.71	\$ 103.68	\$ 103.65	\$ 103.65	\$ 103.68	\$ 103.70	\$ 103.57	\$ -	
Published Rate (Medi-Cal Providers Only)		\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	Total UDC
Unduplicated Clients (UDC)		97	97	202	202	202	83	83	83	150	150	150		532

	TOTAL		ODS OT Group		ODS OT Individual		ODS OT Individual		ODS OT Group		ODS OT Case		ODS IOT Individual		ODS IOT Group		ODS IOT Case		ODS OT Recovery		ODS OT Recovery		ODS OT Recovery		ODS OT Recovery	
Funding Term	7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
AOD Counselor - Certified	10.00	\$ 519,465	0.43	\$ 22,430	2.28	\$ 118,360	3.49	\$ 181,150	1.55	\$ 80,380	0.30	\$ 15,665	0.72	\$ 37,370	0.50	\$ 25,850	0.21	\$ 10,980	0.32	\$ 16,850.00	0.19	\$ 10,010.00	0.01	\$ 420.00	0.00	
Peer Support	10.00	\$ 500,000	0.43	\$ 21,670	2.28	\$ 114,100	3.49	\$ 174,290	1.55	\$ 77,290	0.30	\$ 15,010	0.72	\$ 35,920	0.50	\$ 24,910	0.21	\$ 10,590	0.32	\$ 16,200.00	0.19	\$ 9,620.00	0.01	\$ 400.00	0.00	
LPHA	10.00	\$ 750,000	0.43	\$ 32,500	2.28	\$ 171,150	3.49	\$ 261,430	1.55	\$ 115,940	0.30	\$ 22,520	0.72	\$ 53,890	0.50	\$ 37,370	0.21	\$ 15,880	0.32	\$ 24,310.00	0.19	\$ 14,420.00	0.01	\$ 590.00	0.00	
MH Training	0.80	\$ 68,000	0.03	\$ 2,950	0.18	\$ 15,520	0.28	\$ 23,700	0.12	\$ 10,510	0.02	\$ 2,040	0.06	\$ 4,890	0.04	\$ 3,390	0.02	\$ 1,440	0.03	\$ 2,200.00	0.02	\$ 1,310.00	0.00	\$ 50.00	0.00	
Medical Director	0.25	\$ 56,250	0.01	\$ 2,440	0.06	\$ 12,840	0.09	\$ 19,610	0.04	\$ 8,700	0.01	\$ 1,690	0.02	\$ 4,040	0.01	\$ 2,800	0.01	\$ 1,190	0.01	\$ 1,820.00	0.00	\$ 1,080.00	0.00	\$ 40.00	0.00	
Program Director	2.00	\$ 210,010	0.09	\$ 9,100	0.46	\$ 47,920	0.70	\$ 73,200	0.31	\$ 32,460	0.06	\$ 6,310	0.14	\$ 15,090	0.10	\$ 10,460	0.04	\$ 4,450	0.06	\$ 6,810.00	0.04	\$ 4,040.00	0.00	\$ 170.00	0.00	
Lead	1.28	\$ 112,200	0.06	\$ 4,860	0.29	\$ 25,600	0.45	\$ 39,110	0.20	\$ 17,340	0.04	\$ 3,370	0.09	\$ 8,060	0.06	\$ 5,590	0.03	\$ 2,380	0.04	\$ 3,640.00	0.02	\$ 2,160.00	0.00	\$ 90.00	0.00	
Program Manager AAHC	1.00	\$ 65,010	0.04	\$ 2,820	0.23	\$ 14,830	0.35	\$ 22,660	0.15	\$ 10,050	0.03	\$ 1,950	0.07	\$ 4,670	0.05	\$ 3,240	0.02	\$ 1,380	0.03	\$ 2,110.00	0.02	\$ 1,250.00	0.00	\$ 50.00	0.00	
Admin Assistant	4.00	\$ 192,000	0.17	\$ 8,320	0.91	\$ 43,810	1.39	\$ 66,930	0.62	\$ 29,680	0.12	\$ 5,770	0.29	\$ 13,790	0.20	\$ 9,570	0.08	\$ 4,070	0.13	\$ 6,220.00	0.08	\$ 3,690.00	0.00	\$ 150.00	0.00	
Compliance QI	1.00	\$ 65,010	0.04	\$ 2,820	0.23	\$ 14,830	0.35	\$ 22,660	0.15	\$ 10,050	0.03	\$ 1,950	0.07	\$ 4,670	0.05	\$ 3,240	0.02	\$ 1,380	0.03	\$ 2,110.00	0.02	\$ 1,250.00	0.00	\$ 50.00	0.00	
Compliance QA	1.00	\$ 65,010	0.04	\$ 2,820	0.23	\$ 14,830	0.35	\$ 22,660	0.15	\$ 10,050	0.03	\$ 1,950	0.07	\$ 4,670	0.05	\$ 3,240	0.02	\$ 1,380	0.03	\$ 2,110.00	0.02	\$ 1,250.00	0.00	\$ 50.00	0.00	
EMR Support	1.00	\$ 65,010	0.04	\$ 2,820	0.23	\$ 14,830	0.35	\$ 22,660	0.15	\$ 10,050	0.03	\$ 1,950	0.07	\$ 4,670	0.05	\$ 3,240	0.02	\$ 1,380	0.03	\$ 2,110.00	0.02	\$ 1,250.00	0.00	\$ 50.00	0.00	
Intake Counselor	2.00	\$ 110,000	0.09	\$ 4,770	0.46	\$ 25,100	0.70	\$ 38,340	0.31	\$ 17,000																

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
Program Name HR360 Outpatient / Intensive OP
Program Code 8926OP, 87301, 38371, 01201, 3873OP, 3837OP, 3873RS, 3837RS

Appendix Number B-5
Page Number 3
Fiscal Year 22-23
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	ODS OT Group Counseling	ODS OT Individual Counseling	ODS OT Individual Counseling	ODS OT Group Counseling	ODS OT Case Management	ODS IOT Individual Counseling	ODS IOT Group Counseling	ODS IOT Case Management	ODS OT Recovery Services Individual	ODS OT Recovery Services Group	ODS OT Recovery Services Case Management	ODS OT Recovery Services Monitoring
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23
Rent/Mortgage	\$ 437,710.00	\$ 18,970.00	\$ 99,880.00	\$ 152,570.00	\$ 67,660.00	\$ 13,140.00	\$ 31,450.00	\$ 21,810.00	\$ 9,270.00	\$ 14,190.00	\$ 8,420.00	\$ 350.00	
Utilities (telephone, electricity, water, gas)	\$ 120,000.00	\$ 5,200.00	\$ 27,380.00	\$ 41,830.00	\$ 18,550.00	\$ 3,600.00	\$ 8,620.00	\$ 5,980.00	\$ 2,540.00	\$ 3,890.00	\$ 2,310.00	\$ 100.00	
Building Repair/Maintenance	\$ 75,000.00	\$ 3,250.00	\$ 17,120.00	\$ 26,140.00	\$ 11,590.00	\$ 2,250.00	\$ 5,390.00	\$ 3,740.00	\$ 1,590.00	\$ 2,430.00	\$ 1,440.00	\$ 60.00	
Occupancy Total:	\$ 632,710.00	\$ 27,420.00	\$ 144,380.00	\$ 220,540.00	\$ 97,800.00	\$ 18,990.00	\$ 45,460.00	\$ 31,530.00	\$ 13,400.00	\$ 20,510.00	\$ 12,170.00	\$ 510.00	\$ -
Office Supplies	\$ 28,200.00	\$ 1,220.00	\$ 6,440.00	\$ 9,830.00	\$ 4,360.00	\$ 850.00	\$ 2,030.00	\$ 1,400.00	\$ 600.00	\$ 910.00	\$ 540.00	\$ 20.00	
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Program Supplies	\$ 28,200.00	\$ 1,220.00	\$ 6,440.00	\$ 9,830.00	\$ 4,360.00	\$ 850.00	\$ 2,030.00	\$ 1,400.00	\$ 600.00	\$ 910.00	\$ 540.00	\$ 20.00	
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Materials & Supplies Total:	\$ 56,400.00	\$ 2,440.00	\$ 12,880.00	\$ 19,660.00	\$ 8,720.00	\$ 1,700.00	\$ 4,060.00	\$ 2,800.00	\$ 1,200.00	\$ 1,820.00	\$ 1,080.00	\$ 40.00	\$ -
Training/Staff Development	\$ 17,990.00	\$ 780.00	\$ 4,110.00	\$ 6,270.00	\$ 2,780.00	\$ 540.00	\$ 1,290.00	\$ 900.00	\$ 380.00	\$ 580.00	\$ 350.00	\$ 10.00	
Insurance	\$ 32,540.00	\$ 1,410.00	\$ 7,420.00	\$ 11,340.00	\$ 5,030.00	\$ 980.00	\$ 2,340.00	\$ 1,620.00	\$ 690.00	\$ 1,050.00	\$ 630.00	\$ 30.00	
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Permits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Equipment Lease & Maintenance	\$ 20,650.00	\$ 890.00	\$ 4,710.00	\$ 7,200.00	\$ 3,190.00	\$ 620.00	\$ 1,480.00	\$ 1,030.00	\$ 440.00	\$ 670.00	\$ 400.00	\$ 20.00	
General Operating Total:	\$ 71,180.00	\$ 3,080.00	\$ 16,240.00	\$ 24,810.00	\$ 11,000.00	\$ 2,140.00	\$ 5,110.00	\$ 3,550.00	\$ 1,510.00	\$ 2,300.00	\$ 1,380.00	\$ 60.00	\$ -
Local Travel	\$ 22,220.00	\$ 960.00	\$ 5,070.00	\$ 7,740.00	\$ 3,430.00	\$ 670.00	\$ 1,600.00	\$ 1,110.00	\$ 470.00	\$ 720.00	\$ 430.00	\$ 20.00	
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Staff Travel Total:	\$ 22,220.00	\$ 960.00	\$ 5,070.00	\$ 7,740.00	\$ 3,430.00	\$ 670.00	\$ 1,600.00	\$ 1,110.00	\$ 470.00	\$ 720.00	\$ 430.00	\$ 20.00	\$ -
	\$ -	\$ -											
	\$ -	\$ -											
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -							\$ -	\$ -	\$ -	\$ -
Facility Depreciation	\$ 308,000.00	\$ 13,350.00	\$ 70,290.00	\$ 107,360.00	\$ 47,610.00	\$ 9,250.00	\$ 22,130.00	\$ 15,350.00	\$ 6,520.00	\$ 9,980.00	\$ 5,920.00	\$ 240.00	
Client Healthcare Related/Transportation	\$ 36,010.00	\$ 1,560.00	\$ 8,220.00	\$ 12,550.00	\$ 5,570.00	\$ 1,080.00	\$ 2,590.00	\$ 1,790.00	\$ 760.00	\$ 1,170.00	\$ 690.00	\$ 30.00	
Food	\$ 24,010.00	\$ 1,040.00	\$ 5,480.00	\$ 8,370.00	\$ 3,710.00	\$ 720.00	\$ 1,720.00	\$ 1,200.00	\$ 510.00	\$ 780.00	\$ 460.00	\$ 20.00	
Other Total:	\$ 368,020.00	\$ 15,950.00	\$ 83,990.00	\$ 128,280.00	\$ 56,890.00	\$ 11,050.00	\$ 26,440.00	\$ 18,340.00	\$ 7,790.00	\$ 11,930.00	\$ 7,070.00	\$ 290.00	\$ -
TOTAL OPERATING EXPENSE	\$ 1,150,530.00	\$ 49,850.00	\$ 262,560.00	\$ 401,030.00	\$ 177,840.00	\$ 34,550.00	\$ 82,670.00	\$ 57,330.00	\$ 24,370.00	\$ 37,280.00	\$ 22,130.00	\$ 920.00	\$ -

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		1
Provider Number 383835				Fiscal Year		22-23
Contract ID Number 1000010457				Funding Notification Date		01/25/22
Program Name		HR360 Representative Payee Pgm				
Program Code		88359				
Mode/SFC (MH) or Modality (SUD)		Anc-68				
Service Description		SA-Ancillary Svcs Case Mgmt				
Funding Term		7/1/22-6/30/23				
FUNDING USES						TOTAL
Salaries & Employee Benefits		\$ 136,705	\$ -	\$ -	\$ -	\$ 136,705
Operating Expenses		\$ 20,650	\$ -	\$ -	\$ -	\$ 20,650
Capital Expenses						\$ -
Subtotal Direct Expenses		\$ 157,355	\$ -	\$ -	\$ -	\$ 157,355
Indirect Expenses		\$ 23,600				\$ 23,600
Indirect %		15.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES		\$ 180,955	\$ -	\$ -	\$ -	\$ 180,955
BHS MENTAL HEALTH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity				
SUD County General Fund	240646-10000-10001681-0003	\$ 180,955				\$ 180,955
						\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ 180,955	\$ -	\$ -	\$ -	\$ 180,955
OTHER DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 180,955	\$ -	\$ -	\$ -	\$ 180,955
NON-DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		180,955	-	-	-	180,955
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method		Cost Reimbursement (CR)				
DPH Units of Service		464				
Unit Type		Hours	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 390.41	\$ -	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 390.41	\$ -	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)						Total UDC
Unduplicated Clients (UDC)		75				75

Appendix Number	B-6
Page Number	2
Fiscal Year	22-23
Funding Notification Date	01/25/22

	TOTAL		HR360 Representative Payee Pgm											
Funding Term	7/1/22-6/30/23		7/1/22-6/30/23											
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Representative Payee	1.00	\$ 38,565	1.00	\$ 38,565										
Program Manager	1.00	\$ 65,000	1.00	\$ 65,000										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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	0.00	\$ -												
Totals:	2.00	\$ 103,565.00	2.00	\$ 103,565	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	32.00%	\$ 33,140.00	32.00%	\$ 33,140	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 136,705.00	\$ 136,705		\$ -		\$ -		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

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

Appendix Number B-6
Page Number 3
Fiscal Year 22-23
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	HR360 Representative Payee Pgm						
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23						
Rent	\$ 12,000.00	\$ 12,000.00						
Utilities (telephone, electricity, water, gas)	\$ 2,000.00	\$ 2,000.00						
Building Repair/Maintenance	\$ -							
Occupancy Total:	\$ 14,000.00	\$ 14,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 6,000.00	\$ 6,000.00						
Photocopying	\$ -							
Program Supplies	\$ 650.00	\$ 650.00						
Computer Hardware/Software	\$ -							
Materials & Supplies Total:	\$ 6,650.00	\$ 6,650.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -							
Insurance	\$ -							
Professional License	\$ -							
Permits	\$ -							
Equipment Lease & Maintenance	\$ -							
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -							
Out-of-Town Travel	\$ -							
Field Expenses	\$ -							
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -							
	\$ -							
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -							
	\$ -							
	\$ -							
Other Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 20,650.00	\$ 20,650.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00348				Appendix Number B-7		
Provider Name HealthRIGHT 360				Page Number 1		
Provider Number 383834				Fiscal Year 22-23		
Contract ID Number 1000010457				Funding Notification Date 01/25/22		
Program Name		Adult Outpatient				
Program Code		38K3OP	38K3OP	38K3OP		
Mode/SFC (MH) or Modality (SUD)		15/10-57, 59	15/01-09	15/70-79		
Service Description		OP-MH Svcs	OP-Case Mgt Brokerage	OP-Crisis Intervention		
Funding Term		7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23		
FUNDING USES						TOTAL
Salaries & Employee Benefits		\$ 294,320	\$ 5,480	\$ 3,887	\$ -	\$ 303,687
Operating Expenses		\$ 29,650	\$ 2,150	\$ 400	\$ -	\$ 32,200
Capital Expenses						\$ -
Subtotal Direct Expenses		\$ 323,970	\$ 7,630	\$ 4,287	\$ -	\$ 335,887
Indirect Expenses		\$ 48,595	\$ 1,146	\$ 644		\$ 50,385
Indirect %		15.0%	15.0%	15.0%	0.0%	15.0%
TOTAL FUNDING USES		\$ 372,565	\$ 8,776	\$ 4,931	\$ -	\$ 386,272
BHS MENTAL HEALTH FUNDING SOURCES						
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 162,228	\$ 3,772	\$ 2,098		\$ 168,098
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	\$ 175,544	\$ 4,176	\$ 2,364		\$ 182,084
MH Adult County General Fund	251984-10000-10001792-0001	\$ 34,793	\$ 828	\$ 469		\$ 36,090
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 372,565	\$ 8,776	\$ 4,931	\$ -	\$ 386,272
BHS SUD FUNDING SOURCES						
Dept-Auth-Proj-Activity						
						\$ -
						\$ -
						\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 372,565	\$ 8,776	\$ 4,931	\$ -	\$ 386,272
NON-DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		372,565	8,776	4,931	-	386,272
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
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)		
DPH Units of Service		79,340	1,887	696		
Unit Type		Staff Minute	Staff Minute	Staff Minute	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 4.70	\$ 4.65	\$ 7.08	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 4.70	\$ 4.65	\$ 7.08	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)		\$ 9.64	\$ 7.42	\$ 18.54		Total UDC
Unduplicated Clients (UDC)		35	2	1		38

Appendix B - DPH 3: Salaries & Employee Benefits Detail

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

Appendix Number	B-7
Page Number	2
Fiscal Year	22-23
Funding Notification Date	01/25/22

	TOTAL		Adult Outpatient - MH Services		Adult Outpatient - Case Management		Adult Outpatient - Crisis Intervention							
Funding Term	7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23							
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Case Manager	0.50	\$ 25,120.00	0.49	\$ 23,480	0.01	\$ 1,470	0.01	\$ 170						
Director of MH Services	0.30	\$ 36,000.00	0.27	\$ 35,220	0.02	\$ 540	0.02	\$ 240						
Therapist	1.50	\$ 103,500.00	1.46	\$ 99,880	0.02	\$ 1,540	0.02	\$ 2,080						
MH Manager	0.50	\$ 42,360.00	0.49	\$ 41,500	0.01	\$ 570	0.01	\$ 290						
Admin Assistant	0.50	\$ 23,085.00	0.49	\$ 22,890	0.01	\$ 30	0.01	\$ 165						
	0.00	\$ -												
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	0.00	\$ -												
Totals:	3.30	\$ 230,065.00	3.18	\$ 222,970.00	0.06	\$ 4,150.00	0.06	\$ 2,945.00	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	32.00%	\$ 73,622.00	32.00%	\$ 71,350.00	32.05%	\$ 1,330.00	31.99%	\$ 942.00	0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 303,687.00	\$ 294,320.00		\$ 5,480.00		\$ 3,887.00		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

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

Appendix Number B-7
Page Number 3
Fiscal Year 22-23
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	Adult Outpatient - MH Services	Adult Outpatient - Case Management	Adult Outpatient - Crisis Intervention			
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23			
Rent	\$ 16,576.00	\$ 15,264.00	\$ 1,107.00	\$ 205.00			
Utilities (telephone, electricity, water, gas)	\$ 5,967.00	\$ 5,495.00	\$ 398.00	\$ 74.00			
Building Repair/Maintenance	\$ 1,990.00	\$ 1,832.00	\$ 133.00	\$ 25.00			
Occupancy Total:	\$ 24,533.00	\$ 22,591.00	\$ 1,638.00	\$ 304.00	\$ -	\$ -	\$ -
Office Supplies	\$ 796.00	\$ 733.00	\$ 53.00	\$ 10.00			
Photocopying	\$ -						
Program Supplies	\$ 2,123.00	\$ 1,954.00	\$ 142.00	\$ 27.00			
Computer Hardware/Software	\$ 1,327.00	\$ 1,221.00	\$ 89.00	\$ 17.00			
Materials & Supplies Total:	\$ 4,246.00	\$ 3,908.00	\$ 284.00	\$ 54.00	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -					
Insurance	\$ 1,300.00	\$ 1,197.00	\$ 87.00	\$ 16.00			
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ 1,458.00	\$ 1,343.00	\$ 97.00	\$ 18.00			
General Operating Total:	\$ 2,758.00	\$ 2,540.00	\$ 184.00	\$ 34.00	\$ -	\$ -	\$ -
Local Travel	\$ -	\$ -					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -					
Client Healthcare Related/Transportation	\$ 663.00	\$ 611.00	\$ 44.00	\$ 8.00			
	\$ -	\$ -					
Other Total:	\$ 663.00	\$ 611.00	\$ 44.00	\$ 8.00	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 32,200.00	\$ 29,650.00	\$ 2,150.00	\$ 400.00	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00348				Appendix Number B-8		
Provider Name HealthRIGHT 360				Page Number 1		
Provider Number 383807				Fiscal Year 22-23		
Contract ID Number 1000010457				Funding Notification Date 01/25/22		
Program Name	ADAPT MH					
Program Code	38JBOP	38JBOP	38JBOP			
Mode/SFC (MH) or Modality (SUD)	15/10-57, 59	15/01-09	15/70-79			
Service Description	OP-MH Svcs	OP-Case Mgt Brokerage	OP-Crisis Intervention			
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23			
FUNDING USES						TOTAL
Salaries & Employee Benefits	\$ 180,508	\$ 2,731	\$ 2,086	\$ -		\$ 185,325
Operating Expenses	\$ 16,007	\$ 224	\$ 5	\$ -		\$ 16,236
Capital Expenses						\$ -
Subtotal Direct Expenses	\$ 196,515	\$ 2,955	\$ 2,091	\$ -	\$ -	\$ 201,561
Indirect Expenses	\$ 29,477	\$ 443	\$ 314			\$ 30,234
Indirect %	15.0%	15.0%	15.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES	\$ 225,992	\$ 3,398	\$ 2,405	\$ -	\$ -	\$ 231,795
BHS MENTAL HEALTH FUNDING SOURCES						
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 43,222	\$ 650	\$ 460		\$ 44,332
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001					
MH Adult County General Fund	251984-10000-10001792-0001	\$ 182,770	\$ 2,748	\$ 1,945		\$ 187,463
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 225,992	\$ 3,398	\$ 2,405	\$ -	\$ -	\$ 231,795
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity					
						\$ -
						\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 225,992	\$ 3,398	\$ 2,405	\$ -	\$ -	\$ 231,795
NON-DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	225,992	3,398	2,405	-	-	231,795
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
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)			
DPH Units of Service	48,083	730	340			
Unit Type	Staff Minute	Staff Minute	Staff Minute	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 4.70	\$ 4.65	\$ 7.07	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 4.70	\$ 4.65	\$ 7.07	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)	\$ 9.64	\$ 7.42	\$ 18.54			Total UDC
Unduplicated Clients (UDC)	19	1	1			19

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	2
Fiscal Year	22-23
Funding Notification Date	01/25/22

	TOTAL		ADAPT MH - MH Services		ADAPT MH - Case Management		ADAPT MH - Crisis Intervention							
Funding Term	7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23							
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Case Manager	0.50	\$ 25,820.00	0.49	\$ 25,435	0.01	\$ 385.00								
Director of MH Services	0.10	\$ 12,000.00	0.09	\$ 11,740	0.01	\$ 180.00	0.01	\$ 80.00						
Therapist	1.00	\$ 69,000.00	0.97	\$ 66,710	0.01	\$ 1,025.00	0.02	\$ 1,265.00						
MH Manager	0.25	\$ 21,180.00	0.24	\$ 20,750	0.00	\$ 285.00	0.00	\$ 145.00						
Admin Assistant	0.25	\$ 12,400.00	0.24	\$ 12,115	0.00	\$ 195.00	0.00	\$ 90.00						
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	2.10	\$ 140,400.00	2.04	\$ 136,750.00	0.03	\$ 2,070.00	0.03	\$ 1,580.00	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	32.00%	\$ 44,925.00	32.00%	\$ 43,758.00	31.93%	\$ 661.00	32.03%	\$ 506.00	0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 185,325.00	\$ 180,508.00		\$ 2,731.00		\$ 2,086.00		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

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

Appendix Number B-8
Page Number 3
Fiscal Year 22-23
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	ADAPT MH - MH Services	ADAPT MH - Case Management	ADAPT MH - Crisis Intervention			
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23			
Rent	\$ 8,360.00	\$ 8,241.00	\$ 115.00	\$ 4.00			
Utilities (telephone, electricity, water, gas)	\$ 3,009.00	\$ 2,967.00	\$ 41.00	\$ 1.00			
Building Repair/Maintenance	\$ 1,002.00	\$ 988.00	\$ 14.00	\$ -			
Occupancy Total:	\$ 12,371.00	\$ 12,196.00	\$ 170.00	\$ 5.00	\$ -	\$ -	\$ -
Office Supplies	\$ 401.00	\$ 395.00	\$ 6.00	\$ -			
Photocopying	\$ -	\$ -	\$ -	\$ -			
Program Supplies	\$ 1,070.00	\$ 1,055.00	\$ 15.00	\$ -			
Computer Hardware/Software	\$ 668.00	\$ 659.00	\$ 9.00	\$ -			
Materials & Supplies Total:	\$ 2,139.00	\$ 2,109.00	\$ 30.00	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -	\$ -	\$ -			
Insurance	\$ 655.00	\$ 646.00	\$ 9.00	\$ -			
Professional License	\$ -	\$ -	\$ -	\$ -			
Permits	\$ -	\$ -	\$ -	\$ -			
Equipment Lease & Maintenance	\$ 736.00	\$ 726.00	\$ 10.00	\$ -			
General Operating Total:	\$ 1,391.00	\$ 1,372.00	\$ 19.00	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -	\$ -					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -					
Client Healthcare Related/Transportation	\$ 335.00	\$ 330.00	\$ 5.00	\$ -			
	\$ -	\$ -					
Other Total:	\$ 335.00	\$ 330.00	\$ 5.00	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 16,236.00	\$ 16,007.00	\$ 224.00	\$ 5.00	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00348					Appendix Number B-9	
Provider Name HealthRIGHT 360					Page Number 1	
Provider Number 383837					Fiscal Year 22-23	
Contract ID Number 1000010457					Funding Notification Date 01/25/22	
Program Name	Women's Community Clinic Primary Care					
Program Code	N/A					
Mode/SFC (MH) or Modality (SUD)	N/A					
Service Description	Primary Care					
Funding Term	7/1/22-6/30/23					
FUNDING USES						TOTAL
Salaries & Employee Benefits	\$ 55,030	\$ -	\$ -	\$ -	\$ -	\$ 55,030
Operating Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Capital Expenses						\$ -
Subtotal Direct Expenses	\$ 55,030	\$ -	\$ -	\$ -	\$ -	\$ 55,030
Indirect Expenses	\$ 8,253					\$ 8,253
Indirect %	15.0%	0.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES	\$ 63,283	\$ -	\$ -	\$ -	\$ -	\$ 63,283
BHS MENTAL HEALTH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity					
						\$ -
						\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES						
COPC General Fund - Admin	251892-10000-10001992-0002	\$ 63,283				\$ 63,283
						\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ 63,283	\$ -	\$ -	\$ -	\$ -	\$ 63,283
TOTAL DPH FUNDING SOURCES	\$ 63,283	\$ -	\$ -	\$ -	\$ -	\$ 63,283
NON-DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	63,283	-	-	-	-	63,283
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method	Cost Reimbursement (CR)					
DPH Units of Service	554					
Unit Type	Hours	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 114.18	\$ -	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 114.18	\$ -	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)						Total UDC
Unduplicated Clients (UDC)	185					185

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010457

Program Name Women's Community Clinic Primary Care

Program Code N/AAppendix Number B-9Page Number 2

Fiscal Year	22-23
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Funding Notification Date	01/25/22
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	TOTAL		Women's Community Clinic Primary Care											
Funding Term	7/1/22-6/30/23		7/1/22-6/30/23											
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Staff Clinician	0.35	\$ 43,780.00	0.35	\$ 43,780										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	0.35	\$ 43,780.00	0.35	\$ 43,780.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	25.70%	\$ 11,250.00	25.70%	\$ 11,250.00	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 55,030.00	\$ 55,030.00		\$ -		\$ -		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
Program Name Women's Community Clinic Primary Care
Program Code N/A

Appendix Number B-9
Page Number 3
Fiscal Year 22-23
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	Women's Community Clinic Primary Care						
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23						
Rent	\$ -							
Utilities (telephone, electricity, water, gas)	\$ -							
Building Repair/Maintenance	\$ -							
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ -							
Photocopying	\$ -							
Program Supplies	\$ -							
Computer Hardware/Software	\$ -							
Materials & Supplies Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -							
Insurance	\$ -							
Professional License	\$ -							
Permits	\$ -							
Equipment Lease & Maintenance	\$ -							
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -							
Out-of-Town Travel	\$ -							
Field Expenses	\$ -							
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -							
	\$ -							
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -							
	\$ -							
	\$ -							
Other Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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 1					
Provider Number 38K3		Fiscal Year 22-23					
Contract ID Number 1000010457		Funding Notification Date 01/25/22					
Program Name		Women's Community Clinic WAHT					
Program Code		N/A					
Mode/SFC (MH) or Modality (SUD)		N/A					
Service Description		Healthcare Training					
Funding Term		7/1/22-6/30/23					
FUNDING USES							TOTAL
Salaries & Employee Benefits		\$ 81,931	\$ -	\$ -	\$ -	\$ -	\$ 81,931
Operating Expenses		\$ 17,885	\$ -	\$ -	\$ -	\$ -	\$ 17,885
Capital Expenses							\$ -
Subtotal Direct Expenses		\$ 99,816	\$ -	\$ -	\$ -	\$ -	\$ 99,816
Indirect Expenses		\$ 14,974	\$ -	\$ -	\$ -	\$ -	\$ 14,974
Indirect %		15.00%	0.00%	0.00%	0.0%	0.0%	15.0%
TOTAL FUNDING USES		\$ 114,790	\$ -	\$ -	\$ -	\$ -	\$ 114,790
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity						
							\$ -
							\$ -
							\$ -
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES							
							\$ -
							\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES							
COPC General Fund - Admin	251892-10000-10001992-0002	\$ 114,790					\$ 114,790
							\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ 114,790	\$ -	\$ -	\$ -	\$ -	\$ 114,790
TOTAL DPH FUNDING SOURCES		\$ 114,790	\$ -	\$ -	\$ -	\$ -	\$ 114,790
NON-DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		114,790	-	-	-	-	114,790
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method		Cost Reimbursement (CR)					
DPH Units of Service		593			0	0	0
Unit Type		Hours	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 193.74	\$ -	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 193.74	\$ -	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)							Total UDC
Unduplicated Clients (UDC)		143					143

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010457
 Program Name Women's Community Clinic WAHT
 Program Code N/A

Appendix Number	B-10
Page Number	2
Fiscal Year	22-23
Funding Notification Date	01/25/22

	TOTAL		Women's Community Clinic WHAT											
Funding Term	7/1/22-6/30/23		7/1/22-6/30/23											
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director of Workforce and Outreach	0.10	\$ 7,950	0.10	\$ 7,950										
Community Programs Manager	0.25	\$ 16,380	0.25	\$ 16,380										
Community Programs Associate	0.32	\$ 13,975	0.32	\$ 13,975										
WHAT Fellow	0.36	\$ 24,240	0.36	\$ 24,240										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	1.03	\$ 62,545.00	1.03	\$ 62,545.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	31.00%	\$ 19,386.00	31.00%	\$ 19,386.00	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -
TOTAL SALARIES & BENEFITS		\$ 81,931.00	\$ 81,931.00		\$ -		\$ -		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
Program Name Women's Community Clinic WAHT
Program Code N/A

Appendix Number B-10
Page Number 3
Fiscal Year 22-23
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	Women's Community Clinic WHAT						
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23						
Rent	\$ 6,000.00	\$ 6,000.00						
Utilities (telephone, electricity, water, gas)	\$ 4,000.00	\$ 4,000.00						
Building Repair/Maintenance	\$ 2,200.00	\$ 2,200.00						
Occupancy Total:	\$ 12,200.00	\$ 12,200.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 600.00	\$ 600.00						
Photocopying	\$ -							
Program Supplies	\$ 2,285.00	\$ 2,285.00						
Computer Hardware/Software	\$ -							
Materials & Supplies Total:	\$ 2,885.00	\$ 2,885.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -							
Insurance	\$ -							
Professional License	\$ -							
Permits	\$ -							
Equipment Lease & Maintenance	\$ -							
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 800.00	\$ 800.00						
Out-of-Town Travel	\$ -							
Field Expenses	\$ -							
Staff Travel Total:	\$ 800.00	\$ 800.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -							
	\$ -							
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -							
Stipends	\$ 2,000.00	\$ 2,000.00						
	\$ -							
Other Total:	\$ 2,000.00	\$ 2,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 17,885.00	\$ 17,885.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Position Title	FTE	Amount
Chief Executive Officer	0.52	152,274
Chief Financial Officer	0.60	137,474
Chief Information Officer	0.48	109,276
Chief Operating Officer	0.12	27,498
VP of Quality and Compliance	0.35	40,187
VP of Development	0.18	35,250
Research and Evaluation Director	0.49	35,552
Workforce Development Director	0.06	4,923
Controller	0.60	79,904
Grants Director	0.49	54,991
Budget Manager	0.34	27,279
Fiscal Projects Director	0.28	42,298
Budget/Fiscal Analyst	0.49	40,402
Payroll Manager	0.43	52,028
Budget Coordinator	0.43	35,250
General Ledger Accountant	0.09	7,544
Accounts Payable	1.00	65,116
Billing Specialist	1.00	65,116
Billing Assistant	1.00	65,116
Human Resources Director	0.19	24,241
Human Resources Analyst	0.57	35,250
Human Resources Coordinator	0.46	28,503
Electronic Medical Records Manager	0.43	34,899
EMR OPs Software Development Director	0.56	63,449
EMR Training and Data Analyst	0.29	19,583
Client Programmer II	0.17	11,797
IT Manager - Data Control	0.56	37,759
Senior IT Systems Analyst	0.32	22,556
IT Analyst	0.48	34,189
PC Support Analyst	0.48	34,189
IT Specialist - Data Specialist	0.35	25,627
IT Specialist - Data Entry	0.33	23,299
IT Specialist - Data Control	0.33	23,299
IT Data Analyst	0.12	8,551
Donations Manager	0.48	38,772
Travel Coordinator	0.22	18,878
Administrative Assistant	0.29	18,046
Procurement Manager	0.52	35,250
Driver/Procurement Assistant	0.06	4,323
Facility Operations Director	0.04	3,405
Transportation and Facility Manager	0.02	2,129
Maintenance Staff	0.07	5,172
Subtotal:	16.28	1,630,644
Employee Benefits:	32.0%	521,806
Total Salaries and Employee Benefits:		2,152,450

Expenses (Use expense account name in the ledger.)	Amount
Rent	220,488
Utilities (Telephone, Electricity, Water, Gas)	79,269
Building Repair/Maintenance	6,661
Office Supplies	54,226
Insurance	103,238
Training/Staff Development	13,080
Staff Travel (Local & Out of Town)	84,995
Rental of Equipment	67,420
Payroll Service	23,595
IT Licenses	73,782
Program Licenses	174,150
Total Operating Costs	900,904
Total Indirect Costs	3,053,354

Appendix F
Invoice

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

Appendix F
PAGE A

Contract ID#
1000010457

INVOICE NUMBER: PC4JL21

Contractor: HealthRIGHT360 - FSP# 1000010457

Template Version: Amendment 1

Address: 1735 Mission St., San Francisco, CA 94103

Ct. PO No.: POHM SFGOV-0000548658

Tel. No.: (415) 692-8225
Fax No.: (415)



Fund Source: COPC General Fund - Admin

Invoice Period: July 2021

Funding Term: 07/01/2021 - 06/30/2022

Final Invoice: (Check if Yes)

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-9 Women's Community Clinic - Primary Care 251892-10000-10001992-0002	554	185			-	-	0%	0%	554	185	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	10,541	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 43,780.00	\$ -	\$ -	0.00%	\$ 43,780.00
Fringe Benefits	\$ 11,250.00	\$ -	\$ -	0.00%	\$ 11,250.00
Total Personnel Expenses	\$ 55,030.00	\$ -	\$ -	0.00%	\$ 55,030.00
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 55,030.00	\$ -	\$ -	0.00%	\$ 55,030.00
Indirect Expenses	\$ 8,253.00	\$ -	\$ -	0.00%	\$ 8,253.00
TOTAL EXPENSES	\$ 63,283.00	\$ -	\$ -	0.00%	\$ 63,283.00
Less: Initial Payment Recovery			NOTES:		
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

Or email to:
cbhsinvoices@sfdph.org

Jul

DPH Authorization for Payment

Authorized Signatory

Date

Prepared: 2/15/2022

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Contract ID#

1000010457

INVOICE NUMBER:

PC5JL21

Contractor: HealthRIGHT360 - FSP# 1000010457

Template Version

Amendment 1

Address: 1735 Mission St., San Francisco, CA 94103

Ct. PO No.: POHM

SFGOV-0000548658

Tel. No.: (415) 692-8225

Fax No.: (415)

BHS

Fund Source:

COPC General Fund - Admin

Invoice Period:

July 2021

Funding Term: 07/01/2021 - 06/30/2022

Final Invoice:

(Check if Yes)

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-10 Women's Community Clinic WAHT - Western Addition Healthcare Training - 251892-10000-10001992-0002												
	593	143			-	-	0%	0%	593	143	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	10,541	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 62,545.00	\$ -	\$ -	0.00%	\$ 62,545.00
Fringe Benefits	\$ 19,386.00	\$ -	\$ -	0.00%	\$ 19,386.00
Total Personnel Expenses	\$ 81,931.00	\$ -	\$ -	0.00%	\$ 81,931.00
Operating Expenses					
Occupancy	\$ 12,200.00	\$ -	\$ -	0.00%	\$ 12,200.00
Materials and Supplies	\$ 2,885.00	\$ -	\$ -	0.00%	\$ 2,885.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ 800.00	\$ -	\$ -	0.00%	\$ 800.00
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Stipends	\$ 2,000.00	\$ -	\$ -	0.00%	\$ 2,000.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 17,885.00	\$ -	\$ -	0.00%	\$ 17,885.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 99,816.00	\$ -	\$ -	0.00%	\$ 99,816.00
Indirect Expenses	\$ 14,974.00	\$ -	\$ -	0.00%	\$ 14,974.00
TOTAL EXPENSES	\$ 114,790.00	\$ -	\$ -	0.00%	\$ 114,790.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date
Prepared: 2/15/2022

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Contract ID#
1000010457

Contractor: HealthRIGHT360 - FSP# 1000010457

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 692-8225

Fax No.: (415)

Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

BHS

INVOICE NUMBER:	S16JL21
Template Version	Amendment 1
	User Cd
Ct. PO No.: POHM	SFGOV-0000546153
Fund Source:	SUD County General Fund
Invoice Period:	July 2021
Final Invoice:	(Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-6 HR360 Representative Payee Pgm PC# - 88359 240646-10000-10001681-0003												
Anc-68 SA-Ancillary Svcs Case Mgmt	464	75			-	-	0%	0%	464	75	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 103,565.00	\$ -	\$ -	0.00%	\$ 103,565.00
Fringe Benefits	\$ 33,140.00	\$ -	\$ -	0.00%	\$ 33,140.00
Total Personnel Expenses	\$ 136,705.00	\$ -	\$ -	0.00%	\$ 136,705.00
Operating Expenses:					
Occupancy	\$ 14,000.00	\$ -	\$ -	0.00%	\$ 14,000.00
Materials and Supplies	\$ 6,650.00	\$ -	\$ -	0.00%	\$ 6,650.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 20,650.00	\$ -	\$ -	0.00%	\$ 20,650.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 157,355.00	\$ -	\$ -	0.00%	\$ 157,355.00
Indirect Expenses	\$ 23,600.00	\$ -	\$ -	0.00%	\$ 23,600.00
TOTAL EXPENSES	\$ 180,955.00	\$ -	\$ -	0.00%	\$ 180,955.00
Less: Initial Payment Recovery			NOTES:		
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

_____ Authorized Signatory	_____ Date
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Contract ID#
1000010457

Contractor: HealthRIGHT360 - FSP# 1000010457

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 746-1916

Fax No.: (415)

Funding Term : 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

BHS

INVOICE NUMBER: S17JL21

Template Version: Amendment 1

Ct. PO No.: POHM SFGOV-0000546153

Fund Source: SUD Fed SABG/ DMC FFP/ State/ Cnty GF

Invoice Period : July 2021

Final Invoice: (Check if Yes)

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-4 HR360 Residential Withdrawal Management PC# - 3834RWM, 3806RWM - 240646-10000-10001681-0003												
ODS-109 ODS Withdrawal Management 3.2	7,667				\$ 295.57	\$ -	0.000		0.00%		7,667.000	
Res-58 ODS Rood & Board, Residential Treatment	11,422				\$ 73.22	\$ -	0.000		0.00%		11,422.000	
TOTAL	19,089		0				0.000		0.00%		19,089.000	
	Budget Amount				\$ 3,102,471.00		Expenses To Date		% of Budget		Remaining Budget	
							\$ -		0.00%		\$ 3,102,471.00	

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

Or email to:
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

 Authorized Signatory

 Date

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE

Appendix F
PAGE A

Contractor: HealthRIGHT360 - FSP# 1000010457

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 746-1916

Fax No.: (415)

Funding Term : 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

Contract ID#
1000010457

BHS

INVOICE NUMBER: S46JL21

Template Version: Amendment 1 User Cd

Ct. PO No.: POHM SFGOV-0000546153

Fund Source: SUD Fed DMC/ State/ County GIF

Invoice Period : July 2021

Final Invoice: (Check if Yes)

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
Program Name/Reptg. Unit	Modality/Mode # - Svc Func (MH Only)	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-5 HR360 Outpatient/ Intensive OP PC# - 3837RS, 3873RS, 8926RS		240646	10000-10001681-0003										
ODS - 91rsi ODS OT Recovery Services Individual		1,798				\$ 103.68	\$ -	0.00		0.00%		1,798.00	
ODS - 91rsg ODS OT Recovery Services Group		1,067				\$ 103.70	\$ -	0.00		0.00%		1,067.00	
ODS - 91rscm ODS OT Recovery Services Case Management		44				\$ 103.57	\$ -	0.00		0.00%		44.00	
ODS - 91rsm ODS OT Recovery Services Monitoring		-				\$ -	\$ -	0.00		#DIV/0!		-	
TOTAL		2,909		0.00				0.00		0.00%		2,909.0	
Budget Amount					\$ 301,610.00			Expenses To Date		% of Budget		Remaining Budget	
								\$ -		0.00%		\$ 301,610.00	
SUBTOTAL AMOUNT DUE							\$ -	NOTES:					
Less: Initial Payment Recovery													
(For DPH Use) Other Adjustments													
NET REIMBURSEMENT							\$ -						

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____
Title: _____

Date: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE

Appendix F
PAGE A

Contract ID#
1000010457

INVOICE NUMBER: S51JL21

Template Version
Amendment 1
User Cd

Ct. PO No.: POHM
SFGOV-0000546153

Fund Source: SUD Fed SABG/ DMC FFP/State/ Cnty - GF

Invoice Period : July 2021

Final Invoice: (Check if Yes)

Contractor: HealthRIGHT360 - FSP# 1000010457

Address: 1735 Mission St., San Francisco, CA 94103

BHS

Tel. No.: (415) 746-1916
Fax No.: (415)

Funding Term : 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

Unduplicated Clients for Exhibit:				Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC					
*Unduplicated Counts for AIDS Use Only.													
DELIVERABLES		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)								UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-1 HR360 Residential PC# - 3834ARS, 3806ARM 240646-10000-10001681-0003													
ODS-112 ODS Residential 3.1		932				\$ 189.96	\$ -	0.00		0.00%		932.00	
ODS-113 ODS Residential 3.3		1,567				\$ 189.96	\$ -	0.00		0.00%		1,567.00	
ODS-114 ODS Residential 3.5		29,413				\$ 189.96	\$ -	0.00		0.00%		29,413.00	
Res-58 ODS Room & Board, Residential Treatment		28,261				\$ 90.31	\$ -	0.00		100.00%		28,261.00	

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103
Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory _____ Date _____

INVOICE NUMBER:	S52JL21
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Template Version	Amendment 1
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Ct. PO No.: POHM	SFGOV-0000546153
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Fund Source: SUD Fed SABG/DMC/PERINATA/ State/ Cnty-GF

Invoice Period : July 2021

Final Invoice:		(Check if Yes)
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(Check if Yes)

Unduplicated Clients for Exhibit:

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
		UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-3 HR360 Perinatal Residential PC# - 89102 240646-10000-10001681-0003													
ODS-112 ODS Residential 3.1		30				\$ 312.73	\$ -	0.000		0.00%		30.000	
ODS-113 ODS Residential 3.3		30				\$ 312.73	\$ -	0.000		0.00%		30.000	
ODS-114 ODS Residential 3.5		3,644				\$ 313.04	\$ -	0.000		0.00%		3,644.000	
Res-58-1 ODS Room & Board, Residential Treatment (Perinatal Only)		3,704				\$ 76.38	\$ -	0.000		0.00%		3,704.000	
TOTAL		7,408		0				0.000		0.00%		7,408.000	
		Budget Amount				\$ 1,442,412.00		Expenses To Date		% of Budget		Remaining Budget	
								\$ -		0.00%		\$ 1,442,412.00	

<p style="text-align: right;"> SUBTOTAL AMOUNT DUE \$ - Less: Initial Payment Recovery (For DPH Use) Other Adjustments NET REIMBURSEMENT \$ - </p>		<p>NOTES:</p>

Signature: _____

Date: _____

Title: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103
Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date _____

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR <u>FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE</u>		Appendix F PAGE A
Contractor: HealthRIGHT360 - FSP# 1000010457 Address: 1735 Mission St., San Francisco, CA 94103 Tel. No.: (415) 746-1916 Fax No.: (415) Funding Term : 07/01/2021 - 06/30/2022 PHP Division: Behavioral Health Services	<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> Contract ID# 1000010457 </div> <div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> BHS </div>	INVOICE NUMBER: <div style="border: 1px solid black; padding: 2px;">S54JL21</div> Template Version <div style="border: 1px solid black; padding: 2px;">Amendment 1</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">User Cd</div> Ct. PO No.: POHM <div style="border: 1px solid black; padding: 2px;">SFGOV-0000546153</div> Fund Source: <div style="border: 1px solid black; padding: 2px;">SUD County Prop C Homeless Baseline</div> Invoice Period : <div style="border: 1px solid black; padding: 2px;">July 2021</div> Final Invoice: <div style="border: 1px solid black; padding: 2px; width: 150px; display: inline-block;"></div> <div style="border: 1px solid black; padding: 2px; width: 150px; display: inline-block; text-align: center;">(Check if Yes)</div>

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103
Or email to:
cbhsinvoices@sfdph.org

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE		Appendix F PAGE A
Contractor:	HealthRIGHT360 - FSP# 1000010457	
Address:	1735 Mission St., San Francisco, CA 94103	
Tel. No.:	(415) 746-1916	
Fax No.:	(415)	
Funding Term :	07/01/2021 - 06/30/2022	
PHP Division:	Behavioral Health Services	
Contract ID#	1000010457	
INVOICE NUMBER:	S57JL21	
Template Version	Amendment 1	User Cd
Ct. PO No.:	POHM	SFGOV-0000546153
Fund Source:	SUD County Prop C Homeless Baseline	
Invoice Period :	July 2021	
Final Invoice:		(Check if Yes)

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103
Or email to:
cbhsinvoices@sfdph.org

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR		Appendix F	
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE		PAGE A	
Contract ID# 1000010457			
Contractor: HealthRIGHT360 - FSP# 1000010457		INVOICE NUMBER:	S59JL21
Address: 1735 Mission St., San Francisco, CA 94103		Template Version	Amendment 1
<div style="border: 2px solid black; padding: 10px; text-align: center;"> <h1>BHS</h1> </div>			User Cd
		Ct. PO No.: POHM	SFGOV-0000546153
		Fund Source:	SUD Fed SABG CRRSAA, CFDA 93.959
Tel. No.: (415) 746-1916		Invoice Period :	July 2021
Fax No.: (415)		Final Invoice:	<div style="border: 1px solid black; width: 100px; height: 20px;"></div> (Check if Yes)
Funding Term : 07/01/2021 - 06/30/2022			
PHP Division: Behavioral Health Services			

Unduplicated Clients for Exhibit:				Total Contracted Exhibit UDC		Delivered THIS PERIOD Exhibit UDC		Delivered to Date Exhibit UDC		% of TOTAL Exhibit UDC		Remaining Deliverables Exhibit UDC	
*Unduplicated Counts for AIDS Use Only.													
DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
		UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-1 HR360 Residential PC# - 3834ARS, 3806ARM 240646-10001-10038190-0001													
Res-58 Board, Residential Treatment		3,651				\$ 90.30	\$ -	0.00		0.00%		3,651.00	
TOTAL		3,651		0.00				0.00		0.00%		3,651.0	
Budget Amount				\$ 329,692.00				Expenses To Date		% of Budget		Remaining Budget	
								\$ -		0.00%		\$ 329,692.00	
SUBTOTAL AMOUNT DUE Less: Initial Payment Recovery (For DPH Use) Other Adjustments NET REIMBURSEMENT						\$ -		NOTES:					
						\$ -							

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Title:

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103
Or email to:
cbhsinvoices@sfdph.org

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Contract ID#
1000010457

Contractor: HealthRIGHT360 - FSP# 1000010457

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 746-1916

Fax No.: (415)

Funding Term : 07/01/2022 - 06/30/2023

PHP Division: Behavioral Health Services

BHS

INVOICE NUMBER:	M68JL22
Template Version	Amendment 1
Ct. PO No.: POHM	SFGOV-TBD
Fund Source:	MH Adult Fed SDMC/ State/ County - GF
Invoice Period :	July 2022
Final Invoice:	(Check if Yes)

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-7 - Adult Outpatient PC# - 38K3OP - 251984-10000-10001792-0001												
15/ 10 - 57, 59 OP-MH Svcs	79,340				\$ 4.70	\$ -	0.00		0.00%		79,340	
15/ 01 - 09 OP - Case Mgt Brokerage	1,887				\$ 4.65	\$ -	0.00		0.00%		1,887	
15/ 70- 79 OP - Crisis Intervention	696				\$ 7.08	\$ -	0.00		0.00%		696	
TOTAL	81,923		0.00				0.00		0.00%		81,923	
	Budget Amount				\$ 386,272.00		Expenses To Date		% of Budget		Remaining Budget	
							\$ -		0.00%		\$ 386,272.00	

SUBTOTAL AMOUNT DUE	\$ -
Less: Initial Payment Recovery	
(For DPH Use) Other Adjustments	
NET REIMBURSEMENT	\$ -

NOTES:

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Signature: _____

Date: _____

Title: _____

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San Francisco, CA 94103
Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

Appendix F
PAGE A

Contract ID#
1000010457

INVOICE NUMBER: PC4JL22

Contractor: HealthRIGHT360 - FSP# 1000010457

Template Version: Amendment 1

Address: 1735 Mission St., San Francisco, CA 94103

User Cd

Ct. PO No.: POHM SFGOV-TBD

Tel. No.: (415) 692-8225

Fund Source: COPC General Fund - Admin

Fax No.: (415)



Invoice Period: July 2022

Funding Term: 07/01/2022 - 06/30/2023

Final Invoice: (Check if Yes)

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-9 Women's Community Clinic - Primary Care 251892-10000-10001992-0002	554	185			-	-	0%	0%	554	185	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	10,541	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 43,780.00	\$ -	\$ -	0.00%	\$ 43,780.00
Fringe Benefits	\$ 11,250.00	\$ -	\$ -	0.00%	\$ 11,250.00
Total Personnel Expenses	\$ 55,030.00	\$ -	\$ -	0.00%	\$ 55,030.00
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 55,030.00	\$ -	\$ -	0.00%	\$ 55,030.00
Indirect Expenses	\$ 8,253.00	\$ -	\$ -	0.00%	\$ 8,253.00
TOTAL EXPENSES	\$ 63,283.00	\$ -	\$ -	0.00%	\$ 63,283.00
Less: Initial Payment Recovery			NOTES:		
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

Or email to:
cbhsinvoices@sfdph.org

Jul

DPH Authorization for Payment

Authorized Signatory

Date

Prepared: 2/16/2022

Prepared: 2/16/2022 Date

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

Appendix F
PAGE A

Contract ID#
1000010457

Contractor: HealthRIGHT360 - FSP# 1000010457

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 692-8225

Fax No.: (415)

Funding Term: 07/01/2022 - 06/30/2023

PHP Division: Behavioral Health Services

BHS

INVOICE NUMBER:	S16JL22
Template Version	Amendment 1
	User Cd
Ct. PO No.: POHM	SFGOV-TBD
Fund Source:	SUD County General Fund
Invoice Period:	July 2022
Final Invoice:	(Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-6 HR360 Representative Payee Pgm PC# - 88359 240646-10000-10001681-0003												
Anc-68 SA-Ancillary Svcs Case Mgmt	464	75			-	-	0%	0%	464	75	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 103,565.00	\$ -	\$ -	0.00%	\$ 103,565.00
Fringe Benefits	\$ 33,140.00	\$ -	\$ -	0.00%	\$ 33,140.00
Total Personnel Expenses	\$ 136,705.00	\$ -	\$ -	0.00%	\$ 136,705.00
Operating Expenses:					
Occupancy	\$ 14,000.00	\$ -	\$ -	0.00%	\$ 14,000.00
Materials and Supplies	\$ 6,650.00	\$ -	\$ -	0.00%	\$ 6,650.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 20,650.00	\$ -	\$ -	0.00%	\$ 20,650.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 157,355.00	\$ -	\$ -	0.00%	\$ 157,355.00
Indirect Expenses	\$ 23,600.00	\$ -	\$ -	0.00%	\$ 23,600.00
TOTAL EXPENSES	\$ 180,955.00	\$ -	\$ -	0.00%	\$ 180,955.00
Less: Initial Payment Recovery			NOTES:		
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____	Date: _____
Printed Name: _____	
Title: _____	Phone: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory	Date
----------------------	------

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE

Appendix F
PAGE A

Contractor: HealthRIGHT360 - FSP# 1000010457

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 746-1916

Fax No.: (415)

Funding Term : 07/01/2022 - 06/30/2023

PHP Division: Behavioral Health Services

Contract ID#
1000010457

BHS

INVOICE NUMBER: S46JL22

Template Version: Amendment 1

Ct. PO No.: POHM SFGOV-TBD

Fund Source: SUD Fed DMC/ State/ County GIF

Invoice Period : July 2022

Final Invoice: (Check if Yes)

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
Program Name/Reptg. Unit	Modality/Mode # - Svc Func (MH Only)	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-5 HR360 Outpatient/ Intensive OP PC# - 3837RS, 3873RS, 8926RS		240646	10000	1000	1681	0003							
ODS - 91rsi ODS OT Recovery Services Individual		1,798				\$ 103.68	\$ -	0.00		0.00%		1,798.00	
ODS - 91rsg ODS OT Recovery Services Group		1,067				\$ 103.70	\$ -	0.00		0.00%		1,067.00	
ODS - 91rscm ODS OT Recovery Services Case Management		44				\$ 103.57	\$ -	0.00		0.00%		44.00	
ODS - 91rsm ODS OT Recovery Services Monitoring		-				\$ -	\$ -	0.00		#DIV/0!		-	
TOTAL		2,909		0.00				0.00		0.00%		2,909.0	
Budget Amount						\$ 301,610.00		Expenses To Date		% of Budget		Remaining Budget	
								\$ -		0.00%		\$ 301,610.00	
SUBTOTAL AMOUNT DUE							\$ -	NOTES:					
Less: Initial Payment Recovery													
(For DPH Use) Other Adjustments													
NET REIMBURSEMENT							\$ -						

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

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Title: _____

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San Francisco, CA 94103

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE

Appendix F
PAGE A

Contract ID#
1000010457

INVOICE NUMBER: S47JL22

Template Version: Amendment 1

Ct. PO No.: POHM SFGOV-TBD

Fund Source: SUD Fed DMC/ State/ County General Fur

Invoice Period : July 2022

Final Invoice: (Check if Yes)

Contractor: HealthRIGHT360 - FSP# 1000010457

Address: 1735 Mission St., San Francisco, CA 94103

BHS

Tel. No.: (415) 746-1916
Fax No.: (415)

Funding Term : 07/01/2022 - 06/30/2023

PHP Division: Behavioral Health Services

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
Unduplicated Clients for Exhibit:					

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
Program Name/Reptg. Unit	Modality/Mode # - Svc Func (MH Only)	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-5 HR360 Outpatient/ Intensive OP PC# - 8926OP, 3873OP, 01201		240646-10000-10001681-0003											
ODS - 91i ODS OT Individual Counseling		19,338				\$ 103.67	\$ -	0.00		0.00%		19,338.00	
ODS - 91i ODS OT Group Counseling		8,576				\$ 103.67	\$ -	0.00		0.00%		8,576.00	
ODS - 91cm ODS OT Case Management		1,666				\$ 103.71	\$ -	0.00		0.00%		1,666.00	
ODS - 105i ODS IOT Individual Counseling		3,986				\$ 103.68	\$ -	0.00		0.00%		3,986.00	
ODS - 105g ODS IOT Group Counseling		2,764				\$ 103.65	\$ -	0.00		0.00%		2,764.00	
ODS - 105cm ODS IOT Case Management		1,175				\$ 103.65	\$ -	0.00		0.00%		1,175.00	
TOTAL		37,505		0.00				0.00		0.00%		37,505.0	
Budget Amount						\$ 3,888,185.00		Expenses To Date		% of Budget		Remaining Budget	
								\$ -		0.00%		\$ 3,888,185.00	
SUBTOTAL AMOUNT DUE							\$ -	NOTES:					
Less: Initial Payment Recovery													
(For DPH Use) Other Adjustments													
NET REIMBURSEMENT							\$ -						

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____
Title: _____

Date: _____

Send to:

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San Francisco, CA 94103

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory _____ Date _____

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR		Appendix F	
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE		PAGE A	
Contract ID# 1000010457			
Contractor: HealthRIGHT360 - FSP# 1000010457		INVOICE NUMBER:	S54JL22
Address: 1735 Mission St., San Francisco, CA 94103		Template Version	Amendment 1
<div>BHS</div>		Ct. PO No.: POHM	User Cd SFGOV-TBD
		Fund Source:	SUD County Prop C Homeless Baseline
Tel. No.: (415) 746-1916		Invoice Period :	July 2022
Fax No.: (415)		Final Invoice:	(Check if Yes)
Funding Term : 07/01/2022 - 06/30/2023			
PHP Division: Behavioral Health Services			

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

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San Francisco, CA 94103
Or email to:
cbhsinvoices@sfdph.org

Appendix G

Dispute Resolution Procedure

For Health and Human Services Nonprofit Contractors

9-06

Introduction

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

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

Dispute Resolution Procedure

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- **Step 1** The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.
- **Step 2** Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the

concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.

- Step 3 Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

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

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

Appendix H

SUBSTANCE USE DISORDER SERVICES such as Drug Medi-Cal, Federal Substance Abuse Block Grant (SABG), Organized Delivery System (DMC-ODS) Primary Prevention or State Funded Services

The following laws, regulations, policies/procedures and documents are hereby incorporated by reference into this Agreement as though fully set forth therein.

Drug Medi-Cal (DMC) services for substance use treatment in the Contractor's service area pursuant to Sections 11848.5(a) and (b) of the Health and Safety Code (hereinafter referred to as HSC), Sections 14021.51 – 14021.53, and 14124.20 – 14124.25 of the Welfare and Institutions Code (hereinafter referred to as W&IC), and Title 22 of the California Code of Regulations (hereinafter referred to as Title 22), Sections 51341.1, 51490.1, and 51516.1, and Part 438 of the Code of Federal Regulations, hereinafter referred to as 42 CFR 438.

The City and County of San Francisco and the provider enter into this Intergovernmental Agreement by authority of Title 45 of the Code of Federal Regulations Part 96 (45 CFR Part 96), Substance Abuse Block Grants (SABG) for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse. SABG recipients must adhere to Substance Abuse and Mental Health Administration's (SAMHSA) National Outcome Measures (NOMs).

The objective is to make substance use treatment services available to Medi-Cal and other non-DMC beneficiaries through utilization of federal and state funds available pursuant to Title XIX and Title XXI of the Social Security Act and the SABG for reimbursable covered services rendered by certified DMC providers.

Reference Documents

Document 1A: Title 45, Code of Federal Regulations 96, Subparts C and L, Substance Abuse Block Grant Requirements

<https://www.gpo.gov/fdsys/granule/CFR-2005-title45-vol1/CFR-2005-title45-vol1-part96>

Document 1B: Title 42, Code of Federal Regulations, Charitable Choice Regulations

<https://www.law.cornell.edu/cfr/text/42/part-54>

Document 1C: Driving-Under-the-Influence Program Requirements

Document 1F(a): Reporting Requirement Matrix – County Submission Requirements for the Department of Health Care Services

Document 1G: Perinatal Services Network Guidelines 2016

Document 1H(a): Service Code Descriptions

Document 1J(a): Non-Drug Medi-Cal Audit Appeals Process

Document 1J(b): DMC Audit Appeals Process

Document 1K: Drug and Alcohol Treatment Access Report (DATAR)

<http://www.dhcs.ca.gov/provgovpart/Pages/DATAR.aspx>

Document 1P: Alcohol and/or Other Drug Program Certification Standards (March 15, 2004)

http://www.dhcs.ca.gov/provgovpart/Pages/Facility_Certification.aspx

Document 1T: CalOMS Prevention Data Quality Standards

Document 1V: Youth Treatment Guidelines

http://www.dhcs.ca.gov/individuals/Documents/Youth_Treatment_Guidelines.pdf

Document 2A: Sobky v. Smoley, Judgment, Signed February 1, 1995

Document 2C: Title 22, California Code of Regulations

<http://ccr.oal.ca.gov>

Document 2E: Drug Medi-Cal Certification Standards for Substance Abuse Clinics (Updated July 1, 2004)

http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Drug_Medi-Cal_Certification_Standards.pdf

Document 2F: Standards for Drug Treatment Programs (October 21, 1981)

http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Standards_for_Drug_Treatment_Programs.pdf

Document 2G Drug Medi-Cal Billing Manual

http://www.dhcs.ca.gov/formsandpubs/Documents/Info%20Notice%202015/DMC_Billing_Manual%20FINAL.pdf

Document 2K: Multiple Billing Override Certification (MC 6700)

Document 2L(a): Good Cause Certification (6065A)

Document 2L(b): Good Cause Certification (6065B)

Document 2P: County Certification - Cost Report Year-End Claim For Reimbursement

Document 2P(a): Drug Medi-Cal Cost Report Forms – Intensive Outpatient Treatment – Non-Perinatal (form and instructions)

Document 2P(b): Drug Medi-Cal Cost Report Forms – Intensive Outpatient Treatment – Perinatal (form and instructions)

Document 2P(c): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Individual Counseling – Non-Perinatal (form and instructions)

Document 2P(d): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Individual Counseling – Perinatal (form and instructions)

Document 2P(e): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Group Counseling – Non-Perinatal (form and instructions)

Document 2P(f): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Group Counseling – Perinatal (form and instructions)

Document 2P(g): Drug Medi-Cal Cost Report Forms – Residential – Perinatal (form and instructions)

Document 2P(h): Drug Medi-Cal Cost Report Forms – Narcotic Treatment Program – County – Non-Perinatal (form and instructions)

Document 2P(i): Drug Medi-Cal Cost Report Forms – Narcotic Treatment Program – County – Perinatal (form and instructions)

Document 3G: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 4 – Narcotic Treatment Programs
<http://www.calregs.com>

Document 3H: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 8 – Certification of Alcohol and Other Drug Counselors
<http://www.calregs.com>

Document 3J: CalOMS Treatment Data Collection Guide
http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collection_Guide_JAN%202014.pdf

Document 3O: Quarterly Federal Financial Management Report (QFFMR) 2014-15
http://www.dhcs.ca.gov/provgovpart/Pages/SUD_Forms.aspx

Document 3S CalOMS Treatment Data Compliance Standards

Document 3V Culturally and Linguistically Appropriate Services (CLAS) National Standards
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>

Document 4D : Drug Medi-Cal Certification for Federal Reimbursement (DHCS100224A)

Document 5A : Confidentiality Agreement

FOR CONTRACTS WITH DRUG MEDI-CAL, FEDERAL SAPT OR STATE FUNDS:

I. Subcontractor Documentation

The provider shall require its subcontractors that are not licensed or certified by DHCS to submit organizational documents to DHCS within thirty (30) days of execution of an initial subcontract, within ninety (90) days of the renewal or continuation of an existing subcontract or when there has been a change in subcontractor name or ownership. Organizational documents shall include the subcontractor's Articles of Incorporation or Partnership Agreements (as applicable), and business licenses, fictitious name permits, and such other information and documentation as may be requested by DHCS.

Records

Contractor shall maintain sufficient books, records, documents, and other evidence necessary for State to audit contract performance and contract compliance. Contractor will make these records available to State, upon request, to evaluate the quality and quantity of services, accessibility and appropriateness of services, and to ensure fiscal accountability. Regardless of the location or ownership of such records, they shall be sufficient to determine the reasonableness, allowability, and allocability of costs incurred by Contractor.

1. Contracts with audit firms shall have a clause to permit access by State to the working papers of the external independent auditor, and copies of the working papers shall be made for State at its request.
 2. Providers shall keep adequate and sufficient financial records and statistical data to support the year-end documents filed with State.
 3. Accounting records and supporting documents shall be retained for a three-year period from the date the year-end cost settlement report was approved by State for interim settlement. When an audit has been started before the expiration of the three-year period, the records shall be retained until completion of the audit and final resolution of all issues that arise in the audit. Final settlement shall be made at the end of the audit and appeal process. If an audit has not begun within three years, the interim settlement shall be considered as the final settlement.
 4. Financial records shall be kept so that they clearly reflect the source of funding for each type of service for which reimbursement is claimed. These documents include, but are not limited to, all ledgers, books, vouchers, time sheets, payrolls, appointment schedules, client data cards, and schedules for allocating costs.
 5. Provider's shall require that all subcontractors comply with the requirements of this Section A.
 6. Should a provider discontinue its contractual agreement with subcontractor, or cease to conduct business in its entirety, provider shall be responsible for retaining the subcontractor's fiscal and program records for the required retention period. The State Administrative Manual (SAM) contains statutory requirements governing the retention, storage, and disposal of records pertaining to State funds.
- If provider cannot physically maintain the fiscal and program records of the subcontractor, then arrangements shall be made with State to take possession and maintain all records.
7. In the expenditure of funds hereunder, and as required by 45 CFR Part 96, Contractor shall comply with the requirements of SAM and the laws and procedures applicable to the obligation and expenditure of State funds.

II Patient Record Retention

Provider agrees to establish, maintain, and update as necessary, an individual patient record for each beneficiary admitted to treatment and receiving services.

Drug Medi-Cal contracts are controlled by applicable provisions of: (a) the W&I, Chapter 7, Sections 14000, et seq., in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, 14043, et seq., (b) Title 22, including but not limited to Sections 51490.1, 51341.1 and 51516.1; and (c) Division 4 of Title 9 of the California Code of Regulations (hereinafter referred to as Title 9).

Established by DMC status and modality of treatment, each beneficiary's individual patient record shall include documentation of personal information as specified in either AOD Standards; Title 22; and

Title 9. Contractor agrees to maintain patient records in accordance with the provision of treatment regulations that apply.

Providers, regardless of DMC certification status, shall maintain all of the documentation in the beneficiary's individual patient record for a minimum of seven (7) years from the date of the last face-to-face contact between the beneficiary and the provider.

In addition providers shall maintain all of the documentation that the beneficiary met the requirements for good cause specified in Section 51008.5, where the good cause results from beneficiary-related delays, for a minimum of seven (7) years from the date of the last face-to-face contact. If an audit takes place during the three year period, the contractor shall maintain records until the audit is completed.

III. Control Requirements

1) Performance under the terms of this Exhibit A, Attachment I, is subject to all applicable federal and state laws, regulations, and standards. In accepting DHCS drug and alcohol combined program allocation pursuant to HSC Sections 11814(a) and (b), Contractor shall: (i) establish, and shall require its providers to establish, written policies and procedures consistent with the following requirements; (ii) monitor for compliance with the written procedures; and (iii) be held accountable for audit exceptions taken by DHCS against the Contractor and its contractors for any failure to comply with these requirements:

- a) HSC, Division 10.5, commencing with Section 11760;
- b) Title 9, California Code of Regulations (CCR) (herein referred to as Title 9), Division 4, commencing with Section 9000;
- c) Government Code Section 16367.8;
- d) Government Code, Article 7, Federally Mandated Audits of Block Grant Funds Allocated to Local Agencies, Chapter 1, Part 1, Division 2, Title 5, commencing at Section 53130;
- e) Title 42 United State Code (USC), Sections 300x-21 through 300x-31, 300x-34, 300x-53, 300x-57, and 330x-65 and 66;
- f) The Single Audit Act Amendments of 1996 (Title 31, USC Sections 7501-7507) and the Office of Management and Budget (OMB) Circular A-133 revised June 27, 2003 and June 26, 2007.
- g) Title 45, Code of Federal Regulations (CFR), Sections 96.30 through 96.33 and Sections 96.120 through 96.137;
- h) Title 42, CFR, Sections 8.1 through 8.6;
- i) Title 21, CFR, Sections 1301.01 through 1301.93, Department of Justice, Controlled Substances; and,
- j) State Administrative Manual (SAM), Chapter 7200 (General Outline of Procedures)

K) [Medi-Cal Eligibility Verification](http://www.dhcs.ca.gov/provgovpart/Pages/DataUseAgreement.aspx)

<http://www.dhcs.ca.gov/provgovpart/Pages/DataUseAgreement.aspx>

Providers shall be familiar with the above laws, regulations, and guidelines and shall assure that its subcontractors are also familiar with such requirements.

- 2) The provisions of this Exhibit A, Attachment I are not intended to abrogate any provisions of law or regulation, or any standards existing or enacted during the term of this Intergovernmental Agreement.
- 3) Providers shall adhere to the applicable provisions of Title 45, CFR, Part 96, Subparts C and L, as applicable, in the expenditure of the SABG funds. Document 1A, 45 CFR 96, Subparts C and L, is incorporated by reference.
- 4) Documents 1C incorporated by this reference, contains additional requirements that shall be adhered to by those Contractors that receive Document 1C. This document is:

a) Document 1C, Driving-Under-the-Influence Program Requirements;

C. In accordance with the Fiscal Year 2011-12 State Budget Act and accompanying law (Chapter 40, Statutes of 2011 and Chapter 13, Statutes of 2011, First Extraordinary Session), providers that provide Women and Children's Residential Treatment Services shall comply with the program requirements (Section 2.5, Required Supplemental/Recovery Support Services) of the Substance Abuse and Mental Health Services Administration's Grant Program for Residential Treatment for Pregnant and Postpartum Women, RFA found at <http://www.samhsa.gov/grants/grantannouncements/ti-14-005>.

IV Provider's Agents and Subcontractors

a. To enter into written agreements with any agents, including subcontractors and vendors to whom Contractor provides Department PHI, that impose the same restrictions and conditions on such agents, subcontractors and vendors that apply to providers with respect to such Department PHI under this Exhibit F, and that require compliance with all applicable provisions of HIPAA, the HITECH Act and the HIPAA regulations, including the requirement that any agents, subcontractors or vendors implement reasonable and appropriate administrative, physical, and technical safeguards to protect such PHI. As required by HIPAA, the HITECH Act and the HIPAA regulations, including 45 CFR Sections 164.308 and 164.314, Provider shall incorporate, when applicable, the relevant provisions of this Exhibit F-1 into each subcontract or subaward to such agents, subcontractors and vendors, including the requirement that any security incidents or breaches of unsecured PHI be reported to provider. In accordance with 45 CFR Section 164.504(e)(1)(ii), upon Contractor's knowledge of a material breach or violation by its subcontractor of the agreement between Provider and the subcontractor, Provider shall:

- i) Provide an opportunity for the subcontractor to cure the breach or end the violation and terminate the agreement if the subcontractor does not cure the breach or end the violation within the time specified by the Department; or
- ii) Immediately terminate the agreement if the subcontractor has breached a material term of the agreement and cure is not possible.

V Breaches and Security Incidents

During the term of this Agreement, Provider agrees to implement reasonable systems for the discovery and prompt reporting of any breach or security incident, and to take the following steps:

a. Initial Notice to the Department

(1) To notify the Department **immediately by telephone call or email or fax** upon the discovery of a breach of unsecured PHI in electronic media or in any other media if the PHI was, or is reasonably believed to have been, accessed or acquired by an unauthorized person.

(2) To notify the Department **within 24 hours (one hour if SSA data) by email or fax** of the discovery of any suspected security incident, intrusion or unauthorized access, use or disclosure of PHI in violation of this Agreement or this Exhibit F-1, or potential loss of confidential data affecting this Agreement. A breach shall be treated as discovered by provide as of the first day on which the breach is known, or by exercising reasonable diligence would have been known, to any person (other than the person committing the breach) who is an employee, officer or other agent of provider.

Notice shall be provided to the Information Protection Unit, Office of HIPAA Compliance. If the incident occurs after business hours or on a weekend or holiday and involves electronic PHI, notice shall be provided by calling the Information Protection Unit (916.445.4646, 866-866-0602) or by emailing privacyofficer@dhcs.ca.gov). Notice shall be made using the DHCS "Privacy Incident Report" form, including all information known at the time. Provider shall use the most current version of this form, which is posted on the DHCS Information Security Officer website (www.dhcs.ca.gov, then select "Privacy" in the left column and then "Business Partner" near the middle of the page) or use this link: <http://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/DHCSBusinessAssociatesOnly.aspx> Upon discovery of a breach or suspected security incident, intrusion or unauthorized access, use or disclosure of Department PHI, Provider shall take:

- i) Prompt corrective action to mitigate any risks or damages involved with the breach and to protect the operating environment; and
- ii) Any action pertaining to such unauthorized disclosure required by applicable Federal and State laws and regulations.

b. Investigation and Investigation Report.

To immediately investigate such suspected security incident, security incident, breach, or unauthorized access, use or disclosure of PHI. Within 72 hours of the discovery, Provider shall submit an updated "Privacy Incident Report" containing the information marked with an asterisk and all other applicable information listed on the form, to the extent known at that time, to the Information Protection Unit.

c. Complete Report.

To provide a complete report of the investigation to the Department Program Contract Manager and the Information Protection Unit within ten (10) working days of the discovery of the breach or unauthorized use or disclosure. The report shall be submitted on the "Privacy Incident Report" form and shall include an assessment of all known factors relevant to a determination of whether a breach occurred under applicable provisions of HIPAA, the HITECH Act, and the HIPAA regulations. The report shall also include a full, detailed corrective action plan, including information on measures that were

taken to halt and/or contain the improper use or disclosure. If the Department requests information in addition to that listed on the "Privacy Incident Report" form, provider shall make reasonable efforts to provide the Department with such information. If, because of the circumstances of the incident, provider needs more than ten (10) working days from the discovery to submit a complete report, the Department may grant a reasonable extension of time, in which case provider shall submit periodic updates until the complete report is submitted. If necessary, a Supplemental Report may be used to submit revised or additional information after the completed report is submitted, by submitting the revised or additional information on an updated "Privacy Incident Report" form. The Department will review and approve the determination of whether a breach occurred and whether individual notifications and a corrective action plan are required.

d. Responsibility for Reporting of Breaches

If the cause of a breach of Department PHI is attributable to provider or its agents, subcontractors or vendors, provider is responsible for all required reporting of the breach as specified in 42 U.S.C. section 17932 and its implementing regulations, including notification to media outlets and to the Secretary (after obtaining prior written approval of DHCS). If a breach of unsecured Department PHI involves more than 500 residents of the State of California or under its jurisdiction, Contractor shall first notify DHCS, then the Secretary of the breach immediately upon discovery of the breach. If a breach involves more than 500 California residents, provider shall also provide, after obtaining written prior approval of DHCS, notice to the Attorney General for the State of California, Privacy Enforcement Section. If Contractor has reason to believe that duplicate reporting of the same breach or incident may occur because its subcontractors, agents or vendors may report the breach or incident to the Department in addition to provider, provider shall notify the Department, and the Department and provider may take appropriate action to prevent duplicate reporting.

e. Responsibility for Notification of Affected Individuals

If the cause of a breach of Department PHI is attributable to provider or its agents, subcontractors or vendors and notification of the affected individuals is required under state or federal law, provider shall bear all costs of such notifications as well as any costs associated with the breach. In addition, the Department reserves the right to require provider to notify such affected individuals, which notifications shall comply with the requirements set forth in 42U.S.C. section 17932 and its implementing regulations, including, but not limited to, the requirement that the notifications be made without unreasonable delay and in no event later than 60 calendar days after discovery of the breach. The Department Privacy Officer shall approve the time, manner and content of any such notifications and their review and approval must be obtained before the notifications are made. The Department will provide its review and approval expeditiously and without unreasonable delay.

f. Department Contact Information

To direct communications to the above referenced Department staff, the provider shall initiate contact as indicated herein. The Department reserves the right to make changes to the contact information below by giving written notice to the provider. Said changes shall not require an amendment to this Addendum or the Agreement to which it is incorporated.

VI Additional Provisions for Substance Abuse Block Grant (SABG)

A. Additional Intergovernmental Agreement Restrictions

This Intergovernmental Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress, or any statute enacted by the Congress, which may affect the provisions, terms, or funding of this Intergovernmental Agreement in any manner including, but not limited to, 42 CFR 438.610(c)(3).

B. Nullification of DMC Treatment Program SUD services (if applicable)

The parties agree that if the Contractor fails to comply with the provisions of W&I Code, Section 14124.24, all areas related to the DMC Treatment Program SUD services shall be null and void and severed from the remainder of this Intergovernmental Agreement.

In the event the DMC Treatment Program Services component of this Intergovernmental Agreement becomes null and void, an updated Exhibit B, Attachment I shall take effect reflecting the removal of federal Medicaid funds and DMC State General Funds from this Intergovernmental Agreement. All other requirements and conditions of this Intergovernmental Agreement shall remain in effect until amended or terminated.

C. Hatch Act

Provider agrees to comply with the provisions of the Hatch Act (Title 5 USC, Sections 1501-1508), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

D. No Unlawful Use or Unlawful Use Messages Regarding Drugs

Provider agrees that information produced through these funds, and which pertains to drug and alcohol - related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol- related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999-11999.3). By signing this Intergovernmental Agreement, Contractor agrees that it shall enforce, and shall require its subcontractors to enforce, these requirements.

E. Noncompliance with Reporting Requirements

Provider agrees that DHCS has the right to withhold payments until provider has submitted any required data and reports to DHCS, as identified in this Exhibit A, Attachment I or as identified in Document 1F(a), Reporting Requirement Matrix for Counties.

F. Debarment and Suspension

Contractor shall not subcontract with any party listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp. p. 189) and 12689 (3 CFR part 1989., p. 235), "Debarment and Suspension." SAM exclusions contain the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549. The Contractor shall advise all subcontractors of their obligation to comply with applicable federal debarment and suspension regulations, in addition to the requirements set forth in 42

CFR Part 1001.

G. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances

None of the funds made available through this Intergovernmental Agreement may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

H. Restriction on Distribution of Sterile Needles

No Substance Abuse Block Grant (SABG) funds made available through this Intergovernmental Agreement shall be used to carry out any program that includes the distribution of sterile needles or syringes for the hypodermic injection of any illegal drug unless DHCS chooses to implement a demonstration syringe services program for injecting drug users.

I. Health Insurance Portability and Accountability Act (HIPAA) of 1996

If any of the work performed under this Intergovernmental Agreement is subject to the HIPAA, Contractor shall perform the work in compliance with all applicable provisions of HIPAA. As identified in Exhibit G, DHCS and provider shall cooperate to assure mutual agreement as to those transactions between them, to which this Provision applies. Refer to Exhibit G for additional information.

1) Trading Partner Requirements

a) No Changes. Provider hereby agrees that for the personal health information (Information), it shall not change any definition, data condition or use of a data element or segment as proscribed in the federal HHS Transaction Standard Regulation. (45 CFR Part 162.915 (a))

b) No Additions. Provider hereby agrees that for the Information, it shall not add any data elements or segments to the maximum data set as proscribed in the HHS Transaction Standard Regulation. (45 CFR Part 162.915 (b))

c) No Unauthorized Uses. Contractor hereby agrees that for the Information, it shall not use any code or data elements that either are marked “not used” in the HHS Transaction’s Implementation specification or are not in the HHS Transaction Standard’s implementation specifications. (45 CFR Part 162.915 (c))

d) No Changes to Meaning or Intent. Contractor hereby agrees that for the Information, it shall not change the meaning or intent of any of the HHS Transaction Standard’s implementation specification. (45 CFR Part 162.915 (d))

2) Concurrence for Test Modifications to HHS Transaction Standards

Provider agrees and understands that there exists the possibility that DHCS or others may request an extension from the uses of a standard in the HHS Transaction Standards. If this occurs, Provider agrees that it shall participate in such test modifications.

3) Adequate Testing

Provider is responsible to adequately test all business rules appropriate to their types and specialties. If the Contractor is acting as a clearinghouse for enrolled providers, Provider has obligations to adequately test all business rules appropriate to each and every provider type and specialty for which they provide clearinghouse services.

4) Deficiencies

The Provider agrees to cure transactions errors or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the provider is acting as a clearinghouse for that provider. If the provider is a clearinghouse, the provider agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

5) Code Set Retention

Both Parties understand and agree to keep open code sets being processed or used in this Intergovernmental Agreement for at least the current billing period or any appeal period, whichever is longer.

6) Data Transmission Log

Both Parties shall establish and maintain a Data Transmission Log, which shall record any and all Data Transmission taking place between the Parties during the term of this Intergovernmental Agreement. Each Party shall take necessary and reasonable steps to ensure that such Data Transmission Logs constitute a current, accurate, complete, and unaltered record of any and all Data Transmissions between the Parties, and shall be retained by each Party for no less than twenty-four (24) months following the date of the Data Transmission. The Data Transmission Log may be maintained on computer media or other suitable means provided that, if it is necessary to do so, the information contained in the Data Transmission Log may be retrieved in a timely manner and presented in readable form.

I. Nondiscrimination and Institutional Safeguards for Religious Providers

Contractor shall establish such processes and procedures as necessary to comply with the provisions of Title 42, USC, Section 300x-65 and Title 42, CFR, Part 54, (Reference Document 1B).

J. Counselor Certification

Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be certified as defined in Title 9, CCR, Division 4, Chapter 8. (Document 3H).

K. Cultural and Linguistic Proficiency

To ensure equal access to quality care by diverse populations, each service provider receiving funds from this Intergovernmental Agreement shall adopt the federal Office of Minority Health

Culturally and Linguistically Appropriate Service (CLAS) national standards (Document 3V) and comply with 42 CFR 438.206(c)(2).

L. Intravenous Drug Use (IVDU) Treatment

Provider shall ensure that individuals in need of IVDU treatment shall be encouraged to undergo SUD treatment (42 USC 300x-23 and 45 CFR 96.126(e)).

M. Tuberculosis Treatment

Provider shall ensure the following related to Tuberculosis (TB):

- 1) Routinely make available TB services to each individual receiving treatment for SUD use and/or abuse;
- 2) Reduce barriers to patients' accepting TB treatment; and,
- 3) Develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance.

N. Trafficking Victims Protection Act of 2000

Provider and its subcontractors that provide services covered by this Intergovernmental Agreement shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104(g)) as amended by section 1702. For full text of the award term, go to: <http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title22-section7104d&num=0&edition=prelim>

O. Tribal Communities and Organizations

Provider shall regularly assess (e.g. review population information available through Census, compare to information obtained in CalOMS Treatment to determine whether population is being reached, survey Tribal representatives for insight in potential barriers) the substance use service needs of the American Indian/Alaskan Native (AI/AN) population within the Contractor's geographic area and shall engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness and accessibility of services available to AI/NA communities within the Provider's county.

P. Participation of County Behavioral Health Director's Association of California.

1) The County AOD Program Administrator shall participate and represent the County in meetings of the County Behavioral Health Director's Association of California for the purposes of representing the counties in their relationship with DHCS with respect to policies, standards, and administration for AOD abuse services.

2) The County AOD Program Administrator shall attend any special meetings called by the Director of DHCS. Participation and representation shall also be provided by the County

Behavioral Health Director's Association of California.

Q. Youth Treatment Guidelines

Provider shall follow the guidelines in Document 1V, incorporated by this reference, "Youth Treatment Guidelines," in developing and implementing adolescent treatment programs funded under this Exhibit, until such time new Youth Treatment Guidelines are established and adopted. No formal amendment of this Intergovernmental Agreement is required for new guidelines to be incorporated into this Intergovernmental Agreement.

R. Perinatal Services Network Guidelines

Contractor must comply with the perinatal program requirements as outlined in the Perinatal Services Network Guidelines. The Perinatal Services Network Guidelines are attached to this contract as Document 1G, incorporated by reference. The Contractor must comply with the current version of these guidelines until new Perinatal Services Network Guidelines are established and adopted. The incorporation of any new Perinatal Services Network Guidelines into this Contract shall not require a formal amendment. Contractor receiving SABG funds must adhere to the Perinatal Services Network Guidelines, regardless of whether the Contractor exchanges perinatal funds for additional discretionary funds.

S. Restrictions on Grantee Lobbying – Appropriations Act Section 503

1) No part of any appropriation contained in this Act shall be used, other than for formal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress or any State legislative body itself.

2) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any Intergovernmental Agreement recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

T. Byrd Anti-Lobbying Amendment (31 USC 1352)

Contractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. Contractor shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

U. Nondiscrimination in Employment and Services

By signing this Intergovernmental Agreement, provider certifies that under the laws of the United States and the State of California, incorporated into this Intergovernmental Agreement by reference and made a part hereof as if set forth in full, Contractor shall not unlawfully discriminate against any person.

V. Federal Law Requirements:

- 1) Title VI of the Civil Rights Act of 1964, Section 2000d, as amended, prohibiting discrimination based on race, color, or national origin in federally funded programs.
- 2) Title IX of the education amendments of 1972 (regarding education and programs and activities), if applicable.
- 3) Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.
- 4) Age Discrimination Act of 1975 (45 CFR Part 90), as amended (42 USC Sections 6101 – 6107), which prohibits discrimination on the basis of age.
- 5) Age Discrimination in Employment Act (29 CFR Part 1625).
- 6) Title I of the Americans with Disabilities Act (29 CFR Part 1630) prohibiting discrimination against the disabled in employment.
- 7) Americans with Disabilities Act (28 CFR Part 35) prohibiting discrimination against the disabled by public entities.
- 8) Title III of the Americans with Disabilities Act (28 CFR Part 36) regarding access.
- 9) Rehabilitation Act of 1973, as amended (29 USC Section 794), prohibiting discrimination on the basis of individuals with disabilities.
- 10) Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than \$10,000 funded by federal financial assistance.
- 11) Executive Order 13166 (67 FR 41455) to improve access to federal services for those with limited English proficiency.
- 12) The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.
- 13) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism.

W. State Law Requirements:

- 1) Fair Employment and Housing Act (Government Code Section 12900 et seq.) and the applicable regulations promulgated thereunder (California Administrative Code, Title 2, Section 7285.0 et seq.).

2) Title 2, Division 3, Article 9.5 of the Government Code, commencing with Section 11135.

3) Title 9, Division 4, Chapter 8 of the CCR, commencing with Section 10800.

4) No state or federal funds shall be used by the Contractor or its subcontractors for sectarian worship, instruction, or proselytization. No state funds shall be used by the Contractor or its subcontractors to provide direct, immediate, or substantial support to any religious activity.

5) Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for state to withhold payments under this Intergovernmental Agreement or terminate all, or any type, of funding provided hereunder.

X. Additional Contract Restrictions

1. This Contract is subject to any additional restrictions, limitations, or conditions enacted by the federal or state governments that affect the provisions, terms, or funding of this Contract in any manner.

Y. Information Access for Individuals with Limited English Proficiency

1. Contractor shall comply with all applicable provisions of the Dymally-Alatorre Bilingual Services Act (Government Code sections 7290-7299.8) regarding access to materials that explain services available to the public as well as providing language interpretation services.

Contractor shall comply with the applicable provisions of Section 1557 of the Affordable Care Act (45 CFR Part 92), including, but not limited to, 45 CFR 92.201, when providing access to: (a) materials explaining services available to the public, (b) language assistance, (c) language interpreter and translation services, and (d) video remote language interpreting services.

2. Contractor shall comply with the applicable provisions of Section 1557 of the Affordable Care Act (45 CFR Part 92), including, but not limited to, 45 CFR 92.201, when providing access to: (a) materials explaining services available to the public, (b) language assistance, (c) language interpreter and translation services, and (d) video remote language interpreting services.

Z. Investigations and Confidentiality of Administrative Actions

1) Provider acknowledges that if a DMC provider is under investigation by DHCS or any other state, local or federal law enforcement agency for fraud or abuse, DHCS may temporarily suspend the provider from the DMC program, pursuant to W&I Code, Section 14043.36(a). Information about a provider's administrative sanction status is confidential until such time as the action is either completed or resolved. The DHCS may also issue a Payment Suspension to a provider pursuant to W&I Code, Section 14107.11 and Code of Federal Regulations, Title 42, section 455.23. The Contractor is to withhold payments from a DMC provider during the time a Payment Suspension is in effect.

2) Provider shall execute the Confidentiality Agreement, attached as Document 5A. The Confidentiality Agreement permits DHCS to communicate with Contractor concerning subcontracted providers that are subject to administrative sanctions.

W. This Intergovernmental Agreement is subject to any additional restrictions, limitations, or conditions enacted by the federal or state governments that affect the provisions, terms, or funding of this Intergovernmental Agreement in any manner.

A1. Subcontract Provisions

Provider shall include all of the foregoing provisions in all of its subcontracts.

B1. Conditions for Federal Financial Participation

1) Provider shall meet all conditions for Federal Financial Participation, consistent with 42 CFR 438.802, 42 CFR 438.804, 42 CFR 438.806, 42 CFR 438.808, 42 CFR 438.810, 42 CFR 438.812.

2) Pursuant to 42 CFR 438.808, Federal Financial Participation (FFP) is not available to the Contractor if the Contractor:

- a) Is an entity that could be excluded under section 1128(b)(8) as being controlled by a sanctioned individual;
- b) Is an entity that has a substantial contractual relationship as defined in section 431.55(h)(3), either directly or indirectly, with an individual convicted of certain crimes described in section 1128(8)(B); or
- c) Is an entity that employs or contracts, directly or indirectly, for the furnishing of health care utilization review, medical social work, or administrative services, with one of the following:
 - i. Any individual or entity excluded from participation in federal health care programs under section 1128 or section 1126A; or
 - ii. An entity that would provide those services through an excluded individual or entity.

Providers shall include the following requirements in their subcontracts with providers:

1. In addition to complying with the sub contractual relationship requirements set forth in Article II.E.8 of this Agreement, the Contractor shall ensure that all subcontracts require that the Contractor oversee and is held accountable for any functions and responsibilities that the Contractor delegates to any subcontractor.

2. Each subcontract shall:

- i. Fulfill the requirements of 42 CFR Part 438 that are appropriate to the service or activity delegated under the subcontract.
- ii. Ensure that the Contractor evaluates the prospective subcontractor's ability to perform the activities to be delegated.

iii. Require a written agreement between the Contractor and the subcontractor that specifies the activities and report responsibilities delegated to the subcontractor; and provides for revoking delegation or imposing other sanctions if the subcontractor's performance is inadequate.

iv. Ensure that the Contractor monitor the subcontractor's performance on an ongoing basis and subject it to an annual onsite review, consistent with statutes, regulations, and Article III.PP.

v. Ensure that the Contractor identifies deficiencies or areas for improvement, the subcontractor shall take corrective actions and the Contractor shall ensure that the subcontractor implements these corrective actions.

3. The Contractor shall include the following provider requirements in all subcontracts with providers:

i. Culturally Competent Services: Providers are responsible to provide culturally competent services. Providers shall ensure that their policies, procedures, and practices are consistent with the principles outlined and are embedded in the organizational structure, as well as being upheld in day-to-day operations. Translation services shall be available for beneficiaries, as needed.

ii. Medication Assisted Treatment: Providers will have procedures for linkage/integration for beneficiaries requiring medication assisted treatment. Provider staff will regularly communicate with physicians of beneficiaries who are prescribed these medications unless the beneficiary refuses to consent to sign a 42 CFR part 2 compliant release of information for this purpose.

iii. Evidence Based Practices (EBPs): Providers will implement at least two of the following EBPs based on the timeline established in the county implementation plan. The two EBPs are per provider per service modality. Counties will ensure the providers have implemented EBPs. The state will monitor the implementation and regular training of EBPs to staff during reviews.

The required EBPs include:

a. Motivational Interviewing: A beneficiary-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on beneficiaries' past successes.

b. Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

c. Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.

d. Trauma-Informed Treatment: Services shall take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.

e. **Psycho-Education:** Psycho-educational groups are designed to educate beneficiaries about substance abuse, and related behaviors and consequences. Psychoeducational groups provide information designed to have a direct application to beneficiaries' lives; to instill self-awareness, suggest options for growth and change, identify community resources that can assist beneficiaries in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.

iV. **Timely Access:** (42 CFR 438.206(c) (1) (i)

- (1) The Provider must comply with Contractor's standards for timely access to care and services, taking into account the urgency of the need for services:
 - (a) Provider must complete Timely Access Log for all initial requests of services.
 - (b) Provider must offer outpatient services within 10 business days of request date (if outpatient provider).
 - (c) Provider must offer Opioid Treatment Services (OTP) services within 3 business days of request date (if OTP provider).
 - (d) Provider must offer regular hours of operation.
- (2) The Contractor will establish mechanisms to ensure compliance by provider and monitor regularly.
- (3) If the Provider fails to comply, the Contractor will take corrective action.

C1. Beneficiary Problem Resolution Process

1. The Contractor shall establish and comply with a beneficiary problem resolution process.
2. Contractor shall inform subcontractors and providers at the time they enter into a subcontract about:
 - i. The beneficiary's right to a state fair hearing, how to obtain a hearing and the representation rules at the hearing.
 - ii. The beneficiary's right to file grievances and appeals and the requirements and timeframes for filing.
 - iii. The beneficiary's right to give written consent to allow a provider, acting on behalf of the beneficiary, to file an appeal. A provider may file a grievance or request a state fair hearing on behalf of a beneficiary, if the state permits the provider to act as the beneficiary's authorized representative in doing so.
 - iv. The beneficiary may file a grievance, either orally or in writing, and, as determined by DHCS, either with DHCS or with the Contractor.
 - v. The availability of assistance with filing grievances and appeals.
 - vi. The toll-free number to file oral grievances and appeals.
 - vii. The beneficiary's right to request continuation of benefits during an appeal or state fair hearing filing although the beneficiary may be liable for the cost of any continued benefits if the action is upheld.
 - viii. Any state determined provider's appeal rights to challenge the failure of the Contractor to cover a service.
3. The Contractor shall represent the Contractor's position in fair hearings, as defined in 42 CFR 438.408 dealing with beneficiaries' appeals of denials, modifications, deferrals or terminations of covered services. The Contractor shall carry out the final decisions of the fair hearing process with respect to issues within the scope of the Contractor's responsibilities under this Agreement. Nothing in this section is intended to prevent the Contractor from pursuing any options available for appealing a fair hearing decision.

i. Pursuant to 42 CFR 438.228, the Contractor shall develop problem resolution processes that enable beneficiary to request and receive review of a problem or concern he or she has about any issue related to the Contractor's performance of its duties, including the delivery of SUD treatment services.

4. The Contractor's beneficiary problem resolution processes shall include:

- i. A grievance process;
- ii. An appeal process; and,
- iii. An expedited appeal process.

Additional Provisions DMC-ODS

1. Additional Intergovernmental Agreement Restrictions

i. This Agreement is subject to any additional restrictions, limitations, conditions, or statutes enacted or amended by the federal or state governments, which may affect the provisions, terms, or funding of this Agreement in any manner.

2. Voluntary Termination of DMC-ODS Services

i. The Contractor may terminate this Agreement at any time, for any reason, by giving 60 days written notice to DHCS. The Contractor shall be paid for DMC-ODS services provided to beneficiaries up to the date of termination. Upon termination, the Contractor shall immediately begin providing DMC services to beneficiaries in accordance with the State Plan.

3. Notification of DMC-ODS Services

i. The parties agree that failure of the Contractor, or its subcontractors, to comply with W&I section 14124.24, the Special Terms and Conditions, and this Agreement, shall be deemed a breach that results in the termination of this Agreement for cause.

ii. In the event of a breach, the DMC-ODS services shall terminate. The Contractor shall immediately begin providing DMC services to the beneficiaries in accordance with the State Plan.

4. Subcontract Termination - Intergovernmental Agreement Exhibit A, Attachment I, III, JJ, 1

I. The Contractor shall notify the Department of the termination of any subcontractor with a certified provider, and the basis for termination of the subcontractor, within two business days. The Contractor shall submit the notification by secure, encrypted email to: SUDCountyReports@dhcs.ca.gov.

II. BHS shall notify the DHCS of the termination of any subcontractor with a certified provider, and the basis for termination of the subcontractor, within two business days. The Contractor shall submit the notification by secure, encrypted email to: SUDCountyReports@dhcs.ca.gov.

III. BHS shall notify the DHCS-PED by email at DHCSDMCRecert@dhcs.ca.gov within two business days of learning that a contractor's license, registration, certification, or approval to operate an SUD program

or provide a covered service is revoked, suspended, modified, or not renewed by entities other than DHCS. The Contractor shall submit the notification by secure email.

APPENDIX I

Data Access and Sharing Terms

Article 1 Access

5.2 Revision to Scope of Access (RSA):

Any added access may be granted by the City to Agency and each Agency Data User through a Revision to Scope of Access in writing and executed by both parties. Any Revision to Scope of Access shall be considered a part of and incorporated into this Agreement, governed by all its terms, by reference.

5.3 Primary and Alternate Agency Site Administrator.

Before System(s) access is granted, Agency must appoint a primary and alternate Agency Site Administrator responsible for System(s) access tasks, including but not limited to the following:

1. Completing and obtaining City approval of the Account Provisioning Request documents and/or Data Set Request documents;
 2. Communicating with the SFDPH IT Service Desk;
 3. Providing Agency Data User(s) details to the City;
 4. Ensuring that Agency Data User(s) complete required SFDPH trainings annually;
 5. Ensuring that Agency Data User(s) understand and execute SFDPH's data access confidentiality agreement; and
 6. Provisioning and deprovisioning Agency Data Users as detailed herein.
- To start the process, the Agency Site Administrator must contact the SFDPH IT Service Desk at 628-206-7378, dph.helpdesk@sfdph.org.

5.4 SFDPH IT Service Desk.

For new provisioning requests, only Agency Site Administrators are authorized to contact the SFDPH IT Service Desk. The City reserves the right to decline any call placed by other than the Agency Site Administrator. Individual Agency Data Users are not authorized to contact the SFDPH IT Service Desk.

5.5 Deprovisioning Schedule.

Agency, through the Agency Site Administrator, has sole responsibility to deprovision Agency Data Users from the System(s) as appropriate on an ongoing basis. Agency must immediately deprovision an Agency Data User upon any event ending that Data User's need to access the System(s), including job duty change and/or termination. Agency remains liable for the conduct of Agency Data Users until deprovisioned. When deprovisioning employees via the SFDPH IT Service Desk, Agency must maintain evidence that the SFDPH IT Service Desk was notified.

5.6 Active Directory.

Agency Data Users will need an SFDPH Active Directory account in order to access each System(s). These Active Directory Accounts will be created as part of the provisioning process.

5.7 Role Based Access.

Each Agency Data User's access to the System(s) will be role-based and access is limited to that necessary for treatment, payment, and health care operations. The City will assign Agency Data User roles upon provisioning and reserves the right to deny, revoke, limit, or modify Agency Data User's access acting in its sole discretion.

5.8 Training Requirements.

Before System(s) access is granted, and annually thereafter, each Agency Data User must complete SFDPH compliance, privacy, and security training. Agency must maintain written records evidencing such annual training for each Agency Data User and provide copies upon request to the City. For questions about how to complete SFDPH's compliance, privacy, and security training, contact Compliance.Privacy@sfdph.org, (855) 729-6040.

Before Agency Data User first access to System(s), system-specific training must be completed. For training information, Agency Site Administrator may contact the SFDPH IT Service Desk,

5.9 Agency Data User Confidentiality Agreement.

Before System(s) access is granted, as part of SFDPH's compliance, privacy, and security training, each Agency Data User must complete SFDPH's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.

5.10 Corrective Action.

Agency shall take corrective action, including but not limited to termination and/or suspension of any System(s) access by any Agency Data User who acts in violation of this Agreement and/or applicable regulatory requirements.

5.11 User ID and Password.

Each Agency Data User will be assigned or create a User ID and password. Agency and each Agency Data User shall protect the confidentiality of User IDs and passwords and shall not divulge them to any other person(s). Agency is responsible for the security of the User IDs and passwords issued to or created by Agency Data Users and is liable for any misuse.

5.12 Notification of Compromised Password.

In the event that a password assigned to or created by an Agency Data User is compromised or disclosed to a person other than the Agency Data User, Agency shall upon learning of the compromised password immediately notify the City, at Compliance.Privacy@sfdph.org, (855) 729-6040. Agency is liable for any such misuse. Agency's failure to monitor each Agency Data User's ID and/or password use shall provide grounds for the City to terminate and/or limit Agency's System(s) access.

5.13 Multi Factor Authentication.

Agency and each Agency Data User must use multi-factor authentication as directed by the City to access the System(s).

5.14 Qualified Personnel.

Agency shall allow only qualified personnel under Agency's direct supervision to act as Agency Data Users with access to the System(s).

5.15 Workstation/Laptop encryption.

All workstations and laptops that process and/or store City Data must be encrypted using a current industry standard algorithm. The encryption solution must be full disk unless approved by the SFDPH Information Security Office.

5.16 Server Security.

Servers containing unencrypted City Data must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review.

5.17 Removable media devices.

All electronic files that contain City Data must be encrypted using a current industry standard algorithm when stored on any removable media or portable device (i.e. USB thumb drives, CD/DVD, smart devices tapes etc.).

5.18 Antivirus software.

All workstations, laptops and other systems that process and/or store City Data must install and actively use a comprehensive anti-virus software solution with automatic updates scheduled at least daily.

5.19 Patch Management.

All workstations, laptops and other systems that process and/or store City Data must have operating system and application security patches applied, with system reboot if necessary. There must be a documented patch management process that determines installation timeframe based on risk assessment and vendor recommendations.

5.20 System Timeout.

The system must provide an automatic timeout, requiring reauthentication of the user session after no more than 20 minutes of inactivity.

5.21 Warning Banners.

All systems containing City Data must display a warning banner each time a user attempts access, stating that data is confidential, systems are logged, and system use is for business purposes only. User must be directed to log off the system if they do not agree with these requirements.

5.22 Transmission encryption.

All data transmissions of City Data outside the Agency's secure internal network must be encrypted using a current industry standard algorithm. Encryption can be end to end at the network level, or the data files containing City Data can be encrypted. This requirement pertains to any type of City Data in motion such as website access, file transfer, and e-mail.

5.23 No Faxing/Mailing.

City Data may not be faxed or mailed.

5.24 Intrusion Detection.

All systems involved in accessing, holding, transporting, and protecting City Data that are accessible via the Internet must be protected by a comprehensive intrusion detection and prevention solution of the City.

5.25 Security of PHI.

Agency is solely responsible for maintaining data security policies and procedures, consistent with those of the City that will adequately safeguard the City Data and the System. Upon request, Agency will provide such security policies and procedures to the City. The City may examine annually, or in response to a security or privacy incident, Agency's facilities, computers, privacy and security policies and procedures and related records as may be necessary to be assured that Agency is in compliance with the terms of this Agreement, and as applicable HIPAA, the HITECH Act, and other federal and state privacy and security laws and regulations. Such examination will occur at a mutually acceptable time agreed upon by the parties but no later than ten (10) business days of Agency's receipt of the request.

5.26 Data Security and City Data

Agency shall provide security for its networks and all internet connections consistent with industry best practices, and will promptly install all patches, fixes, upgrades, updates and new versions of any security

software it employs. For information disclosed in electronic form, Agency agrees that appropriate safeguards include electronic barriers (e.g., "firewalls", Transport Layer Security (TLS), Secure Socket Layer [SSL] encryption, or most current industry standard encryption, intrusion prevention/detection or similar barriers).

5.27 Data Privacy and Information Security Program.

Without limiting Agency's obligation of confidentiality as further described herein, Agency shall be responsible for establishing and maintaining a data privacy and information security program, including physical, technical, administrative, and organizational safeguards, that is designed to: (i) ensure the security and confidentiality of the City Data; (ii) protect against any anticipated threats or hazards to the security or integrity of the City Data; (iii) protect against unauthorized disclosure, access to, or use of the City Data; (iv) ensure the proper disposal of City Data; and, (v) ensure that all of Agency's employees, agents, and subcontractors, if any, comply with all of the foregoing. In no case shall the safeguards of Agency's data privacy and information security program be less stringent than the safeguards and standards recommended by the National Institute of Standards and Technology (NIST) Cybersecurity Framework and the Health Information Technology for Economic and Clinical Health Act (HITECH).

5.28 Disaster Recovery.

Agency must establish a documented plan to protect the security of electronic City Data in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this agreement for more than 24 hours.

5.29 Supervision of Data.

City Data in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information is not being observed by an Agency Data User authorized to access the information. City Data in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in baggage on commercial airplanes.

5.30 As Is Access.

The City provides Agency and each Agency Data User with System(s) access on an "as is" basis with no guarantee as to uptime, accessibility, or usefulness. To the fullest extent permissible by applicable law, the City disclaims all warranties, express or implied, including, without limitation, implied warranties of merchantability, fitness for a particular purpose, title and non-infringement.

5.31 No Technical or Administrative Support.

Except as provided herein, the City will provide no technical or administrative support to Agency or Agency Data Users for System(s) access.

5.32 City Audit of Agency and Agency Data Users.

The City acting in its sole discretion may audit Agency and Agency Data Users at any time. If an audit reveals an irregularity or security issue, the City may take corrective action including but not limited to termination of such Agency's and/or Agency Data User's access to the System(s) permanently or until the City determines that all irregularities have been satisfactorily cured. Agency and each Agency Data User understands that the City may create and review an audit trail for each Agency Data User, including but not limited to, noting each Agency Data User's ID(s), the patient information accessed, and/or the date accessed. Agency and each Agency Data User understands that any inappropriate access or use of patient information, as determined by the City, may result in the temporary and/or permanent termination of Agency's or such Agency Data User's access to the System(s). Agency remains liable for all inappropriate System(s) access, misuse and/or breach of patient information, whether in electronic or hard-copy form.

5.33 Minimum Necessary.

Agency and each Agency Data User shall safeguard the confidentiality of all City Data that is viewed or obtained through the System(s) at all times. Agency and each Agency Data User shall access patient information in the System(s) only to the minimum extent necessary for its assigned duties and shall only disclose such information to persons authorized to receive it, as minimally necessary for treatment, payment and health care operations.

5.34 No Re-Disclosure or Reporting.

Agency may not in any way re-disclose SFDPH Data or otherwise prepare reports, summaries, or any other material (in electronic or hard-copy format) regarding or containing City Data for transmission to any other requesting individuals, agencies, or organizations without prior written City approval and where such re-disclosure is otherwise permitted or required by law.

5.35 Health Information Exchange.

If Agency is qualified to enroll in a health information exchange, the City encourages Agency to do so in order to facilitate the secure exchange of data between Agency's electronic health record system (EHR) and the City's Epic EHR.

5.36 Subcontracting.

Agency may not subcontract any portion of Data Access Agreement, except upon prior written approval of City. If the City approves a subcontract, Agency remains fully responsible for its subcontractor(s) throughout the term and/or after expiration of this Agreement. All Subcontracts must incorporate the terms of this Data Access Agreement. To the extent that any subcontractor would have access to a System, each such subcontractor's access must be limited and subject to the same governing terms to the same extent as Agency's access. In addition, each contract between Agency and that subcontractor must, except as the City otherwise agrees, include a Business Associate Agreement requiring such subcontractor to comply with all regulatory requirements regarding third-party access, and include a provision obligating that subcontractor to (1) defend, indemnify, and hold the City harmless in the event of a data breach in the same manner in which Agency would be so obligated, (2) provide cyber and technology errors and omissions insurance with limits identified in Article 5, and (3) ensure that such data has been destroyed, returned, and/or protected as provided by HIPAA at the expiration of the subcontract term.

Article 6 Indemnity

6.1 Medical Malpractice Indemnification.

Agency recognizes that the System(s) is a sophisticated tool for use only by trained personnel, and it is not a substitute for competent human intervention and discretionary thinking. Therefore, if providing patient treatment, Agency agrees that it will:

1. Read information displayed or transmitted by the System accurately and completely;
2. Ensure that Agency Data Users are trained on the use of the System;
3. Be responsible for decisions made based on the use of the System;
4. Verify the accuracy of all information accessed through the System using applicable standards of good medical practice to no less a degree than if Agency were using paper records;
5. Report to the City as soon as reasonably practicable all data errors and suspected problems related to the System that Agency knows or should know could adversely affect patient care;

6. Follow industry standard business continuity policies and procedures that will permit Agency to provide patient care in the event of a disaster or the System unavailability;

7. Use the System only in accordance with applicable standards of good medical practice.

Agency agrees to indemnify, hold harmless and defend City from any claim by or on behalf of any patient, or by or on behalf of any other third party or person claiming damage by virtue of a familial or financial relationship with such a patient, regardless of the cause, if such claim in any way arises out of or relates to patient care or outcomes based on Agency's or an Agency Data User's System access.

Article 7 Proprietary Rights and Data Breach

7.1 Ownership of City Data.

The Parties agree that as between them, all rights, including all intellectual property rights in and to the City Data and any derivative works of the City Data shall remain the exclusive property of the City.

7.2 Data Breach; Loss of City Data.

The Agency shall notify City immediately by telephone call plus email upon the discovery of a breach (as herein). For purposes of this Section, breaches and security incidents shall be treated as discovered by Agency as of the first day on which such breach or security incident is known to the Agency, or, by exercising reasonable diligence would have been known to the Agency. Agency shall be deemed to have knowledge of a breach if such breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is an employee or agent of the Agency.

Agency shall take:

- i. prompt corrective action to mitigate any risks or damages involved with the breach or security incident and to protect the operating environment; and
- ii. any action pertaining to a breach required by applicable federal and state laws.

1. **Investigation of Breach and Security Incidents:** The Agency shall immediately investigate such breach or security incident. As soon as the information is known and shall inform the City of:

- i. what data elements were involved, and the extent of the data disclosure or access involved in the breach, including, specifically, the number of individuals whose personal information was breached; and
- ii. a description of the unauthorized persons known or reasonably believed to have improperly used the City Data and/or a description of the unauthorized persons known or reasonably believed to have improperly accessed or acquired the City Data, or to whom it is known or reasonably believed to have had the City Data improperly disclosed to them; and
- iii. a description of where the City Data is believed to have been improperly used or disclosed; and
- iv. a description of the probable and proximate causes of the breach or security incident; and
- v. whether any federal or state laws requiring individual notifications of breaches have been triggered.

2. **Written Report:** Agency shall provide a written report of the investigation to the City as soon as practicable after the discovery of the breach or security incident. The report shall include,

but not be limited to, the information specified above, as well as a complete, detailed corrective action plan, including information on measures that were taken to halt and/or contain the breach or security incident, and measures to be taken to prevent the recurrence or further disclosure of data regarding such breach or security incident.

3. **Notification to Individuals:** If notification to individuals whose information was breached is required under state or federal law, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. make notification to the individuals affected by the breach (including substitute notification), pursuant to the content and timeliness provisions of such applicable state or federal breach notice laws. Agency shall inform the City of the time, manner and content of any such notifications, prior to the transmission of such notifications to the individuals; or
- ii. cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach.

4. **Sample Notification to Individuals:** If notification to individuals is required, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. electronically submit a single sample copy of the security breach notification as required to the state or federal entity and inform the City of the time, manner and content of any such submissions, prior to the transmission of such submissions to the Attorney General; or
- ii. cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.

7.3 **Media Communications**

City shall conduct all media communications related to such Data Breach, unless in its sole discretion, City directs Agency to do so.

Attachment 1 to Appendix I System Specific Requirements

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

A. SFDPH Care Link Requirements:

1. Connectivity.

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Care Link will change over time. Current required browser, system and connection requirements can be found on the Target Platform Roadmap and Target Platform Notes sections of the Epic Galaxy website galaxy.epic.com. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Compliance with Epic Terms and Conditions.

- a) Agency 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 SFDPH Care Link application, and each Data User will need to agree to them electronically upon first sign-in before accessing SFDPH 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 SFDPH Epic through Epic Hyperspace and Epic Hyperdrive the following terms shall apply:

A. SFDPH Epic Hyperspace and Epic Hyperdrive:

1. Connectivity.

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Epic Hyperspace will change over time. Epic Hyperdrive is a web-based platform that will replace Epic Hyperspace in the future. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all

associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Application For Access and Compliance with Epic Terms and Conditions.

- a) Prior to entering into agreement with SFDPH to access SFDPH Epic Hyperspace or Epic Hyperdrive, Agency 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 must notify SFDPH, in writing, of Agency's permissions to access SFDPH Epic Hyperspace or Epic Hyperdrive prior to completing this agreement. Agency will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

III. For Access to SFDPH myAvatar through WebConnect and VDI the following terms shall apply:

A. SFDPH myAvatar via WebConnect and VDI:

1.Connectivity.

- a. Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH myAvatar will change over time. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Information Technology (IT) Support.

- a. Agency 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. Each user is unique and agrees not to share accounts or passwords.
- c. Applicants must complete the myAvatar Account Request Form found at https://www.sfdph.org/dph/files/CBHSDocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf
- d. Applicants must complete the credentialling process in accordance with the DHCS MHSUDS Information Notice #18-019.
- e. Applicants must complete myAvatar Training.
- f. Level of access is based on "Need to Know", job duties and responsibilities.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2021

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

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

PRODUCER (WC) Heffernan Insurance Brokers 1350 Carback Avenue Walnut Creek CA 94596	CONTACT NAME: Shelaine Gonsalves PHONE (A/C, No, Ext): 925-934-8500 E-MAIL ADDRESS: ShelaineG@heffins.com FAX (A/C, No): 925-934-8278														
INSURED HealthRIGHT 360 1563 Mission Street San Francisco CA 94103	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Nationwide Mutual Insurance Company</td> <td>23787</td> </tr> <tr> <td>INSURER B: Depositors Insurance Company</td> <td>42587</td> </tr> <tr> <td>INSURER C: Nationwide Mutual Fire Insurance Company</td> <td>23779</td> </tr> <tr> <td>INSURER D: Great American Insurance Company</td> <td>16691</td> </tr> <tr> <td>INSURER E: Tokio Marine Specialty Insurance Company</td> <td>23850</td> </tr> <tr> <td>INSURER F: HSB Specialty Insurance Company</td> <td>14438</td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Nationwide Mutual Insurance Company	23787	INSURER B: Depositors Insurance Company	42587	INSURER C: Nationwide Mutual Fire Insurance Company	23779	INSURER D: Great American Insurance Company	16691	INSURER E: Tokio Marine Specialty Insurance Company	23850	INSURER F: HSB Specialty Insurance Company	14438
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 License#: 0564249
 HAIGASH-05
COVERAGES**CERTIFICATE NUMBER: 1423830250****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Prof Liab \$1m/\$3m <input checked="" type="checkbox"/> SMC \$1m/\$2m GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		3009735962	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		BAPD3009735962	7/1/2021	7/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CAA3009735962	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
E	Excess Fidelity - Employee Theft			SAA02416171000	7/1/2021	7/1/2022	18,000,000
F	Primary Fidelity - Employee Theft			PSD1640590	7/1/2021	7/1/2022	5,000,000
	Cyber Liability Technology E&O			661046901	7/1/2021	7/1/2022	3,000,000

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

Re: As Per Contract or Agreement on File with Insured. City & County of San Francisco, Dept. of Public Health and its officers, agents and employees are included as an additional insured (and primary) on General Liability and Automobile Liability policies per the attached endorsements, if required. This Certificate replaces and supersedes all previously issued certificates.

CERTIFICATE HOLDER**CANCELLATION**
 City & County of San Francisco
 Dept. of Public Health
 101 Grove Street, Rm. #402
 San Francisco, CA 94102

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

AUTHORIZED REPRESENTATIVE

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

HUMAN SERVICES LIABILITY ENDORSEMENT

This endorsement modifies insurance provided by the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

It is understood and agreed that the following extensions only apply in the event that no other more specific coverage for the indicated loss exposure is provided by your policy in addition to the coverages provided by the Commercial General Liability Coverage Part. If such other more specific coverage applies, the terms, conditions and limits of such other more specific coverage are the sole and exclusive coverage applicable under this policy, unless otherwise expressly stated on this endorsement. The following is a summary of the Limits of Insurance and additional coverages provided by this endorsement. For complete details on specific coverages, consult the policy's and this endorsement's contract wording.

Coverage Applicable	Limit of Insurance	Page Number
Damage to Premises Rented to You	\$1,000,000	2
Extended Property Damage	Included	2
Non-Owned Watercraft	Less than 58 feet	2
Medical Payments	\$20,000	3
Medical Payments-Extended Reporting Period	3 years	3
Athletic Activities	Amended	3
Supplementary Payments – Bail Bonds	\$7,500	3
Supplementary Payment – Loss of Earnings	\$1,500 per day	3
Employee Indemnification Defense Coverage for Employee	\$25,000	3
Named Insured – Newly Acquired	Included	3
Named Insured – Broadened Named Insured	Included	4
Additional Insured – Medical Directors and Administrators	Included	4
Additional Insured – Funding Source	Included	4
Additional Insured – Home Care Providers	Included	4
Additional Insured – Managers, Landlords, or Lessors of Premises	Included	4
Additional Insured – Lessor of Leased Equipment – Automatic Status When Required in Lease Agreement With You	Included	4
Additional Insured – Grantors of Permits	Included	4
Additional Insured – Broad Form Vendors	Included	5
Additional Insured – Grantor of Franchise	Included	5
Additional Insured – As Required by Contract	Included	6
Additional Insured – State or Political Subdivisions	Included	7
Limited Rental Lease Agreement Contractual Liability	\$100,000 limit	8
Damage to Property You Own, Rent or Occupy	\$50,000 limit	8
Transfer of Rights of Recovery Against Others To Us	Clarification	8
Duties in the Event of Occurrence, Claim or Suit	Included	8
Unintentional Failure to Disclose Hazards	Included	9
Liberalization	Included	9
Bodily Injury – includes Mental Anguish	Included	9
Personal and Advertising Injury – includes Abuse of Process, Discrimination	Included	9
Key and Lock Replacement – Janitorial Services Client Coverage	\$15,000 Limit	10

A. Damage to Premises Rented to You

1. If damage by fire to premises rented to you is not otherwise excluded from this Coverage Part, the word "fire" is changed to "fire, lightning, explosion, smoke or leakage from automatic fire protective systems" where it appears in:
 - a. The last paragraph of SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Subsection 2. Exclusions;
 - b. The first paragraph immediately following Exclusion j.(6) of SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY under Subsection 2. Exclusions
 - c. SECTION III – LIMITS OF INSURANCE, Paragraph 6.;
 - d. SECTION V – DEFINITIONS, Paragraph 9.a.
2. If damage by fire to premises rented to you is not otherwise excluded from this Coverage Part, the term "Fire insurance" is changed to "insurance for fire, lightning, explosion, smoke, or leakage from automatic fire protective systems" where it appears in:
 - a. **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Subsection 4. **Other Insurance**, Paragraph b. **Excess Insurance**, items b.(1)(a)(ii).
3. The Damage to Premises Rented to You Limit shown on the Declarations is deleted and replaced by \$1,000,000. \$1,000,000 is the only limit of liability for Damage to Premises Rented to You and this limit will not be combined with the limit shown on the Declarations for this coverage. This is the most we will pay for all damage proximately caused by the same event, whether such damage results from fire, lightning, explosion, smoke, or leaks from automatic fire protective systems or any combination thereof.

Provided, however, that if you assume liability in a contract or agreement regarding the rental or lease of a premises on behalf of your client, this Damage to Premises Rented by You limit is superceded and replaced by the limit of insurance provided by **Section I. Limited Rental Lease Agreement Contractual Liability** of this endorsement. The term client as used in this section has the same meaning as provided by **Section I. Limited Rental Lease Agreement Contractual Liability** herein.

B. Extended "Property Damage"

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Subsection 2. **Exclusions**, Paragraph a. is deleted and replaced by the following:

a. Expected or Intended Injury

"Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

C. Non-Owned Watercraft

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Subsection 2. **Exclusions**, Paragraph g. (2) is deleted and replaced by the following:

(2) A watercraft you do not own that is:

- (a) Less than 58 feet long; and
- (b) Not being used to carry persons or property for a charge;

This provision applies to any person, who with your consent, either uses or is responsible for the use of such a watercraft. This insurance is excess over any other valid and collectible insurance available to the insured whether primary, excess or contingent.

D. Medical Payments – Limit Increased to \$20,000, Extended Reporting Period

If **COVERAGE C MEDICAL PAYMENTS** is not otherwise excluded from this Coverage Part:

1. The Medical Expense Limit shown on the Declarations is deleted and replaced by \$20,000. \$20,000 is the only limit of insurance for Medical Expenses and this limit will not be combined with the limit shown on the Declarations for this coverage.
2. **COVERAGE C MEDICAL PAYMENTS**, Subsection 1. **Insuring Agreement**, Paragraph a(3)(b) is amended to read: provided that:
 - (b) The expenses are incurred and reported to us within three years of the date of the accident; and

E. Athletic Activities

SECTION I – COVERAGES, COVERAGE C MEDICAL PAYMENTS, Subsection 2. **Exclusions**, Exclusion e. **Athletic Activities** is deleted and replaced with the following:

e. Athletic Activities

To a person injured while practicing or participating in any physical exercises or games, sports, or athletic contests. This exclusion shall not apply to an insured while providing instruction with respect to any physical exercises or games, sports, or athletic contests.

F. Supplementary Payments

Under the **SUPPLEMENTARY PAYMENTS – COVERAGE A AND B** provision, items 1.b. and 1.d. are amended as follows:

1. The limit for the cost of bail bonds is changed from \$250 to \$7,500; and
2. The limit for loss of earnings is changed from \$250 a day to \$1,500 a day.

G. Employee Indemnification Defense Coverage

Under the **SUPPLEMENTARY PAYMENTS – COVERAGES A AND B** provision, the following is added:

3. We will reimburse you for defense costs that you incur in the defense of an “employee” who is directly involved in a criminal proceeding that arises out of such “employee’s” acts or omissions within the scope of their employment by you or while performing duties related to the conduct of your business and which would otherwise be covered by this insurance.

The most we will reimburse you for defense costs that you incur in the defense of an “employee” who is alleged to be directly involved in a criminal proceeding is \$25,000, subject to an aggregate limit of \$25,000 for all reimbursements that we make during the policy period on behalf of all “employees”, regardless of the numbers of “employees”, claims or “suits” brought or persons or organizations making claims or bringing “suits”.

H. SECTION II – WHO IS AN INSURED is amended as follows:

1. If coverage for newly acquired or formed organizations is not otherwise excluded from this Coverage Part, Paragraph 3.a. is deleted and replaced with the following:

- a. Coverage under this provision is afforded until the end of the policy period during which you acquired or formed the organization.

2. Each of the following is also an insured:

Broadened Named Insured – Any organization and subsidiary thereof which you control and actively manage (whether through ownership of voting securities, by contract or otherwise) on the effective date of this Coverage Part which is not named in the Declarations as a Named Insured, and which is also not insured under another similar policy, or would not have been insured but for such policy’s termination or the exhaustion of its limits of insurance.

3. Each of the following is also an additional insured:

- a. **Medical Directors and Administrators** – Your medical directors and administrators, but only while acting within the scope of and during the course of their duties as such. Such duties do not include the furnishing or failure to furnish professional services as a physician or psychiatrist in the treatment of a patient.

- b. **Funding Source** – Any person or organization with respect to their liability arising out of:

(1) Their financial control of you; or

(2) Premises they own, maintain or control while you lease or occupy these premises.

This insurance does not apply to:

(a) Any “occurrence” or offense which takes place after you cease to lease or occupy that premises; or

(b) Structural alterations, new construction or demolition operations performed by or on behalf of that person or organization.

- c. **Home Care Providers** – At the first Named Insured’s option, any person or organization under your direct supervision and control while providing on your behalf private home respite or foster home care for the developmentally disabled.

- d. **Managers, Landlords, or Lessors of Premises** – Any person or organization with respect to their liability arising out of the ownership, maintenance or use of that part of the premises leased or rented to you subject to the following additional exclusions:

This insurance does not apply to:

- (1) Any "occurrence" which takes place after you cease to be a tenant in that premises; or
 - (2) Structural alterations, new construction or demolition operations performed by or on behalf of that person or organization.
- e. Lessor of Leased Equipment – Automatic Status When Required in Lease Agreement With You – Any person or organization from whom you lease equipment when you and such organization or person have agreed in writing in a contract or agreement that such person or organization is to be added as an additional insured on your policy. Such person or organization is an insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization and only as specified by such written contract or agreement.
- A person's or organization's status as an additional insured under this endorsement ends when their contract or agreement with you for such leased equipment ends.
- With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.
- f. Grantors of Permits – Any state or political subdivision granting you a permit in connection with your premises subject to the following additional provision:
- (1) This insurance applies only with respect to the following hazards for which the state or political subdivision has issued a permit in connection with the premises you own, rent, or control and to which this insurance applies:
 - (a) The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners or decorations and similar exposures; or
 - (b) The construction, erection, or removal of elevators; or
 - (c) The ownership, maintenance, or use of any elevators covered by this insurance.
- g. Broad Form Vendors – Any person(s) or organization(s) which or who is or are a vendor of "your products" with whom you agreed under a written contract or agreement to add as an additional insured to your policy, but only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business, subject to the following additional exclusions:

The insurance afforded the vendor does not apply to:

- 1. "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
- 2. Any express warranty unauthorized by you;
- 3. Any physical or chemical change the vendor intentionally made to the product;
- 4. Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;
- 5. Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.
- 6. Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;
- 7. Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or
- 8. "Bodily injury" or "property damage" arising out of the negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf and which was not caused in whole or in part by you or any person or organization acting on your behalf. However, this exclusion does not apply to:
 - (a) The exceptions contained in Subparagraphs 4. or 6.; or
 - (b) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.

The insurance provided to such additional insured vendor by this endorsement is further limited as follows:

1. The additional insured is covered only for such sums that such additional insured is legally obligated to pay as damages under tort law principles to the injured party because of "bodily injury", "property damage" or "personal and advertising injury" to which this insurance applies, and in accordance with the stated policy limits, exclusions, limitations and conditions except as expressly modified by this endorsement.
2. The limits of insurance are those set forth in the policy Declarations or those specified in the written contract or agreement referenced above in the first paragraph of this subsection g., whichever is less.

This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.

Other Insurance

1. If specifically required by the written contract or agreement referenced above in the first paragraph of this subsection g., any coverage provided by this endorsement to an additional insured shall be primary and any other valid and collectible insurance available to the additional insured shall be non-contributory with this insurance. If the written contract does not require this coverage to be primary and the additional insured's coverage to be non-contributory, then this insurance will be excess over any other valid and collectible insurance available to the additional insured.
 2. Even if the requirements of paragraph 1. immediately above are met establishing this coverage as primary and the additional insured's coverage as being non-contributory, this coverage will be excess over any other insurance available to the additional insured which is conferred onto said person or organization by a separate additional insured endorsement.
- h. Grantor of Franchise – Any person(s) or organization(s) with whom you agreed under a written contract or agreement to add as an additional insured to your policy but only with respect to their liability as grantor of a franchise to you.

The insurance provided to such additional insured franchisor by this endorsement is further limited as follows:

1. The additional insured is covered only for such sums that such additional insured is legally obligated to pay as damages under tort law principles to the injured party because of "bodily injury", "property damage" or "personal and advertising injury" to which this insurance applies, and in accordance with the stated policy limits, exclusions, limitations and conditions except as expressly modified by this endorsement.
2. The limits of insurance are those set forth in the policy Declarations or those specified in the written contract or agreement referenced above, whichever is less.

Other Insurance

1. If specifically required by the written contract or agreement referenced above in the first paragraph of this subsection h., any coverage provided by this endorsement to an additional insured shall be primary and any other valid and collectible insurance available to the additional insured shall be non-contributory with this insurance. If the written contract does not require this coverage to be primary and the additional insured's coverage to be non-contributory, then this insurance will be excess over any other valid and collectible insurance available to the additional insured.
 2. Even if the requirements of paragraph 1. immediately above are met establishing this coverage as primary and the additional insured's coverage as being non-contributory, this coverage will be excess over any other insurance available to the additional insured which is conferred onto said person or organization by a separate additional insured endorsement.
- i. As Required by Contract – Any person or organization for whom "you" are performing operations, or to whom you are leasing, subleasing or otherwise entrusting the use or occupancy of premises owned by or rented to "you", only as specified under a written contract, lease, sublease or agreement that requires that such person or organization be added as an additional insured on "your" policy. Such person or organization is an additional insured only with respect to liability caused, in whole or in part, by the acts or omissions of the "Named Insured" in the performance of the "Named Insured's" ongoing operations for the additional insured or in connection with such premises owned by or rented to a "Named Insured", but in both instances only as specified under the written contract, lease, sublease or agreement. A person's or organization's status as an additional insured under this endorsement ends the earlier of when "your" on-going operations for that additional insured are completed or when "you" no longer are contractually required to include such person or organization as an additional insured under "your" policy.

The insurance provided to an additional insured by this endorsement is limited as follows:

1. The additional insured is covered only for such damages which are caused, in whole or in part, by the acts or omissions of the "Named Insured" to which the additional insured is entitled to be indemnified by the "Named Insured" pursuant to the written contract, lease, sublease or agreement referenced in the first paragraph of this subsection i. above and only for those sums that the additional insured is legally obligated to pay as damages under tort law principles to the injured party because of "bodily injury", "property damage" or "personal and advertising injury" to which this insurance applies, and in accordance with the stated policy limits and policy conditions. This coverage does not apply for defense or indemnity of the additional insured if state or federal law does not permit indemnification of the additional insured by the "Named Insured" for the claim of the third party.
- 2 The limits of insurance are those set forth in the policy and Declarations or those specified in the written contract, lease, sublease or agreement referenced in the first paragraph of this subsection i., whichever is less.

With respect to the insurance afforded to an additional insured under this subsection i., the following exclusions are added:

1. This insurance does not apply if the written contract, lease, sublease or agreement referenced in the first paragraph of this subsection i. above was not executed by the "Named Insured" prior to the "occurrence" giving rise to the additional insured's potential liability.
2. This insurance does not apply to the additional insured's liability to indemnify, defend or hold harmless a third party.
3. This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" for which the additional insured is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the additional insured would have in the absence of the contract or agreement.
4. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or, surveying services, including:
 - (a) The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
 - (b) Supervisory, inspection, architectural or engineering activities.
5. "Bodily injury" or "property damage" occurring after:
 - (a) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
 - (b) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

Other Insurance

1. If specifically required by the written contract, lease, sublease or agreement referenced in the first paragraph of this subsection i. above, any coverage provided by this endorsement to an additional insured shall be primary and any other valid and collectible insurance available to the additional insured shall be non-contributory with this insurance. If the written contract, lease or sublease does not require this coverage to be primary and the additional insured's coverage to be non-contributory, then this insurance will be excess over any other valid and collectible insurance available to the additional insured.
2. Even if the requirements of paragraph 1. immediately above are met establishing this coverage as primary and the additional insured's coverage as being non-contributory, this coverage will be excess over other insurance available to the additional insured which is conferred onto said person or organization by a separate additional insured endorsement.

Definitions

Solely for purposes of the insurance afforded to an additional insured by this endorsement:

"Named Insured" is defined as the entity to whom the insurance policy is issued as shown on the Declarations.

"You" or "your" means a "Named Insured" as defined above.

- j. State or Political Subdivisions – Any state or political subdivision with whom you agreed under a written contract or agreement to add as an additional insured to your policy but only with respect to their liability with respect to on-going operations performed by you or on your behalf for which the state or political subdivision has issued a permit or license.

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the state or political subdivision; or
2. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

The insurance provided to such additional insured state or political subdivision by this endorsement is further limited as follows:

1. The additional insured is covered only for such sums that such additional insured is legally obligated to pay as damages under tort law principles to the injured party because of "bodily injury", "property damage" or "personal and advertising injury" to which this insurance applies, and in accordance with the stated policy limits, exclusions, limitations and conditions except as expressly modified by this endorsement.
2. The limits of insurance are those set forth in the policy Declarations or those specified in the written contract or agreement referenced above, whichever is less.

Other Insurance

1. If specifically required by the written contract or agreement referenced above, any coverage provided by this subsection k. to an additional insured shall be primary and any other valid and collectible insurance available to the additional insured shall be non-contributory with this insurance. If the written contract does not require this coverage to be primary and the additional insured's coverage to be non-contributory, then this insurance will be excess over any other valid and collectible insurance available to the additional insured.
2. Even if the requirements of paragraph 1. immediately above are met establishing this coverage as primary and the additional insured's coverage as being non-contributory, this coverage will be excess over any other insurance available to the additional insured which is conferred onto said person or organization by a separate additional insured endorsement.

I. Limited Rental Lease Agreement Contractual Liability

The following is added to paragraph (2) of Exclusion b. **Contractual Liability** of **SECTION I – COVERAGES, COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, under Subsection 2. **Exclusions**:

We agree to indemnify the Named Insured for their liability expressly assumed in a contract or agreement regarding the rental or lease of a premises on behalf of their client, up to \$100,000 per "occurrence". This limit of insurance is the only limit of insurance for your liability expressly assumed in a contract or agreement regarding the rental or lease of a premises on behalf of your client whether or not such contract qualifies as an "insured contract". This limit will not be combined with the Each Occurrence Limit set forth in **Section III – Limits of Insurance** and is included within and not in addition to the Each Occurrence Limit. This coverage extension only applies to rental lease agreements. This coverage is excess over any renter's liability insurance of the client.

Any and all damages paid under the terms and conditions of this provision will further be applied against and will reduce the Aggregate Limit of Insurance shown on the Declarations page, as provided in the Commercial General Liability Coverage Form in the same manner and in addition to all other coverages of the Commercial General Liability Coverage Form that are also subject to the Aggregate Limit.

J. Damage to Property You Own, Rent or Occupy

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Subsection 2. **Exclusions**, Paragraph j. **Damage to Property**, Item (1) is deleted in its entirety and is replaced with the following:

Property you own, rent, or occupy, including any costs or expenses incurred by you, or any other person, organization or entity, for repair, replacement, enhancement, restoration or maintenance of such property for any reason, including prevention of injury to a person or damage to another's property, unless the damage to property is caused by your client, in which case we will provide coverage for such "property damage" for which you are legally obligated to pay up to a \$50,000 limit per "occurrence". This limit is the only limit of insurance for such "property damage" and will not be combined with the Each Occurrence Limit set forth in **Section III – Limits of Insurance** and will be included within and not be in addition to the Each Occurrence Limit. A client, as used in this provision, is defined as a person under your direct care and supervision for whom you are providing goods and/or services.

Any and all damages paid under the terms and conditions of this provision will further be applied against and will reduce the Aggregate Limit of Insurance shown on the Declarations page, as provided in the Commercial General Liability Coverage Form in the same manner and in addition to all other coverages of the Commercial General Liability Coverage Form that are also subject to the Aggregate Limit.

K. Transfer of Rights of Recovery Against Others To Us

As a clarification, the following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Paragraph 8. **Transfer of Rights of Recovery Against Others To Us**:

Therefore, the insured can waive the insurer's Rights of Recovery prior to the occurrence of a loss, provided the waiver is expressly made in a written contract.

L. Duties in the Event of Occurrence, Claim or Suit

1. The requirement in Paragraph 2.a. of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** that you must see to it that we are notified as soon as practicable of an “occurrence” or an offense which may result in a claim or a “suit”, applies only when the “occurrence” or offense which may result in a claim or a “suit” is known to:
 - a. You, if you are an individual;
 - b. A partner, if you are a partnership; or
 - c. An executive officer or insurance manager, if you are a corporation.
2. The requirement in Paragraph 2.b. of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** that you must see to it that we receive notice of a claim or “suit” as soon as practicable will not be considered breached unless the breach occurs after such claim or “suit” is known to:
 - a. You, if you are an individual;
 - b. A partner, if you are a partnership; or
 - c. An executive officer or insurance manager, if you are a corporation.

M. Unintentional Failure to Disclose Hazards

It is agreed that, based on our reliance on your representations as to existing hazards, if you should unintentionally fail to disclose all such hazards prior to the beginning of the policy period of this Coverage Part, we shall not deny coverage under this Coverage Part because of such failure.

N. Liberalization

If we make a change which broadens coverage under this edition of this endorsement without additional premium charge, that change will automatically apply to your insurance as of the date we implement the change in your state, provided that this implementation date falls within 45 days prior to or during the policy period stated in the Declarations.

This Liberalization Clause does not apply to changes implemented with a general program revision that includes both broadenings and restrictions in coverage, whether that general program revision is implemented through introduction of:

1. A subsequent edition of this endorsement; or
2. Another amendatory endorsement.

O. Bodily Injury – Mental Anguish

SECTION V – DEFINITIONS, Paragraph 3. is deleted in its entirety and replaced by the following:

“Bodily Injury”:

- a. Means bodily injury, sickness or disease sustained by a person, and includes mental anguish resulting from any of these; and
- b. Except for mental anguish, includes death resulting from the foregoing (Item a. above) at any time.

P. Personal and Advertising Injury – Abuse of Process, Discrimination

If **COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY COVERAGE** is not otherwise excluded from this Coverage Part, the definition of “personal and advertising injury” is amended as follows:

1. **SECTION V – DEFINITIONS**, Paragraph 14.b. is amended to read:
 - b. Malicious prosecution or abuse of process;
2. **SECTION V – DEFINITIONS**, Paragraph 14. is amended to include the following:

“Personal and advertising injury” also means injury, including consequential “bodily injury”, arising out of discrimination based on race, color, religion, sex, age or national origin, except when:

 - (1) Done intentionally by or at the direction of, or with the knowledge or consent of:
 - (a) Any insured; or
 - (b) Any executive officer, director, stockholder, partner or member of the insured; or
 - (2) Directly or indirectly related to the employment, former or prospective employment, termination of employment, demotion, failure to promote or application for employment of any person or persons by an insured; or
 - (3) Directly or indirectly related to the sale, rental, lease or sublease or prospective sales, rental, lease or sub-lease of any room, dwelling or premises by or at the direction of any insured; or
 - (4) Insurance for such discrimination is prohibited by or held in violation of law, public policy, legislation, court decision or administrative ruling.

This coverage does not apply to fines or penalties imposed because of discrimination.

Q. Key and Lock Replacement – Janitorial Services Client Coverage

1. We will pay for the cost to replace keys and locks at the “client’s” premises due to theft or other loss to keys entrusted to you by your “client”, up to a \$15,000 limit per occurrence/\$15,000 policy aggregate.
2. We will not pay for loss or damage resulting from theft or any other dishonest or criminal act that you or any of your partners, members, officers, “employees”, “managers”, directors, trustees, authorized representatives or any one to whom you entrust the keys of a “client” for any purpose commit, whether acting alone or in collusion with other persons.
3. The following, when used in this coverage only, are defined as follows:
 - a. “Client” means an individual, company or organization with whom you have a written contract or work order for your services for a described premises and you have billed for your services.
 - b. “Employee” means:
 - (1) Any natural person:
 - (a) While in your services or for 30 days after termination of service;
 - (b) Who you compensate directly by salary, wages or commissions; and
 - (c) Who you have the right to direct and control while performing services for you; or
 - (2) Any natural person who is furnished temporarily to you:
 - (a) To substitute for an “employee” as defined in Paragraph 1. above, who is on leave; or
 - (b) To meet seasonal or short-term workload conditions;
while that person is subject to your direction and control and performing services for you.
 - (3) “Employee” does not mean:
 - (a) Any agent, broker, person leased to you by a labor leasing firm, factor, commission merchant, consignee, independent contractor or representative of the same general character; or
 - (b) Any “manager”, director or trustee except while performing acts coming within the scope of the usual duties of an “employee”.
 - c. “Manager” means a person serving in a directorial capacity for a limited liability company.

POLICY NUMBER: BAPD3009735962

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

COMMERCIAL AUTOMOBILE BROAD FORM ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Schedule

The premium for this endorsement is \$

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

SUMMARY OF COVERAGES

- I. Section II – Liability Coverage**
 - A. Broad Form Insured**
 - B. Employees as Insureds**
 - C. Liability Coverage Extensions – Supplementary Payments**
 - D. Prejudgment Interest Coverage**
 - E. Amendment of Fellow Employee Liability Exclusion**
 - F. Additional Insured by Contract, Permit or Agreement**
- II. Sections III and IV – Physical Damage Coverage**
 - A. Hired Car Physical Damage**
 - B. Physical Damage Coverage Extensions**
 - a. Transportation Expenses**
 - b. Loss of Use Expenses**
 - c. Extra Expense**
 - C. Personal Effects Coverage**
 - D. Accidental Discharge of Airbag**
 - E. Lease/Loan Gap Coverage**
 - F. Deductible Amendments**
 - G. Towing and Labor**
 - H. Rental Reimbursement**
- III. Sections IV and V – Conditions**
 - A. Notice of and Knowledge of Occurrence**
 - B. Unintentional Failure to Disclose Hazards**
 - C. Hired Car – Coverage Territory**
 - D. Waiver of Subrogation**
- IV. Sections V and VI – Definitions**
 - A. Mental Anguish**
 - B. Additional Definitions**
- V. Cancellation Conditions**

I. SECTION II – LIABILITY COVERAGE is amended as follows:

A. BROAD FORM INSURED

Paragraph 1. of the BUSINESS AUTO COVERAGE FORM and paragraph 3. of the GARAGE COVERAGE FORM, under **Coverage A – Who Is An Insured**, are amended as follows:

1. For covered “autos”, the Named Insured shown in the Declarations is amended to include:

- a. Any legally incorporated subsidiary in which you own more than 50% of the voting stock on the effective date of the Coverage Form. However, the Named Insured does not include any subsidiary that is an “insured” under any other automobile policy or would be an “insured” under such a policy but for its termination or the exhaustion of its Limits of Insurance.
- b. Any organization that is newly acquired or formed by you during the policy period and over which you maintain majority ownership. However, the Named Insured does not include any newly formed or acquired organization:
 - (1) That is a joint venture or partnership,
 - (2) That is an “insured” under any other automobile policy,
 - (3) That has exhausted its Limits of Insurance under any other automobile policy, or
 - (4) That has been acquired or formed by you for more than 180 days unless you have given us written notice of the acquisition or formation by the end of such 180 day period or the end of the policy period, whichever occurs first.

Coverage does not apply to “bodily injury” or “property damage” that results from an “accident” that occurred before you formed or acquired the organization, or an “accident” that occurs before or after the end of the policy period.

B. EMPLOYEES AS INSUREDS

For covered “autos”, paragraph 1. of the BUSINESS AUTO COVERAGE FORM and paragraph 3. of the GARAGE COVERAGE FORM, under **Coverage A – Who Is An Insured**, are amended as follows:

Any “employee” of yours while using a covered “auto” you don’t own, hire or borrow in your business or your personal affairs.

C. LIABILITY COVERAGE EXTENSIONS – SUPPLEMENTARY PAYMENTS

Supplementary Payments (2) and (4) under paragraphs **A.2.a** of the BUSINESS AUTO COVERAGE FORM and **A.4.a** of the GARAGE COVERAGE FORM, are replaced by the following:

- (2) Up to \$2,500 for cost of bail bonds (including bonds for related traffic law violations) required because of an “accident” we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the “insured” at our request, including actual loss of earnings, up to \$500 a day because of time off from work.

D. PREJUDGMENT INTEREST COVERAGE

The following paragraph is added to **Section II, LIABILITY COVERAGE, Supplementary Payments** under items **A.2.a.** of the BUSINESS AUTO COVERAGE FORM and **A.4.a.** of the GARAGE COVERAGE FORM:

- (7) Prejudgment interest awarded against the “insured” on that part of the judgment we pay. If we make an offer to pay the applicable limit of insurance, we will not pay any prejudgment interest based on that period of time after the offer.

E. AMENDMENT OF FELLOW EMPLOYEE LIABILITY EXCLUSION

Paragraph **B.5. Exclusions – Fellow Employee** does not apply if the “bodily injury” results from the use of a covered “auto” you own or hire. The insurance provided under this provision is excess over any other collectible insurance.

F. ADDITIONAL INSURED BY CONTRACT, PERMIT OR AGREEMENT

The following is added to **A.1. Who Is An Insured** of **Section II – Liability Coverage** of the BUSINESS AUTO COVERAGE FORM and **A.3.a.** and **A.3.b.** if **Section II – Liability Coverage** of the GARAGE COVERAGE FORM:

Any person or organization that you are required to name as an additional insured in a written contract or agreement that is executed or signed by you prior to a “bodily injury” or “property damage” occurrence is an “insured” for liability coverage. However, with respect to covered “autos”, such person or organization is an insured only to the extent that person or organization qualifies as an “insured” under **A.1. Who is an Insured** of **Section II – Liability Coverage** of the BUSINESS AUTO COVERAGE FORM or **A.3.** of **Section II – Liability Coverage** of the GARAGE COVERAGE FORM.

If specifically required by the written contract or agreement referenced in the paragraph above, any coverage provided by this endorsement to an additional insured shall be primary and any other valid and collectible insurance available to the additional insured shall be non-contributory with this insurance. If the written contract does not require this coverage to be primary and the additional insured’s coverage to be non-contributory, then this insurance will be excess over any other valid and collectible insurance available to the additional insured.

II. SECTION III – PHYSICAL DAMAGE COVERAGE of the BUSINESS AUTO COVERAGE FORM and **SECTION IV – PHYSICAL DAMAGE COVERAGE** of the GARAGE COVERAGE FORM are amended by adding the following:

A. HIRED CAR PHYSICAL DAMAGE

If hired "autos" are covered "autos" for Liability Coverage and if Comprehensive, Specified Causes of Loss or Collision Coverages are provided under this Coverage Form for any "auto" you own, then the Physical Damage Coverages provided are extended to "autos" you hire, subject to the following limit and applicable deductible:

The most we will pay for any one "accident" or "loss" to any hired "auto" is the lesser of:

1. the actual cash value of the hired "auto". An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss";
2. the cost to restore the hired "auto" to its "pre-accident physical condition"; or
3. \$50,000.

If a repair or replacement part restores the hired "auto" to better than its "pre-accident physical condition" we will not pay for the amount of the "betterment".

The deductible will be equal to the largest deductible applicable to any owned "auto" for that coverage. No deductible applies to "loss" caused by fire or lightning. Hired Auto Physical Damage coverage is excess over any other collectible insurance. Subject to the above limit, deductible and excess provisions, we will provide coverage equal to the broadest coverage applicable to any covered "auto" you own.

B. PHYSICAL DAMAGE COVERAGE EXTENSIONS

Paragraph 4. – Coverage Extension of A. Coverage of the BUSINESS AUTO COVERAGE FORM and paragraph 3. – Coverage Extension – Loss of Use Expenses of Coverage A. Coverage of the GARAGE COVERAGE FORM is replaced by the following:

Coverage Extensions

a. Transportation Expenses

We will pay up to \$50 per day to a maximum of \$1,500 for temporary expense incurred by you because of the total theft of a covered "auto". We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 24 hours after the theft and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss."

b. Loss of Use Expenses

For Hired Auto, Physical Damage, we will pay expenses for which an "insured" becomes legally responsible to pay for loss of use of a vehicle rented or hired without a driver, under a written rental contract or agreement. We will pay for loss of use expenses if caused by:

- (1) Other than collision if the Declarations indicate that Comprehensive Coverage is provided for any covered "auto";
- (2) Specified Causes of Loss only if the Declarations indicate that Specified Causes of Loss Coverage is provided for any covered "auto"; or
- (3) Collision only if the Declarations indicate that Collision Coverage is provided for any covered "auto."

However, the most we will pay for any expenses for loss of use is \$50 per day, to a maximum of \$1,500. The insurance provided by this provision is excess over any other collectible insurance.

c. Extra Expense

We will also pay for the expense of returning a stolen covered "auto" to you.

C. PERSONAL EFFECTS COVERAGE

The following paragraph is added as **A.5.** of the BUSINESS AUTO COVERAGE FORM and **A.4.** of the GARAGE COVERAGE FORM, **Personal Effects Coverage**:

5. We will pay up to \$500 for "loss" to wearing apparel and other personal effects which are:

- a. owned by an "insured"; and
- b. in or on your covered "auto".

This coverage applies only in the event of a total theft of your covered "auto." No deductible applies to this coverage.

D. ACCIDENTAL DISCHARGE OF AIRBAG

The following is added to **Section B. Exclusions**:

However, the exclusion relating to mechanical breakdown does not apply to the accidental discharge of an airbag.

E. LEASE/LOAN GAP COVERAGE

If a long term leased or financed "auto" is a covered "auto", we will pay, in the event of a total "loss", your additional legal obligation to the lessor or financial institution for any difference between the actual cash value of the "auto" at the time of the "loss" and the "outstanding balance" of the lease or loan.

"Outstanding balance" means the amount you owe on the lease or loan at the time of "loss" less any amounts:

1. representing taxes;
2. overdue payments;
3. penalties, interest or charges resulting from overdue payments;
4. additional mileage charges;
5. excess wear and tear charges;
6. lease termination fees;
7. security deposits not refunded by the lessor or financial institution;
8. costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease;
9. carry-over balances from previous loans or leases;
10. final payment due under a "balloon loan";
11. the dollar amount of any unrepaired damage which occurred prior to the "total loss" of a covered "auto"; and
12. any refunds payable or paid to you as a result of the early termination of a lease or loan agreement or as a result of the early termination of any warranty or extended agreement on a covered "auto."

"Total loss" means a "loss" in which the cost of repairs plus the salvage value exceeds the actual cash value.

"Balloon loan" is a loan with periodic payments that are insufficient to repay the balance over the term of the loan, thereby requiring a large final payment.

F. DEDUCTIBLE AMENDMENTS

The following are added to paragraph **D. Deductible** of the BUSINESS AUTO COVERAGE FORM:

If another policy or coverage form that is not an automobile policy or coverage form issued by this company applies to the same "accident", the following applies:

1. If the deductible under this coverage is the smaller (or smallest) deductible, it will be waived;
2. If the deductible under this coverage is not the smaller (or smallest) deductible, it will be reduced by the amount of the smaller (or smallest) deductible.

If a Comprehensive or Specified Causes of Loss Coverage "loss" from one "accident" involves two or more covered "autos", only the highest deductible applicable to those coverages will be applied to the "accident," if the cause of the loss is covered for those vehicles. This provision only applies if you carry Comprehensive or Specified Causes of Loss Coverage for those vehicles, and does not extend coverage to any covered "autos" for which you do not carry such coverage.

No deductible applies to glass if the glass is repaired, in a manner acceptable to us, rather than replaced.

G. TOWING AND LABOR

We will pay up to the following limits for towing and labor costs incurred each time a covered "auto" of the private passenger type or light truck is disabled:

1. \$100 for a covered "auto" rated and classified as a private passenger type vehicle.
2. \$150 for a covered "auto" rated and classified as a light truck type. For the purpose of this coverage light trucks are defined as a truck with a gross vehicle weight of 10,000 lbs. or less as defined by the manufacture as the maximum loaded weight the auto is designed to carry.

However, the labor must be performed at the place of disablement.

CA-7200 (Ed. 12-14)

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H. RENTAL REIMBURSEMENT

Section III – Physical Damage Coverage Item A. Coverage of the BUSINESS AUTO COVERAGE FORM or **Section IV – Physical Damage Coverage Item A. Coverage** of the GARAGE COVERAGE FORM is amended by adding the following:

This coverage applies only to a covered "auto" rated and classified as a private passenger or light truck type as follows:

1. We will pay for rental reimbursement expenses incurred by you for the rental of a private passenger or light truck type "auto" because of "loss" to a covered private passenger or light truck type "auto". Payment applies in addition to the otherwise applicable amount of each coverage you have on a covered private passenger or light truck type "auto". We will pay only for those covered "autos" for which you carry comprehensive and collision coverage. Payment applies in addition to the otherwise applicable amount of each coverage you have on a covered "auto". No deductibles apply to this coverage.
2. We will pay only for those expenses incurred during the policy period beginning 24 hours after the "loss" and ending, regardless of the policy's expiration, with the lesser of the following number of days:
 - a. The number of days reasonably required to repair or replace the covered private passenger or light truck type "auto". If "loss" is caused by theft, this number of days is added to the number of days it takes to locate the covered private passenger or light truck type "auto" and return it to you; or
 - b. 30 days.
3. Our payment is limited to the lesser of the following amounts:
 - a. Necessary and actual expenses incurred, or
 - b. \$50 per day, up to a maximum of \$1,500.
4. This coverage does not apply while there are spare or reserve private passenger or light truck type "autos" available to you for your operations.
5. If "loss" results from the total theft of a covered "auto" of the private passenger or light truck type, we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided under **Section III – Physical Damage Coverage, A. Coverage, 4. Coverage Extension**.

For purposes of this Rental Reimbursement coverage, light truck is defined as a truck with a gross vehicle weight of 10,000 lbs. or less as defined by the manufacture as the maximum loaded weight the auto is designed to carry.

III. SECTION IV – BUSINESS AUTO CONDITIONS and SECTION V – GARAGE CONDITIONS are amended as follows:

A. NOTICE OF AND KNOWLEDGE OF OCCURRENCE

1. Your obligation in paragraph **A.2.a., Loss Conditions – Duties in the Event of Accident, Claim, Suit or Loss**, relative to notification requirements applies only when the "accident" or "loss" is known to:
 - a. You, if you are an individual;
 - b. A partner, if you are a partnership;
 - c. A member, if you are a Limited Liability Company; or
 - d. An executive officer or insurance manager, if you are a corporation.
2. Your obligation in paragraph **A.2.b., Loss Conditions – Duties in the Event of Accident, Claim, Suit or Loss** relative to providing us with documents concerning a claim or "suit" will not be considered breached unless the breach occurs after such claim or "suit" is known to:
 - a. You, if you are an individual;
 - b. A partner, if you are a partnership;
 - c. A member, if you are a Limited Liability Company; or
 - d. An executive officer or insurance manager, if you are a corporation.

B. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS

The following is added to paragraph **B.2. General Conditions – Concealment, Misrepresentation or Fraud**:

If you unintentionally fail to disclose any hazards existing at the inception date of your policy, we will not deny coverage under this Coverage Form because of such failure.

C. HIRED CAR – COVERAGE TERRITORY

Item (5).(a) of paragraph **B.7. General Conditions – Policy Period, Coverage Territory** is replaced by the following:

(5).(a) A covered “auto” is leased, hired, rented or borrowed without a driver for a period of 30 days or less; and

D. WAIVER OF SUBROGATION

The Transfer of Rights of Recovery Against Others To Us Loss Condition is amended by adding the following:

We waive any right of recovery we may have against any person or organization to the extent required of you by a written contract or agreement executed prior to any “accident” because of payments we make for damages under this coverage form.

IV. SECTION V – DEFINITIONS of the BUSINESS AUTO COVERAGE FORM and SECTION VI – DEFINITIONS of the GARAGE COVERAGE FORM are amended as follows:

A. MENTAL ANGUISH

The definition of “bodily injury” in the DEFINITIONS section is replaced by the following:

“Bodily Injury” means bodily injury, sickness or disease sustained by any person, including mental anguish and death resulting from any of these.

B. ADDITIONAL DEFINITIONS

The following definitions are added:

“Betterment” means the amount of increase to the pre-damaged or pre-loss cash value of an “auto” attributed to the use of replacement parts which are of a type that are normally subject to repair and replacement during the useful life of an “auto” including but not limited to tires and batteries.

“Pre-accident physical condition” means the operational safety, function and appearance of the “auto” immediately prior to when the damage in question was sustained.

V. CANCELLATION CONDITION

Paragraph **A.2.** of the **COMMON POLICY CONDITION – CANCELLATION** applies except as follows:

If we cancel for any reason other than nonpayment of premium, we will mail or deliver to the First Named Insured written notice of cancellation at least 60 days before the effective date of cancellation. This provision does not apply in those states that require more than 60 days prior notice of cancellation.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/3/2022

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

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

PRODUCER Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. 505 N Brand Blvd, Suite 600 Glendale CA 91203	CONTACT NAME: Kimberly Kleinman PHONE (A/C, No, Ext): 818.539.8619 FAX (A/C, No): 818.539.8719 E-MAIL ADDRESS: Kimberly_Kleinman@ajg.com														
INSURED HealthRIGHT 360 1563 Mission Street, 4th Floor San Francisco, CA 94103	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: Quality Comp Inc</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Quality Comp Inc		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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 License#: 0726293
 HEAL360-01
COVERAGES**CERTIFICATE NUMBER:** 1740333452**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y	0150730716	1/1/2022	1/1/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Re: HealthRIGHT 360 Outpatient Program, 1735 Mission St. #3280, San Francisco, CA 94103. Waiver of Subrogation on Worker compensation applies in favor of City and County.

CERTIFICATE HOLDER**CANCELLATION**
 City & County of San Francisco Dept. of Public Health
 101 Grove Street, Rm #307
 San Francisco CA 94102

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

AUTHORIZED REPRESENTATIVE

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RE: Quality Comp, Inc.—Self-Insured Workers’ Compensation Group

To Whom It May Concern:

As proof of workers’ compensation coverage, I would like to provide you with the attached Certificate of Consent to Self-Insure issued to Quality Comp, Inc. by the California Department of Industrial Relations, Office of Self-Insurance Plans. This Certificate carries an effective date of December 1, 2004 and does not have an expiration date. The Quality Comp, Inc. program has excess insurance coverage with Safety National Casualty Corporation. Safety National is a fully licensed and admitted writer of Excess Workers’ Compensation Insurance in the State of California (NAIC #15105). The company is rated “A++ Superior” Category “XV” by A.M. Best & Company.

Specific Excess Insurance

Excess Workers’ Compensation: Statutory per occurrence excess of \$500,000

Employers Liability: \$1,000,000 Limit

Term of Coverage

Effective Date: January 1, 2022

Expiration: January 1, 2023

Please contact me if you have any questions or require additional information. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Jacqueline Harris".

Jacqueline Harris

Director of Underwriting

RPS Monument

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

NUMBER 4515

CERTIFICATE OF CONSENT TO SELF-INSURE

Quality Comp, Inc.
(a CA corporation)

THIS IS TO CERTIFY, That _____
has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure.

This certificate may be revoked at any time for good cause shown.*



EFFECTIVE:

THE 1st DAY OF December 2004

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA

JOHN M. REA

DIRECTOR

Mark T. Johnson
MARK T. JOHNSON
MANAGER

* Revocation of Certificate.—“A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him.” (Section 3702 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 2—Administration of Self-Insurance.

STATE OF CALIFORNIA

Gavin Newsom, Governor

DEPARTMENT OF INDUSTRIAL RELATIONS

OFFICE OF SELF-INSURANCE PLANS

11050 Olson Drive, Suite 230

Rancho Cordova, CA 95670

Phone No. (916) 464-7000

FAX (916) 464-7007



CERTIFICATION OF SELF-INSURANCE OF WORKERS' COMPENSATION

TO WHOM IT MAY CONCERN:

This certifies that Certificate of Consent to Self-Insure No. **4515** was issued by the Director of Industrial Relations to:

Quality Comp, Inc.

under the provisions of Section 3700, Labor Code of California with an effective date of **December 1, 2004**. The certificate is currently in full force and effective.

Dated at Sacramento, California

This day the 14th of December 2021

A handwritten signature in black ink, appearing to read "Lyn Asio Booz", is located below the date.

Lyn Asio Booz, Chief

ORIG: Jackie Harris
Director Of Underwriting
Rps Monument
255 Great Valley Pkwy, Ste 200
Malvern, Pa 19355

NUMBER : 4515 - 0088

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

CERTIFICATE OF CONSENT TO SELF-INSURE

THIS IS TO CERTIFY, That

Healthright 360

(Name of Affiliate)

STATE OF INCORPORATION CA

Quality Comp, Inc.

(Master CertificateHolder)

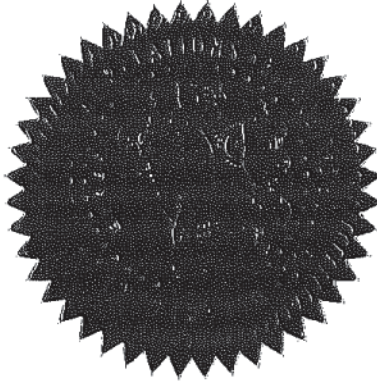
STATE OF INCORPORATION CA

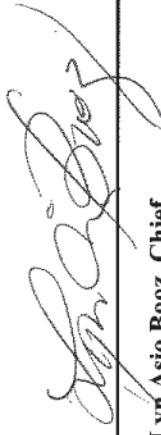
has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure, holder of Master Certificate No. 4515.

This certificate may be revoked at any time for good cause shown.*

EFFECTIVE DATE : July 1, 2016

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA




Lyn Asio Booz, Chief


Christine Baker, Director

*Revocation of Certificate.-- "A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of solvency of such employer, the inability of the employer to fulfill his obligations, or the practice of such employer or his agent in charge of the administration of obligations, under the this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him." (Section 3702 of Labor Code.) The Certificate may be revoked for non compliance with Title 8, California Administrative Code, Group 2 -- Administration of Self Insurance



WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS

Quality Comp, Inc. is a Group Self-Insurance Program authorized by the Office of Self-Insurance Plans to provide workers' compensation to approved members. The Board of Directors of Quality Comp, Inc. has authorized the Program Administrator to waive rights of subrogation in certain instances.

This change in coverage, effective 12:01 AM January 1, 2022, forms part of the member's coverage in Self-Insurance Group No. 4515.

Issued to Healthright 360

By Quality Comp, Inc.

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

The additional premium for this change shall be **Waived for 2022.**


Schedule

Person or Organization

City and County of San Francisco
It's officers, agents & employees
Office of Contract Management & Compliance
101 Grove Street, Room 307
San Francisco, CA 94102

Job Description

Funding source for healthcare operations

Countersigned by 
Vicki Eberwein, Program Administrator, Authorized Representative

AMENDED & RE-ISSUED RFP 26-2016

Children, Youth and Family System of Care
Adult and Older Adult Systems of Care
Substance Use Disorder Treatment Services RFP

**DEPARTMENT OF PUBLIC HEALTH
SAN FRANCISCO HEALTH NETWORK – BEHAVIORAL HEALTH
SERVICES**



Request for Proposals (RFP) - 26 - 2016

**DEPARTMENT OF PUBLIC HEALTH
OFFICE OF CONTRACT MANAGEMENT AND COMPLIANCE
1380 HOWARD STREET, SUITE 442
SAN FRANCISCO, CA 94103**

**CONTACT
MAHLET GIRMA
CONTRACT ANALYST
(415) 255-3504
MAHLET.GIRMA@SFDPH.ORG**

Date Issued:	September 27, 2016
E-Question Period:	September 27 – October 14, 2016
Date Amended & Re-Issued	October 21, 2016
Bidder's Conference	October 24, 2016, 1:00 pm – 3:00 pm
Letter of Intent Due:	12:00 p.m., November 1, 2016
Proposals Due:	12:00 p.m., November 22, 2016

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I. RFP INTRODUCTION & SCHEDULE

A. Introduction

The San Francisco Department of Public Health (DPH), San Francisco Health Network – Behavioral Health Services (SFHN-BHS), is soliciting proposals from interested proposers to provide substance use disorder (SUD) treatment services, beginning in Fiscal Year (FY) 2017-2018, for the: 1) Children, Youth and Family (CYF) System of Care; and 2) Adult and Older Adult (A/OA) Systems of Care. This request for proposals (RFP) includes a wide range of SUD treatment levels of care that together will create an integrated continuum of treatment for patients. Both qualified new providers and qualified existing SFHN-BHS providers are eligible to apply for funds.

A projected total of \$34,300,000 is available under this RFP for all SUD treatment levels of care for children, youth, transition age youth, adults and older adults served by the CYF and A/OA Systems of Care. This is estimated annual amount is subject to available funding and may increase or decrease depending on funding availability.

Individual SUD treatment level of care funding line item amounts will not be provided in the interest of funding the highest qualified and most cost effective proposals. Proposers are required to: 1) develop proposals that reflect their organizational treatment capacity and experience in providing the SUD treatment level of care for which a proposal is being submitted; and 2) justify costs within their budget narratives for providing all required services identified in the RFP and DMC-ODS pilot.

B. Contract Term

Contracts shall have an original term of five (5) years from **July 1, 2017** to **June 30, 2022**. In addition, the City shall have one (1) option to extend the term for a period of five (5) years, for a total of ten (10) year contract, subject to annual availability of funds and annual satisfactory contractor performance and the needs of the SFHN-BHS system. The City has the sole, absolute discretion to exercise this option.

C. Proposal Submission

Proposers may submit proposals to serve the CYFSOC and/or A/OA SOC. For those proposers submitting proposals to serve CYFSOC and A/OA Systems of Care age-group populations, a separate and complete proposal must be submitted for CYF age-group populations and A/OA age group populations by SUD treatment level of care.

Providers may propose to provide SUD treatment services for a single level of care or multiple levels of care and/or case management services. For those proposers submitting proposals for multiple levels of care, a separate and complete proposal must be submitted for each level of care for which funding is sought.

D. Schedule

The anticipated schedule for selecting contractors is:

<u>Proposal Phase</u>	<u>Time</u>	<u>Date</u>
RFP is issued by the City		September 27, 2016
Email Questions Begins	12:00 Noon	September 27, 2016
Email Questions Ends	12:00 Noon	October 14, 2016
 Bidder's Conference 25 Van Ness Street, # 610, San Francisco	 1:00 pm – 3:00 pm	 October 24, 2016
 Non-Binding Letter of Intent due	 12:00 Noon	 November 1, 2016
Proposals Due	12:00 Noon	November 22, 2016

Estimated Dates:

<i>Technical Review Panel</i>	<i>December, 2016</i>
<i>Selection and Negotiations</i>	<i>January - February 2016</i>
<i>Contract Development</i>	<i>February - March 2017</i>
<i>Contract Processing and Approvals</i>	<i>April-June 2017</i>
<i>Service Start Date</i>	<i>July 1, 2017</i>

E. Drug-Medi-Cal Organized Delivery Systems Pilot

With the publication of this RFP, SFHN-BHS providers will meet new SUD treatment services requirements under the Drug Medi-Cal Organized Delivery System (DMC-ODS) pilot. The DMC-ODS Pilot seeks to test a new paradigm for the organized delivery of health care services for Medicaid eligible individuals with a substance use disorder. The DMC-ODS pilot will demonstrate how organized SUD care increases the success of DMC beneficiaries while decreasing other system health care costs. Critical elements of the DMC-ODS pilot include:

- Providing a continuum of care modeled after the American Society of Addiction Medicine (ASAM) Criteria for SUD treatment services;
- Increasing local control and accountability with greater administrative oversight;
- Creating utilization controls to improve care and efficient use of resources;
- Increasing program oversight and integrity;
- Providing more intensive services for the criminal justice population which are more challenging to treat;
- Expanding the SUD treatment workforce by including Licensed Practitioners of Healing Arts for the assessment of patients and other functions within the scope of their practice;
- Requiring evidence-based practices (EBPs) in substance abuse treatment; and
- Increasing coordination with other systems of care including primary care and mental health.

This approach will provide patients with access to the care and system coordination needed to achieve sustainable recovery. More information on San Francisco's DMC-ODS Pilot County Plan can be found at: <http://www.dhcs.ca.gov/provgovpart/Pages/Fact-Sheets-and-FAQs.aspx>.

F. San Francisco DMC-ODS Pilot Goals

Through participation in the DMC-ODS Pilot, the City and County of San Francisco will transform the SFHN-BHS substance use disorder (SUD) continuum of care to promote the wellness and recovery of individuals with substance use and related disorders. This will be accomplished by improving access to high quality, cost effective, sustainable SUD treatment and transitional care services and supports.

San Francisco takes great pride in a deep and longstanding commitment to protect and promote the health of all residents through a comprehensive, integrated, consumer-driven system of care. Working in collaboration with community partners, the San Francisco Department of Public Health (DPH) is the lead public agency that safeguards and maintains the City's commitment to protect and promote the health of San Franciscans by providing a full array of services, supports, and resources to residents from prevention and early intervention to treatment and transition services.

As San Francisco's largest public agency, DPH has two major divisions: 1) Population Health; and 2) the San Francisco Health Network. The SFHN encompasses most of the services covered by the DMC-ODS Pilot including Ambulatory Care (Primary Care, Behavioral Health Services (BHS), Maternal, Child and Adolescent Health, and Jail Health Services), San Francisco General Hospital, Transitions, Managed Care, and Laguna Honda Hospital (long-term care). The SFHN is the City's only complete care system that includes primary care for all ages, dentistry, emergency & trauma treatment, medical & surgical specialties, diagnostic testing, skilled nursing & rehabilitation, and behavioral health services.

Under the DMC-ODS Pilot, the SFHN-BHS is responsible for the implementation of San Francisco's Implementation Plan in partnership with DPH Population Health, consumers, public agency partners, and the SFHN-BHS network of community-based primary care and behavioral health providers. The SFHN actively engages consumers with health and behavioral health disorders in pursuing optimal health, happiness, recovery, and a full and satisfying life in the community. The SFHN supports this goal in part by applying "Quadruple Aim" to behavioral health services through the lenses of cultural humility, wellness and recovery by:

1) improving the patient experience of care (including quality and satisfaction); 2) improving the health of populations; 3) reducing the per capita cost of care; and 4) improving the behavioral health workforce.

G. SUD Treatment Foundational Principles and New Practices

The SFHN values the following aspects of behavioral health care which are consistent with the DMC-ODS Pilot approach to care:

- A trauma-informed system of care that fosters wellness and resilience for everyone in the system, from our patients to the staff who serve them;
- The practice of cultural humility where we make a consistent commitment to understanding different cultures and focusing on self-humility, maintaining an openness to someone else's cultural identity, and acknowledging that each of us brings our own belief/value systems, biases, and privileges to our work;
- Whole Person Care that integrates both behavioral and physical care of a patient including assessing the needs of a patient's identified family and other significant relationships;

Amended & Re-Issued: RFP 26-2016 Substance Use Disorder Treatment Services & Supports

- Colleagues who have experienced behavioral health challenges and bring their empathy and empowerment to recovery in others, as well as inspire and share their experience to create a truly recovery-oriented system;
- Valuing all patients that seek our services; and
- Shared decision making in providing the best possible coordinated care, where patients and their providers collaborate as part of a team to make care decisions together.

In partnership with SUD treatment providers, the SFHN-BHS will fund a continuum of services for all eligible adolescent and adult patients modeled after **The ASAM Criteria** (www.asam.org). The ASAM Criteria is the most widely used and comprehensive set of guidelines for placement, continued stay and the transfer and discharge of patients with addiction and co-occurring conditions.

Consistent with the ASAM Criteria, the SFHN-BHS SUD treatment system will be guided by a set of **foundational principles** and **best practices** that represent a shift in how SUD treatment patients are assessed, treated, and supported in their recovery.

San Francisco is moving from a one-dimensional assessment of patient needs to a **multi-dimensional assessment** using The ASAM Criteria. Diagnosis alone is not a sufficient justification for entering a certain modality or intensity of treatment; patient assessment will support treatment that is holistic and able to meet the multiple and changing needs a patient may have across six life domains or “dimensions” (“whole person” care).

San Francisco is moving from program-driven to **clinically-driven and outcomes-driven treatment**. Treatment will be **individualized, person-centered** and responsive to specific patient needs and progress toward recovery. This is a departure from focusing on “placement” in a program, often with a fixed length of stay, and a move toward treatment lengths of stay that are individualized and based on the **severity of a patient’s illness and patient’s level of functioning** at treatment entry and the patient’s response to treatment, progress and outcomes.

San Francisco is moving from a limited number of discrete SUD treatment modalities to a **broad and flexible continuum of care**. Levels of care will represent intensities of services along the continuum of treatment and reflects the varying severity of illnesses treated and the intensity of services required. See tables in the following section of this RFP which provide a brief description of each level of care on the SFHN-BHS treatment continuum. Note that the intensity of treatment is split into “levels of care”, and each of the levels connect to each other, acting more like “benchmarks” along a single continuum. Patients can move between levels, or benchmarks along the continuum, depending on their unique needs and response to treatment.

The ASAM Criteria uses separate criteria and levels of benchmarks for adult patients and adolescent patients due to the different stages of emotional, mental, physical, and social development adolescents may be in.

San Francisco is moving toward a treatment referral system where referrals to a specific level of care will be based on a **careful and comprehensive assessment of patient needs** across six dimensions with the primary goal of placing patients in the most appropriate level of care. The preferable level of care will be the least intensive, while still meeting treatment objectives and providing safety and security for the patient. The levels of care are ranked under The ASAM

Criteria and represent benchmarks or points along the continuum of treatment services that can be accessed depending on a patient's needs and responses to treatment. That is, a patient may **begin at one level of care but step up or step down to another level of care.** SFHN-BHS SUD treatment providers will be required to have capacity to transition patients across the treatment continuum either in-house or through formal partnerships with other providers along the continuum (written, approved MOUs). This also includes formal partnerships with service providers and systems outside the SUD treatment continuum including mental health providers, primary care providers, and the criminal and juvenile justice systems.

San Francisco is moving toward a treatment system that is tailored to the needs of each patient, guided by **individualized treatment** plans and developed in consultation with patients through the formation of **therapeutic alliances with patients.** The goal of interventions and treatment will determine the methods, intensity, frequency and types of services provided. Decisions about patient discharge from a level of care or a patient's transfer to another level of care will be based on how the treatment and duration both resolves a patient's presenting challenges and impacts a patient's prognosis for long-term recovery. Treatment services are expected to stabilize a patient's condition and promote patient wellness and recovery.

San Francisco is moving toward an **interdisciplinary team approach** to patient care. SUD treatment professionals will be required to collaborate with physicians, mental health clinicians, peers and peer supports, and other individuals important to a patient's recovery. An example of a current patient-centered care model implemented within the SFHN-BHS Adult/Older Adult Systems of Care is the Behavioral Health Home (BHH). The BHH embraces a team-based model of care where an interdisciplinary team is responsible for meeting the range of needs presented by behavioral health patients assigned to their care. While the SFHN-BHS will continue to fund SUD treatment provided outside a BHH model of care, this is a preferred model of care. All SUD treatment providers will be required to **collaborate and coordinate SUD treatment care with patient medical homes, behavioral health clinics** and other service providers such as housing, educational and vocational providers.

San Francisco is moving toward the integration of **peer support specialists** within multi-disciplinary teams. Peer support offers patients significant interpersonal relationships and a shared sense of community that offers a foundation for the process of healing. At its best, a peer relationship can facilitate and enhance a patient's wellness and recovery. It also can provide increased meaning and purpose in the life of peer support specialists. Peer support specialist are colleagues who have experienced behavioral health challenges and bring their empathy and empowerment to recovery.

San Francisco is moving toward an **outcomes-based treatment system.** SFHN-BHS SUD treatment providers are required to use **evidence-based practices...** apply **The ASAM Criteria** to patient assessment, treatment, transitions among levels of care and discharge...invest in **quality management** activities and processes...**actively engage patients** on their paths to wellness and recovery...and collect and **report patient and program outcomes.**

San Francisco is moving toward the development of a **robust array of patient supports and services.** This includes the integration within SUD treatment services **case management services** that proactively link patients to community-based **wellness and recovery services** that emphasize a patient's role in managing their health and teach them to use effective self-management support strategies that prevent relapse. This also includes the integration within SUD treatment services **Medication Assisted Treatment** to evaluate, administer, adjust and

monitor patient medication support services.

All SUD treatment proposers are expected to integrate within their proposals these SUD treatment foundational principles and practices.

II. MINIMUM AGENCY REQUIREMENTS

Please note: All agencies submitting proposals for funding must meet the following **Minimum Agency Requirements**. Any proposals failing to demonstrate how the proposing agency meets these minimum requirements will be considered non-responsive and will not be eligible for project proposal review or award of a contract. In addition to the required forms, up to **five (5) pages** summarizing how all of the following minimum proposal requirements have been met should be included within the *Minimum Requirements Narrative* detailed on pages 13-15 of this RFP.

A. Drug Medi-Cal Certification

Consistent with State DMC-ODS required elements of provider selection and termination policies and procedures, all proposers are required to be Drug Medi-Cal certified by July 1, 2017. Enhanced cost reimbursement rates will be incorporated into contract awards for qualified DMC certified providers to offset the increased costs of meeting higher DMC standards.

Proposers must include a copy of their DHCS DMC Certification Approval Letter or DHCS DMC Provisional Certification Letter or proof of submission for certification. This letter does not count against the *Minimum Requirements Narrative* five-page limit.

For more information about DMC certification, visit:

http://www.dhcs.ca.gov/services/adp/Pages/Drug_MediCal.aspx

B. Harm Reduction

All SUD treatment services are required to be offered consistent with the Harm Reduction Resolution of the Health Commission (September 2000) and recent DPH Harm Reduction Policy requirements that enhance the Health Commission's Policy with new requirements that demonstrate compliance with the intent of the policy. These new requirements include:

1. Post in common areas where they can be viewed by patients up-to-date referral information about Syringe Access & Disposal services and schedule;
2. Have an onsite overdose response policy;
3. Post in common areas where they can be viewed by patients up-to-date referral information about naloxone access and DOPE Project schedule; and
4. Program staff participate in at least one training with the Harm Reduction Training Institute either at the program site or at a Training Institute site.

Proposers must describe in the *Minimum Requirements Narrative* how provider policies, practices, procedures, and staff training fully have complied with the Health Commission Harm Reduction Policy and the new, recent DPH policy requirements.

C. Cultural & Linguistic Competency Requirements

All SUD outpatient treatment services must be offered consistent with the Culturally and Linguistically Appropriate Services (CLAS) National Standards and related DPH Cultural and Linguistic Competency Policy. Cultural and linguistic competence impacts access to treatment, program adherence, and successful recovery for SUD treatment patients. Positively engaging each patient through culturally and linguistically relevant services and effective communication

is essential to recovery. Effective communication requires, at a minimum, the provision of services and information in appropriate languages, at appropriate educational and literacy levels, and in the context of the individual's cultural identity. Cultural competency also requires a demonstrated respect, awareness and acceptance of and an openness to learn from the beliefs, practices, traditions, religions, history, languages, and current needs of each individual and communities.

Cultural competency and capacity must be reflected throughout all levels of the proposer's organization including organizational vision and mission statements, board and staff recruitment, planning and policy making, staff skills development and training, administrative and policy implementation, and service delivery and evaluation.

Proposers must address in the *Minimum Requirements Narrative* how their organization and SUD treatment services meet National CLAS Standards and related DPH policies and practices.

<http://minorityhealth.hhs.gov/assets/pdf/checked/executive.pdf>

<https://www.thinkculturalhealth.hhs.gov/>

D. Financial Management Capacity & Fiscal Integrity

Proposers must demonstrate a consistent high standard of financial management and fiscal integrity as evidenced by citywide or DPH monitoring report, lack of corrective action plans, unqualified audit opinions, a reasonable level of cash reserves, management letters accompanied by audited financial statements that are relatively free of internal control comments, and stable and experienced fiscal and financial management staffing.

Proposers also provide their most recent financial audit under the proposal appendix. If there are any adverse or qualified opinions, a proposer may be subject to further reviews of past audits to determine status of recommendations or any corrective actions taken at the sole, absolute discretion of the City.

The Department will refer to and consider current Corrective Action Plans (as opposed to program review – related Plans of Correction) for existing Department Contractors.

In addition, proposers must indicate whether they are organized as a “non-profit” or “for profit” organization and meet the following requirements:

- **Non-profit proposers:** Proposers must provide ONE copy of each of the following: 1) management letters and accompanying audited financial statements for FY 2014-2015 and FY 2015-2016; 2) a listing of financial management staff and accounting staff who will be supporting the services applied for, including name, job title, length of service, and a brief bio-sketch; and 3) a current cash flow statement and projection for the period of July 1, 2016 through June 30, 2017, including available unencumbered operating revenue held in reserve.
- **For profit proposers:** Proposers must provide ONE copy of each of the following: 1) complete sets of federal and state tax returns for the 2014 and 2015 tax years; 2) a listing of financial management staff and accounting staff who will be supporting the services applied for, including name, job title, length of service and a brief bio-sketch; and 3) a current cash flow statement and projection for the period of July 1, 2016 through June 30, 2017, including unencumbered operating revenue held in reserve.

The following requested fiscal management capacity documents will not count toward the *Minimum Requirements Narrative* five-page limit: 1) citywide or DPH monitoring report and lack of corrective action plans, 2) most recent financial audit; 3) management letters accompanied by audited financial statements; 4) federal and state tax returns; 5) current cash flow statements and projections; and 5) listing of current financial management staff.

E. Prior Performance

Proposers must demonstrate that they have a record of consistent quality service delivery for five (5) prior fiscal years in providing the SUD treatment level of care treatment services to the proposed service populations for which funding is sought in an urban environment. This description should include a summary of public and private sector contracts for similar services and supports and DPH monitoring reports or Non DPH evaluation reports of the last two years of issued reports.

Proposers must include Contractual Record Form (**Appendix A-1a**) if they are current DPH providers or copies of actual contracts (for non DPH providers) to demonstrate proof of 5 years' experience. Copies of monitoring reports or Contractual Record Form, attached along with contract monitor contact information including name, title, agency, county, email address and phone number. Summaries must include a brief description of service populations, service location, specific services and supports provided, and program and client outcomes. This also should include a summary of prior performance of the proposer's subcontractors that have records of consistent quality service delivery for five (5) prior fiscal years in serving the target population(s). **The Department will refer to and consider current Corrective Action Plans (as opposed to program review – related Plans of Correction) for existing Department Contractors.**

F. Priority Service Populations

The Department of Public Health has identified seven (7) priority service populations for SUD treatment services under the A/OA Systems of Care and four (4) priority service populations under by the CYF System of Care. Proposers must include at least two (2) of the priority service populations for each system of care level of care treatment services for which a proposal is submitted.

G. Priority Geographic Service Areas

The Department of Public Health has identified five (5) priority geographic service areas in the City and County of San Francisco. Proposers must demonstrate include at least one (1) priority geographic service area for system of care level of care treatment services for which a proposal is submitted.

H. Americans with Disabilities Act and Access Requirements

Americans with Disabilities Act (ADA) compliance and implementation of access to persons with the broadest possible range of abilities is required. Proposers must demonstrate compliance with this requirement by describing in detail the proposer's access program, including specific physical, substance use and mental health disability accommodation strategies, policies and procedures. This should include a description of policies and practices that accommodate patient companion animals within SUD treatment settings as a protected ADA right.

I. Approved City Vendor

Proposers must be an existing, approved vendor with the City and County of San Francisco at

the time proposals are submitted. Proposers must provide their vendor number and proof of good standing to do business with the City including a current business tax license and required insurance.

J. Compliance with City and County Policies, Laws, Rules and Regulations

Proposed must demonstrate capacity and ability to comply with all contracting policies, laws, rules, and regulations of the City and County of San Francisco and DPH.

III. SFHN-BHS SUD TREATMENT LEVEL OF CARE

The Department of Public Health seeks proposals from qualified proposers to provide SUD treatment services for certain ASAM level of care. The table below lists by ASAM level of care the annual estimate of unduplicated clients to be served, the number residential treatment beds required, and other SUD treatment system requirements. The information is intended to assist proposers in developing their proposals and budget justification documents. The City has the sole, absolute discretion in determining how many clients for each level of care to serve and system capacity requirements.

ASAM Level of Care	Annual Estimated Number of Unduplicated Clients (UDC)/Number of Residential Beds by System of Care & Other SUD Treatment System Requirements
Level 1/Opioid Treatment Programs (formerly Narcotic Treatment Programs)	A/OA SOC: 3,300 UDCs <u>and</u>: <ul style="list-style-type: none"> At least one (1) program serving pregnant and parenting women with dependent children; At least one (1) program serving inmates in Jail Services/Sheriff's Department; Minimum opioid addiction medications that must be available for dispensing: methadone, buprenorphine, naloxone, disulfiram; and Minimum alcohol addiction medications that must be available for dispensing: acamprosate, disulfiram, off-label use of topiramate.
Level 1/Outpatient Services	CYFSOC: 300 UDCs A/OA SOC: 1,350 UDCs
Level 2/Intensive Outpatient Services	CYFSOC: 120 UDCs A/OASOC: 300 UDCs
Level 3.1/Residential Services	A/OA SOC: 1,550 UDCs/500 Beds <u>and</u>: <ul style="list-style-type: none"> At least one (1) program to serve pregnant/parenting women with children.
Level 3.3/Residential Services	
Level 3.5/Residential Services	

ASAM Level of Care service descriptions and requirements follow.

ASAM Level of Care Descriptions

Level of Care	CYFSOC	A/OASOC	Service Description & Requirements
OTP (Level 1)		Opioid Treatment Programs (formerly called Narcotic Treatment Program)	Daily or several times weekly opioid agonist medication and counseling available for those with severe opioid disorder or alcohol use disorder including methadone, buprenorphine, naloxone, and disulfiram. Includes all of the following components: a) Intake; b) Individual & Group Counseling; c) Patient Education; d) Medication Services; e) Collateral Services; f) Crisis Intervention Services; g) Treatment Planning; h) Medical Psychotherapy: one-on-one counseling conducted by the Medical Director with patient; <u>and</u> i) Discharge Services.
1	Outpatient Services	Outpatient Services	Recovery or motivational enhancement therapies/strategies provided to patients less than 9 hours a week (adults) and less than 6 hours a week (adolescents) and includes all of the following components: a) Intake; b) Individual & Group Counseling; c) Patient Education; d) Family Therapy; e) Medication Services; f) Collateral Services; g) Crisis Intervention Services; h) Treatment Planning; <u>and</u> i) Discharge Services.

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Level of Care	CYFSOC	A/OASOC	Service Description & Requirements
2.1	Intensive Outpatient Services	Intensive Outpatient Services	Structured programming services to treat multidimensional instability not requiring 24-hour care for a minimum of 9 or more hours with a maximum of 19 hours a week (adults) and 6 hours or more with a maximum of 19 hours (adolescents). See Level 1/Outpatient Services for Level 2.1 program service components.
3.1 Level of Care includes perinatal residential services.		Clinically Managed Low Intensity Residential Services	24-hour structure with available trained personnel and providing at least 5 hours of clinical service per week with the goal of preparing patient for outpatient treatment. Includes all of the following program service components: <ul style="list-style-type: none"> a) Intake; b) Individual & Group Counseling; c) Patient Education; d) Family Therapy; e) Safeguarding Medications; f) Collateral Services; g) Crisis Intervention Services; h) Treatment Planning; i) Transportation Services (to/from medically necessary treatment); <u>and</u> j) Discharge Services.
3.3 Level of Care includes perinatal residential services.		Clinically Managed High-intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community. Goals is to prepare for outpatient treatment. See Level 3.1/Clinically Managed Low Intensity Residential Services for program service components.
3.5 Level of Care includes perinatal residential services.		Clinically Managed High-intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger with goal to prepare patients for outpatient treatment. Able to tolerate and use full milieu or therapeutic community. See Level 3.1/Clinically Managed Low Intensity Residential for program service components.

A. Priority Service Populations and Priority Geographic Service Areas

1. Priority Service Populations: Adult/Older Adult Systems of Care Priority

The Department of Public Health has identified seven Priority Service Populations under the Adult/Older Adult Systems of Care for all SUD treatment levels of care:

a) Persons Who Are Black/African American

While drug overdose (poisonings) deaths have remained stable in San Francisco through 2012, there were significant differences in death rates based on race, along with gender and age. The death rate among Black/African American residents was higher than others with 62.1, compared to White (25.2), Hispanic/Latino (10.3), and Asian persons (3.2).

b) Persons Who Are Homeless

The 2015 San Francisco's biennial homeless count showed there were 6,686 people without a place to live, or 3.8 percent more than in 2013. Based on survey responses, 37% of homeless people said they abused drugs or alcohol, up from 29% in 2013. Twenty-seven percent of homeless people said they had post-traumatic stress disorder, 10% said they had a traumatic brain injury, and 35% said they had psychiatric or emotional conditions.

c) Persons Who Are Incarcerated or Involved with the Criminal Justice System/Drug Courts

These represent priority service populations under the DMC-ODS Pilot and are longstanding priority populations SFHN-BHS.

d) Persons Who Are Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Ally or Two-Spirit (LGBTQQIA2S)

When compared with the general population, LGBTQQIA2S people are more likely to use alcohol and drugs, have higher rates of substance abuse, are less likely to abstain from use, and are more likely to continue heavy drinking into later life.

e) Transition Age Youth, Aged 18-24

Young adults, aged 18-24, had the highest prevalence for past month binge alcohol use and use of illicit drugs other than marijuana, past year cocaine and nonmedical prescription pain reliever use, and past year dependence or abuse of alcohol or illicit drugs.

f) Persons Whose Primary Substance is Alcohol

According to the National Institute on Drug Abuse August 2015 National Drug Early Warning System (NDEWS) Sentinel Community Site Profile for San Francisco, the most frequent cause of admissions to substance use disorder treatment is alcohol, reflecting a quarter of all treatment episodes. In addition, 12% of residents reported dependence or abuse of alcohol compared to 3% reporting dependence or abuse of illicit drugs; 61% of San Francisco residents reported past month use of alcohol; and 25% of residents reported binge alcohol use.

g) Pregnant Women or Parenting Women with Dependent Children

Targeted interventions to pregnant women and parenting women with dependent children with substance use disorders increase the incidence of prenatal visits, improve birth

outcomes, improve child development outcomes, and improve a mother's ability to parent in recovery.

Proposers must demonstrate in their proposals at least five (5) years of experience successfully engaging, treating, and transitioning patients in an urban environment for at least two (2) or more of the Priority Service Populations listed above.

2. Priority Treatment Populations: Children, Youth and Family System of Care

For the Children, Youth and Family System of Care (CYFSOC), DPH is seeking proposals to provide ASAM Level 1/Outpatient Services and Level 2/Intensive Outpatient Services for adolescents, aged 10 to 18. Adolescent Priority Service Populations include:

a) Persons Who Are Black/African American

While drug overdose (poisonings) deaths have remained stable in San Francisco through 2012, there were significant differences in death rates based on race along with gender and age. The death rate among Black/African American residents was higher than others with 62.1, compared to White (25.2), Hispanic/Latino (10.3), and Asian persons (3.2).

b) Persons Who Are Involved with the Child Welfare and Juvenile Justice System

These represent priority service populations under the DMC-ODS Pilot and are longstanding priority populations SFHN-BHS.

c) Persons Who Are Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Ally or Two-Spirit (LGBTQQIA2S)

When compared with the general population, LGBTQQIA2S people are more likely to use alcohol and drugs, have higher rates of substance abuse, are less likely to abstain from use, and are more likely to continue heavy drinking into later life.

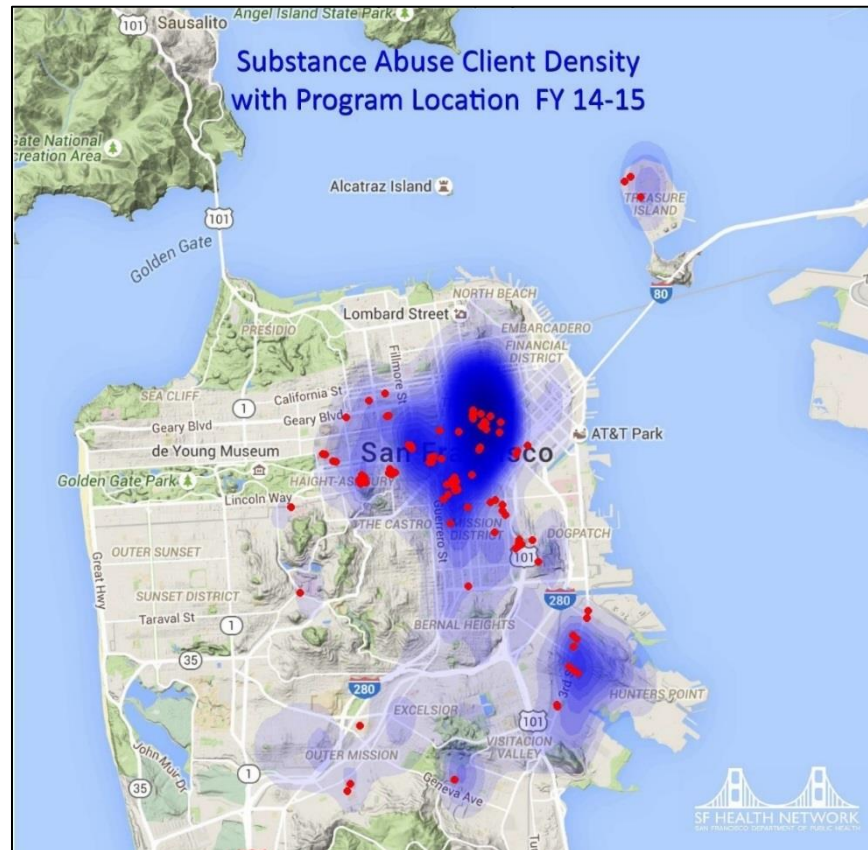
d) Persons Whose Primary Substance is Alcohol

The 2015 San Francisco Unified School District Youth Risk Behavior Survey for middle school students showed 15.9% of middle students reported ever drinking alcohol, 7.5% reported alcohol use in the past 30 days and 2% reported episodic heavy drinking of alcohol (binge drinking). The same survey for high school students showed 43.5% of high school students reported ever drinking alcohol, 18.4% reported alcohol use in past 30 days, and 8.8% reported episodic heavy drinking of alcohol (binge drinking).

Proposers must demonstrate in their proposals at least five (5) years of experience successfully engaging, treating, and transitioning patients in an urban environment for at least two (2) or more of the Priority Service Populations listed above.

B. Priority Geographic Service Areas

As part of the DPH Quality Improvement Plan, DPH quality management staff produces Geomaps of the location of substance use treatment programs by modality, overlaying a patient residence density map. The FY 2014-15 Geomap follows and demonstrates that the SFHN-BHS has SUD treatment services (dark red) that are well aligned with the greatest patient residence density (medium blue).



LEVEL OF CARE SERVICES

Based on the Geomap analysis and other available data, DPH is seeking SUD treatment services in the following Priority Geographic Service Areas for both the Adult/Older Adult Systems of Care and the Children, Youth and Family System of Care:

1. Hayes Valley/Tenderloin/North of Market/94102
2. South of Market/94103
3. Bernal Heights/Inner Mission/94110
4. Bayview-Hunter's Point/94124
5. Southeast/Visitacion Valley/Sunnydale/94134

Proposers must demonstrate in their proposals experience and capacity in successfully engaging, treating, and transitioning Priority Service Population patients residing in at least one (1) of the Priority Geographic Service Areas. Proposals to serve Priority Service Populations in other San Francisco geographic service areas may be considered for contract awards, funds permitting, only when system capacity and patient needs are deemed met in all of the Priority Geographic Service Areas. The Department of Public Health has the sole, absolute discretion to determine system capacity and patient needs and which proposals will be funded, if any.

C. ASAM LEVEL OF CARE SERVICE COMPONENTS & REQUIREMENTS

Following is a summary of ASAM level of care treatment service components and requirements excerpted from *The ASAM Criteria, Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions* (American Society of Addictive Medicine, Third Edition, 2013).

Proposers must demonstrate capacity to meet all ASAM level of care service components and requirements in their proposals and all Drug Medi-Cal certification requirements. Where DMC and ASAM Criteria requirements differ, DMC certification requirements take precedence.

1. Level 1/Outpatient Services Requirements

Level 1/Outpatient Services are benchmarked at the lower end of the ASAM treatment continuum and include organized outpatient treatment services which can be delivered in a variety of settings such as addiction programs, behavioral health homes and clinics, and school-based service sites. Services are provided less than 9 hours per week for adults and less than 6 hours per week for adolescents.

In Level 1 programs, a multi-disciplinary team provides services. Members of the team include addiction, mental health treatment, peer support specialists, and general health care personnel, including addiction credentialed physicians. The team provides professionally directed screening, evaluation, treatment and ongoing recovery and disease management services.

Like all ASAM Levels of Care, Level 1 services are tailored to each patient's level of clinical severity and function and are designed to help the patient achieve changes in his or her alcohol and/or other drug use or addictive behaviors. Treatment addresses major lifestyle, attitudinal, and behavioral issues that have the potential to undermine the goals of treatment or impair the patient's ability to cope with major life tasks without the addictive use of alcohol and/or other drugs and/or addictive behaviors such as gambling.

These services provide greater access to care for patient with co-occurring substance use and physical and mental health conditions, individuals not interested in recovery that are mandated to treatment, and individuals in early stages of readiness to change. Level 1/Outpatient Services also provide access to needed care for parents in early recovery that need education about addiction and person-centered treatment, as well as patients in ongoing recovery who need monitoring and continuing disease management.

Some characteristics of patients in Level 1 include those who are able to complete professionally directed addiction and/or mental health treatment, those who are stepping down from a more intensive level of care, those who are in early stages of change and not yet ready to commit to full recovery, and those who have achieved stability in recovery.

Level 1/Outpatient Services Support Requirements

Level 1/Outpatient Services programs include the following supports:

- 1) Medical, psychiatric, psychological, laboratory and toxicology services available on-site or consultation or through closely coordinated referral; medical and psychiatric consultation is available within 24 hours by telephone or in person within a timeframe appropriate to the severity and urgency of the consultation requested;
- 2) Directly affiliated with or closely coordinated referral to more intensive levels of care and medication management;
- 3) Emergency services available by telephone 24 hours a day/7 days a week; and

- 4) Intensive case management for patients with co-occurring disorders.

Level 1/Outpatient Services Staffing Requirements

Level 1/Outpatient Services program are staffed by appropriately credentialed and/or licensed treatment professionals who assess and treat substance-related, mental, and addictive disorders. Professional peer support specialists with lived experience in substance use treatment also are integrated within this multi-disciplinary team to support patient wellness and recovery.

Professional staff are experienced in gathering and interpreting information regarding a patient's biopsychosocial needs and are knowledgeable about the biophysical dimensions of alcohol and other drug and addictive disorders including how to assess a patient's readiness for change. Professional staff also are capable of monitoring stabilized mental health challenges a patient may have and recognizing instability in patients with co-occurring mental health conditions. In addition, there is at least one professional staff member on the multi-disciplinary team with authority to prescribe medication either on-site or through closely coordinated consultation services.

Drug Medi-Cal certified outpatient sites must comply with DMC staffing requirements. All Level 1/Outpatient Services programs, regardless of DMC certification status, are expected to meet the following minimum staffing requirements:

- 1) Appropriately credentialed and/or licensed treatment professionals including addiction-credentialed physicians, counselors, psychologists, social workers, and others to assess and treat substance-related, mental, and addictive disorders;
- 2) Professional peer support specialists with lived experience in substance use treatment to support patient wellness and recovery as members of the multidisciplinary team;
- 3) Credentialed mental health professionals to assess, manage, and monitor patient mental health disorders for patients with co-occurring disorders preferably on-site or via closely coordinated referrals.

Level 1/Outpatient Services Required Therapies

Level 1/Outpatient Services involve skilled treatment services which are provided in an amount, frequency and intensity appropriate to a patient's needs, and include at a minimum:

- 1) Intake;
- 2) Individual and group counseling;
- 3) Motivational enhancement;
- 4) Family therapy;
- 5) Educational groups;
- 6) Occupational and recreational therapy;
- 7) Psychotherapy;
- 8) Medication management services;
- 9) Case managed services;
- 10) Mental health treatment (for patients with co-occurring disorders);
- 11) Other addictive disorders treatment (e.g. gambling); and
- 12) Primary care and other general medical care.

Level 1/Outpatient Services Assessment/Treatment Plan Review Requirements

For Level 1 programs, the assessment and treatment plan review must include:

- 1) Individualized, comprehensive biopsychosocial assessments of a comprehensive substance use and addictive behaviors history reviewed by a physician, and if determined needed by a patient's medical condition, a physical examination within a reasonable amount of time;
- 2) An individualized treatment plans developed in partnership with the patient that includes challenges, needs, strengths, skills, priority formulation and articulation of short-term, measurable treatment goals (including the patient's treatment goals), preferences and activities designed to achieve those goals;
- 3) Monitoring, including biomarkers and toxicology testing; and
- 4) A review of a patient's most recent psychiatric history and a mental status examination performed within a reasonable timeframe for patients with co-occurring mental disorders.

Level 1/Outpatient Services Adolescent-Specific Considerations

In addition to Outpatient Services practice expectations, proposers must demonstrate in their proposals experience successfully meeting all of the following requirements:

- 1) Staff knowledgeable about adolescent development and experience in working with and engaging adolescents;
- 2) Engagement and integration of families, caregivers and other important resources in treatment planning, services, and transition planning to support patient recovery;
- 3) Proactively transitioning adolescents in need of continued SUD treatment to the Adult/Older Adult Systems of Care including partnering with adolescents and their families in developing comprehensive transition plans that address the wide range of treatment and support needs such as housing, vocational services, and other community supports;
- 4) Collaborative working relationships with child welfare, mental health, court, schools, primary care, and juvenile justice to meet multi-system treatment goals and outcomes for adolescents; and
- 5) Serving adolescents placed out-of-county.

Level 1/Outpatient Services Scoring Preference

The Department of Public Health will provide a scoring preference for Outpatient Services that are organized in a Behavioral Health Home model or similar integrated care model where the needs of the "whole patient" are met either on-site or through closely coordinated and managed services off-site. This includes addiction, mental health, and primary care services.

2. Level 2.1/Intensive Outpatient Services Requirements

Intensive Outpatient Services offer a higher intensity of outpatient services with the goal of stepping patients down to Level 1/Outpatient Services or discharge. Examples of Level 2.1 programs are after school, day or evening and/or weekend intensive outpatient programs.

Generally, 9-19 hours of structured programming per week is provided to adults, and 6-19 hours a week for adolescents. Although programming consists primarily of counseling and education about addiction-related and mental health problems, providers must demonstrate capacity to provide all required Level 2.1 service components.

Patient psychiatric and medical service needs are provided through consultation and closely coordinated referrals if a patient is stable and requires only maintenance monitoring. Providers must demonstrate on-site capacity or formal partnerships with mental health and healthcare providers to meet the needs of patients with co-occurring mental disorders. Evidence of formal partnerships includes fully executed, written MOUs with these service providers identifying the specific roles and responsibilities of each partner are to be included as attachments in the proposal appendix.

Level 2.1 Support Requirements

Level 2.1 programs include all of the following:

- 1) Medical, psychological, psychiatric, laboratory, and toxicology services available through consultation or closely coordinated referral with psychiatric and other medical consultation, available 24 hours by telephone and within 72 hours in person;
- 2) Emergency services that are available by telephone 24 hours a day/7 days a week when the treatment program is not in session;
- 3) Direct affiliation with or close coordination through referral to more and less intensive levels of care and supportive housing services; and
- 4) Psychiatric services appropriate to a patient's mental health condition available by telephone or on-site or closely coordinated off-site.

Level 2.1 Staffing Requirements

Level 2.1 programs are staffed by an inter-disciplinary team of appropriately credentialed addiction treatment professionals including counselors, psychologists, social workers, and addiction-credentialed physicians who assess and treat substance use and other addictive disorders. Physicians treating patients in Level 2.1 should have specialty training and experience in addiction medicine or addiction psychiatry, and if treating adolescents, experience with adolescent medicine. Generalist physicians may provide physical exams and concurrent/integrated general medical care such as services for hepatitis, HIV disease, tuberculosis, or other co-occurring infectious diseases during addiction treatment.

All program staff should have access to and be able to interpret information regarding a patient's biopsychosocial needs. Some staff should have sufficient cross-training to understand the signs and symptoms of mental disorders and understand and be able to explain the uses of psychotropic medications and their interactions with substance use and other addictive disorders.

Level 2.1 Required Therapies

Level 2.1 programs must provide the following therapies:

- 1) A minimum of 9 hours per week for adults and 6 hours per week for adolescents of skilled treatment services which may include individual and group counseling, medication management, family therapy, educational groups, occupational and recreational therapy, and other therapies provided in amounts, frequencies, and intensities appropriate to the objectives of a patient's treatment plan;
- 2) Family therapy which involves family members, guardians, or significant others in the assessment, treatment and continuing care of the patient;
- 3) A planned format of therapies delivered on an individual or group basis and adapted to the patient's developmental stage and comprehension level;
- 4) Motivational interviewing, enhancement and engagement strategies; and
- 5) Capability to offer the above therapies for patients with co-occurring addictive and mental disorders who can benefit from the therapies; for those who are not able to benefit, intensive case management, assertive community treatment, medication management, and psychotherapy must be offered.

Level 2.1 Assessment/Treatment Plan Review Requirements

For Level 2.1 programs, patient assessment and treatment plan reviews include:

- 1) Individualized, comprehensive biopsychosocial assessment of a comprehensive substance use and addictive behaviors history reviewed by a physician and if determined needed by a patient's medical condition, a physical examination within a reasonable amount of time;
- 2) An individualized treatment plan developed in partnership with the patient that includes challenges, needs, strengths, skills, priority formulation and articulation of short-term, measurable treatment goals (including the patient's treatment goals), preferences and activities designed to achieve those goals;
- 3) Monitoring, including biomarkers and toxicology testing; and
- 4) A review of a patient's most recent psychiatric history and a mental status examination performed within a reasonable timeframe for patients with co-occurring mental disorders.

Level 2.1 Adolescent Specific Considerations

The ASAM Criteria recognize adolescent specific needs across the continuum of treatment.

Level 2.1 programs serving adolescents must demonstrate capacity in their proposals to meet

Level 2.1 adolescent-specific considerations including:

- 1) Staff knowledgeable about adolescent development and experience in working with and engaging adolescents;
- 2) Assessment and treatment staff experienced in recognizing adolescent needs for specialty evaluation and treatment for intoxication or withdrawal and that are able to arrange for these evaluation and treatment services in a timely manner;
- 3) Successful strategies for engaging parents, caregivers or other significant resources to obtain information for patient assessment and treatment planning and support patient recovery;
- 4) Assessment and support to address patient lingering subacute withdrawal symptoms such as severe insomnia (note: patients at risk or experiencing acute withdrawal symptoms

should not be treated in Level 2.1/Intensive Outpatient Services and should be treated by a Level 2-Withdrawal Management treatment provider); and

- 5) Serving adolescents placed out-of-county.

3. Residential Services/ASAM Level of Care 3.1, 3.3, and 3.5 Overview

The Department of Public Health is seeking proposals from qualified providers for Residential Services/ASAM Level 3, sublevels 3.1, 3.3, and 3.5 for adults and older adults. Level 3.1, 3.3, and 3.5

Residential Services must be authorized by The Howard Street Program Treatment Access Program (TAP). Proposers must describe a process for obtaining TAP approval to provide residential services to patients.

All Level 3 sublevels have 24-hour staff, with Level 3.1 providing a 24-hour supportive living environment, while Levels 3.3 and 3.5 provide 24-hour treatment settings. Each sublevel differs in intensity, but the defining differences between ASAM 3.1, 3.3, and 3.5 are based on the limitations patients have across the six ASAM dimensions and the services provided to address those limitations. Proposers must demonstrate an understanding of the range of intensities that make up ASAM Level 3 and patient placement in the appropriate sublevel of Residential Services.

Level 3 Residential Services create a positive recovery environment where patients are able to develop, practice, and demonstrate the recovery skills they need to prevent immediate relapse and not to continue substance use after transitioning. Level 3 programs promote continuity of care and community reintegration through seamless and overlapping intensities of outpatient services. Programs make admission, continued service and discharge decisions based on the clinical evaluation of a patient's assessed needs and treatment progress. When a patient has improved sufficiently to be ready for discharge or transfer to a lower level of care, staff are advocates for patient discharge and transition, including engagement with the courts if needed for patients under court order for mandatory lengths of stay in treatment.

All Level 3 providers must have capacity to provide case management services conducted by on-site staff, coordination of related addiction treatment, health care, mental health, and social, vocational, or housing services (provided concurrently) and the integration of services with other levels of care. Proposers must demonstrate capacity within their proposals to provide the required service, coordination and integration components of Residential Services.

In addition, DPH is requiring all Residential Services providers obtain approval from DHCS to offer Incidental Medical Services (IMS) that are provided by a health care practitioner to address medical issues associated with either detoxification or the provision of alcoholism or drug abuse recovery or treatment services to assist in the enhancement of treatment services (see *DHCS MHSUDS Information Notice No. 16-039*). IMS services include: a) obtaining medical histories; b) monitoring health status to determine whether the health status warrants transfer of the patient to receive urgent or emergent care; c) testing associated with detoxification from alcohol or drugs; d) providing alcoholism or drug abuse recovery or treatment services; e) overseeing patient self-administered medications; and f) treating substance use disorders including detoxification. Proposers must demonstrate capacity within their proposals to provide IMS services including evidence of state approval of or submission of a supplemental application

(DHCS 5255) requesting this additional service in the proposal appendix and describe components of their onsite IMS programs.

Level 3/Residential Services providers must demonstrate the capacity to:

1. Begin and continue treatment with prescription medications that are FDA approved for maintenance and ongoing craving, as indicated by patient needs;
2. Prescribe and adjust prescriptions for psychiatric or medical problems in order to facilitate a patient's continued participation in treatment services, as indicated by patient needs;
3. Provide closely coordinated access to medically-supervised WM services at 3.2-WM for alcohol withdrawal, and more complicated medical WM, as indicated by patient needs.

In addition to compliance with all federal, state and local laws, regulations and policies governing SUD treatment services, Level 3 Residential Services providers must have capacity to make required patient accommodations to comply with the Americans with Disabilities Act. This includes having in place practices, policies and procedures to allow patients to have companion animals in treatment facilities. Providers must describe their strategies for accommodating patient companion animals and ensuring the safety of all treatment patients and provider staff in the residential environment.

All Level 3/Residential Services licensed treatment facilities also must complete the *DHCS ASAM Residential Level of Care Designation Questionnaire*. For more info, please see:

http://www.dhcs.ca.gov/provgovpart/Documents/ASAM_Designation_Questionnaire_8-19-15.pdf

Level 3.1, 3.3 and 3.5 Requirements

Following is a description of The ASAM Criteria required components, staffing, support/collaborative partnerships, therapies, and assessment and treatment plan review for Levels 3.1, 3.3, and 3.5. Proposers must review requirements for each level of care carefully and demonstrate organizational and staffing capacity to meet all requirements for the Level 3/ Residential Service proposed to be provided.

Level 3.1/Residential Services Requirements

Level 3.1 program services usually are offered in a freestanding, appropriately licensed facility located in the community. The length of stay in Level 3.1 programs tend to be longer than in the more intensive residential levels of care (e.g. Level 3.3 or Level 3.5).

Examples of Level 3.1 programs are sobering centers, group homes and other supportive living environments with 24-hour staff and closely integrated clinical/treatment services. The residential component of Level 3.1 can be combined with Level 2.1 Intensive Outpatient Services for patients whose living situations or recovery environments are incompatible with their recovery goals if they otherwise meet the ASAM dimensional criteria for Level 2.1 placement.

Patients served in Level 3.1 programs typically experience challenges in applying recovery skills, self-efficacy or lack connections to work, education or family life. The 24-hour structure

under Level 3.1 provides patients the opportunity to develop and practice their interpersonal and group living skills, strengthen their recovery skills, reintegrate into the community and family, and begin or resume employment or academic pursuits. Patients placed in Level 3.1 also may not yet acknowledge that they have a substance use or other addictive challenge. They could be living in a recovery environment that is too unstable to permit treatment in an outpatient setting, needing residential services to minimize continued substance use and/or other addictive behavior. In addition, Level 3.1 patients are often at early stages of readiness to change, requiring monitoring and motivating strategies to prevent deterioration, engage them in treatment and facilitate their progress through the stages of change to recovery.

Desired characteristics of recovery-focused, supportive residential treatment include:

1. Residential treatment provides a physically and emotionally safe, secure and respectful environment;
2. Sobriety requirements are supported by patients to support their wellness;
3. Residential treatment is located in the community, and patients are supported in connecting with services, supports, employment and social activities;
4. Providers and patients value the voice and experience of peers who have experienced addiction challenges;
5. Patient rights and responsibilities are clear and consistent;
6. Patients are accountable for how their behaviors impact their residential stability and the wellness of others in housing;
7. Residential stability is a priority for recovery and to prevent relapse – if a patient is leaving treatment by choice or transitioning to another level of care, every effort is made to connect him or her to safe housing and recovery supports.

The Department of Public Health is interested in recovery residence models that provide short-term, 30-day intensive services (with up to two, 30-day reauthorizations) that link patients to housing and job training, medication management services and a lower level of care, either Level 1/Outpatient Services or Level 2/Intensive Outpatient Services through case management services.

Level 3.1 Required Components

There are two primary components of Level 3.1 programs: a clinical services component and a recovery services component as follows:

- 1) Clinical Services Component
Level 3.1 provides weekly clinical services with the intensity determined by a patient's clinical needs. Services are usually outpatient services but no less than 5 hours per week. Treatment services focus on improving a patient's readiness to change and/or functioning and coping skills. Services may include individual, group and family therapy, medication management and medication education, mental health evaluation and treatment, vocational rehabilitation, job placement and either introductory or remedial like skills workshops.
- 2) Recovery Services Component

The second component of Level 3.1 care is a structured recovery residence environment, staffed 24 hours a day, which provides support and stability to prevent or minimize relapse or continued use and continued problem potential. Patient interpersonal and group living skills generally are promoted through the use of community or house meetings of residents and staff to facilitate bonding and cohesion among recovering patients, reinforce recovery concepts and norms, and introduce patients to the larger recovery community and recovery-oriented resources.

Level 3.1 Support Systems

Level 3.1 Residential Services must demonstrate capacity for the following supports either provided on-site or through formal partnerships with service providers as documented by written, approved MOUs that identify roles and responsibilities:

- 1) 24/7 telephone or in person consultation with physicians and emergency services;
- 2) Access to other levels of care that are directly affiliated or closely coordinated referrals to more or less intensive levels of care, such as ASAM 2.1/Intensive Outpatient Services, as well as other services such as adult education;
- 3) Incidental Medical Services (see *Department of Health Care Services MHSUDS Information Notice No. 16-039*) including Medication Assisted Treatment; laboratory testing, toxicology services, and medication management services;
- 4) Arrangement of pharmacotherapy for psychiatric or anti-addiction medications;
- 5) Capacity to provide appropriate mental health services, including medication evaluation and laboratory services, on-site or closely coordinated off-site via formal partnerships for patients with co-occurring disorders.

Level 3.1 Staffing Requirements

Level 3.1 programs are staffed by:

- 1) Allied health professional staff such as counselor aides or group living workers who are available onsite 24 hours a day or as required by licensing regulations;
- 2) Clinical staff who are knowledgeable about the biological and psychosocial dimensions of substance use disorders and their treatment and are able to identify signs and symptoms of acute psychiatric conditions including psychiatric decompensation;
- 3) A multi-disciplinary team comprised of appropriately trained and credentialed medical, addiction and mental health professionals;
- 4) On-site or closely coordinated referrals to appropriately credentialed medical staff to assess and treat co-occurring patient biomedical disorders and monitor patient administration of medications;
- 5) On-site or closely coordinated referrals to appropriately credentialed mental health professionals to assess and treat co-occurring disorders in consultation with addiction-trained psychiatrists.

While physicians, advanced registered nurse practitioners, and physician assistants are not involved in direct services as staff, an addiction physician is desired to review admission decisions to confirm clinical necessity of services.

Level 3.1 Therapy Requirements

Level 3.1 programs include the following therapies:

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- 1) Services designed to improve the patient's ability to structure and organize tasks of daily living and recovery such as personal responsibility, personal appearance and punctuality;
- 2) Planned clinical program activities (at least 5 hours per week of professionally directed treatment) to stabilize and maintain the stability of patient substance use disorder symptoms and to develop and apply recovery skills such as relapse prevention, exploring interpersonal choices, and development of social network for recovery;
- 3) Addiction pharmacotherapy;
- 4) Random drug screening to monitor and reinforce treatment progress;
- 5) Motivational enhancement and engagement strategies tailored to the patient's stage of readiness to change; and
- 6) Counseling and clinical monitoring to support successful initial involvement or reinvolved in regular, productive daily activity and reintegration into family living, if appropriate, including health education services;
- 7) Regular monitoring of patient medication adherence;
- 8) Recovery support services;
- 9) Services for the patient's family and significant others; and
- 10) Opportunities for the patient to be introduced to the potential benefits of addiction pharmacotherapies as a tool to manage addictive disorders.

Level 3.1 Assessment/Treatment Plan Review Components

In addition to providing required case management, service coordination and integration with other Level 3 services and ASAM levels of care, Level 3.1 programs must demonstrate capacity for assessment and treatment plan review as follows:

- 1) Individualized, comprehensive biopsychological assessment of each patient's substance use disorder, conducted or updated by staff who are knowledgeable about addiction treatment, to confirm the appropriateness of placement in Level 3.1 and to help guide the individualized treatment planning process;
- 2) An individualized treatment plan developed in partnership with the patient that involves challenges, needs, strengths, skills, priority formulation, and articulation of short-term, measurable treatment goals, preferences and activities designed to achieve those goals;
- 3) A biopsychosocial assessment, treatment plan, and updates that reflect a patient's clinical progress;
- 4) A physical examination performed within a reasonable time as defined by a program's policy or Drug Medi-Cal requirements, and as determined by a patient's medical condition; and
- 5) A review of recent psychiatric and mental status examination for patients with co-occurring disorders.

Level 3.3/Residential Services Requirements

Level 3.3 programs are licensed therapeutic rehabilitation facilities located in a community setting that offer a high-intensity structured clinical services with 24-hour staff.

Patients admitted to Level 3.3 programs usually have significant cognitive impairments as a result of the effects of substance use or other addictive disorders that present challenges in interpersonal relationships, emotional coping skills, or comprehension. These impairments make outpatient motivational and/or relapse prevention strategies infeasible and ineffective and make it unlikely that other levels of residential care would be of benefit. Some patients may have such severe limitations in interpersonal and coping skills that the treatment process is one of habilitation rather than rehabilitation where treatment becomes directed at overcoming a patient's lack of awareness or ambivalence about the effects of substance-related problems or addiction on their lives, as well as enhancing their readiness to change. Treatment also focuses on relapse prevention, continued problems and/or continued use, and promoting the eventual reintegration of the patient into the community.

Level 3.3 Required Components

Level 3.3 is generally considered as providing high-intensity services (daily clinical services) which may be provided in a deliberately repetitive way to address the special needs of patients for whom a Level 3.3 program is considered medically necessary. This includes patients who are elderly, cognitively impaired, or developmentally delayed or those with chronic, intense primary diseases that require allowing for sufficient time to integrate lessons into their daily lives. Typically, these patients require a slower pace of treatment and may be homeless, though homelessness alone is not a sufficient indication for Level 3.3 admission.

Level 3.3 Support Systems

Level 3.3 Residential Services must demonstrate capacity to provide the following supports either by the provider or through formal partnerships with service providers as documented by written, approved MOUs that identify roles and responsibilities:

1. 24/7 telephone or in person consultation with physicians, physician assistants or nurse practitioners, and emergency services;
2. Access to other levels of care that are directly affiliated or closely coordinated referrals to more or less intensive levels of care, as well as other services such as adult education;
3. Incidental Medical Services (see *Department of Health Care Services MHSUDS Information Notice No. 16-039*) including Medication Assisted Treatment; laboratory testing, toxicology services, and medication management services;
4. Arrangement of pharmacotherapy for psychiatric or anti-addiction medications;
5. Medical, psychiatric, and psychological service available via consultation or closely coordinated referrals; and
6. Mental health services by telephone consultation within 8 hours and on-site or closely coordinated referrals offsite within 24 hours through formal partnerships.

Level 3.3 Staffing Requirements

Level 3.3 programs must demonstrate sufficient levels of staffing capacity including:

- Physicians, physician assistants, and nurse practitioners and appropriately credentialed mental health professionals;
- Allied health professional staff such as counselor aides or group living workers who are available on-site 24-hours a day or as required by licensing regulations including one or

more clinicians with competence in SUD treatment available on-site 24 hours or available by phone;

- Clinical staff who are knowledgeable about the biological and psychosocial dimensions of substance use disorders and their treatment, are able to identify signs and symptoms of acute psychiatric conditions including psychiatric decompensation, and have specialized training in behavior management techniques;
- Appropriately credential medical staff to assess and treat co-occurring biomedical disorders and monitor patient appropriate administration of medications; and
- Appropriately credentialed psychiatrists and mental health professionals who have specialized training in behavioral health techniques and can assess and treat co-occurring mental health disorders for patients with co-occurring mental disorders.

Level 3.3 Required Therapies

In addition to providing required case management, service coordination and integration with other Level 3 services and ASAM levels of care, Level 3.3 programs must demonstrate capacity to offer the following therapies:

1. Daily clinical services to improve the patient's ability to structure, organize the tasks of daily living and recovery;
2. Planned clinical program activities designed to stabilize and maintain the stability of patient addiction symptoms and develop/apply recovery skills such as relapse prevention, provide guidance about good choices a patient makes about interpersonal and social relationships, and develop a social network supportive of recovery;
3. Random drug screening to monitor progress and reinforce treatment progress as appropriate to the patient's treatment plan;
4. A range of cognitive, behavioral, and other evidence-based therapies administered on an individual and group basis, medication education and management, educational groups, and occupational or recreational activities adapted to the patient's developmental stage and level of comprehension;
5. Counseling and clinical monitoring to assist patient with successful initial involvement or reinvolved in regular, productive daily activities and reintegration into family living, if appropriate, and health education services;
6. Regular monitoring of patient adherence to taking prescribed medications;
7. Daily scheduled professional addiction and mental health treatment services designed to develop and apply recovery skills which include medical services, nursing services, individual and group counseling, family therapy, educational groups, occupational and recreational therapies, art, music or movement therapies, physical therapy and vocational rehabilitation activities;
8. Clinical and didactic motivational interventions appropriate to patient stages of readiness to change, designed to facilitate patient understanding of the relationship between substance use disorder and attendant life issues;
9. Services for patient families and significant others; and
10. Clinical activities for patients with co-occurring mental disorders designed to stabilize a patient's mental health challenges and psychiatric symptoms and to maintain a patient's stability.

Level 3.3 Assessment/Treatment Plan Review Requirements

Level 3.3 programs must demonstrate capacity to support regular assessment of patient needs and progress on treatment goals including:

1. Individualized, comprehensive biopsychological assessment of each patient's substance use disorder to on, conducted or updated by staff who are knowledgeable about addiction treatment, to confirm the appropriateness of placement in Level 3.1 and to help guide the individualized treatment planning process;
2. An individualized treatment plan developed in partnership with the patient that involves challenges, needs, strengths, skills, priority formulation, and articulation of short-term, measurable treatment goals, preferences and activities designed to achieve those goals;
3. A biopsychosocial assessment, treatment plan, and updates that reflect a patient's clinical progress, reviewed by a multi-disciplinary treatment team;
4. A physical examination performed within a reasonable time as defined by a program's policy or Drug Medi-Cal requirements, and as determined by a patient's medical condition;
5. Ongoing transition and continuing care planning; and
6. A review of recent psychiatric and mental status examination for patients with co-occurring disorders.

Level 3.5/Residential Services Requirements

Level 3.5 programs serve patients who need 24-hour safe and stable living environments to gain recovery skills to prevent immediate relapse or continued use in an imminently dangerous manner upon transfer to a lower level of care.

Patients in Level 3.5 have addiction challenges that have escalated to the point that they need a 24-hour supportive environment to either begin or continue a recovery process that has not progressed. Patient needs across the ASAM Dimensions are of such severity that they cannot be treated safely in less intensive levels of care and require comprehensive, multi-faceted treatment approaches to address the interrelated challenges patient have. Defining characteristics of patients needing Level 3.5 services: a) are having emotional, behavioral and cognitive conditions (ASAM Dimension 3); and b) their living environments (ASAM Dimension 6).

Patients needing Level 3.5 services also have multiple limitations that may include substance use and addictive disorders, criminal activity, psychological challenges, impaired functioning, and disaffiliation from mainstream values. Mental health challenges usually involve serious and chronic mental health disorders, such as schizophrenia, bipolar disorders, and major depressive disorders, and personality disorders.

The main treatment goals of Level 3.5/Residential Services are to promote abstinence from substance use, reduce other addictive and antisocial behaviors, and support change in patient lifestyles, attitudes and values. Substance-related and other addictive problems are viewed as disorders of the "whole person" that are reflected in problems with conduct, attitudes, moods, values, and emotional management. Treatment is tailored to the patient's level of readiness for change which for some patients could include becoming aware for the first time of the nature of

their substance use or addictive disorder and/or mental health challenges, and for others, could include a focus on maintaining abstinence and preventing relapse.

Level 3.5 Clinical Services Component

Level 3.5 is generally considered as providing high-intensity services (daily clinical services) which may be provided in a deliberately repetitive way to address the special needs of patients for whom a Level 3.5 program is considered medically necessary. This includes patients who are elderly, cognitively impaired, or developmentally delayed or those with chronic, intense primary diseases that require allowing for sufficient time to integrate lessons into their daily lives. Typically, these patients require a slower pace of treatment and may be homeless, though homelessness alone is not a sufficient indication for Level 3.5 admission.

Level 3.5 Support Systems

Level 3.5 Residential Services must demonstrate capacity for the following supports either provided by the provider or through formal partnerships with service providers as documented by written, approved MOUs that identify roles and responsibilities:

1. 24/7 telephone or in person consultation with physicians, or a physician assistant or nurse practitioner and emergency services;
2. Access to other levels of care that are directly affiliated or closely coordinated referrals to more or less intensive levels of care, as well as other services such as adult education;
3. Incidental Medical Services (see *Department of Health Care Services MHSUDS Information Notice No. 16-039*) including Medication Assisted Treatment; laboratory testing, toxicology services, and medication management services;
4. On-site medical, psychiatric, and psychological services or access to these services through closely coordinated referral (as documented by written, approved MOUs that identify roles and responsibilities) as appropriate to the severity and urgency of a patient's condition; and
5. Psychiatric services, medication evaluation and laboratory services for patients with co-occurring disorders by telephone consultation within 8 hours and on-site or closely coordinated offsite within 24 hours (through formal partnerships as documented by written, approved MOUs).

Level 3.5 Staffing Requirements

Level 3.5 programs must demonstrate sufficient levels of staffing capacity including:

1. Licensed or credentialed clinical staff such as addiction counselors, social workers, or licensed professional counselors working in multi-disciplinary teams with allied health/medical professionals;
2. Allied health professional staff such as counselor aides or group living workers who are available on-site 24-hours a day or as required by licensing regulations including one or more clinicians with competence in SUD treatment available on-site 24 hours or available by phone;
3. Clinical staff who are knowledgeable about the biological and psychosocial dimensions of substance use disorders and their treatment, are able to identify signs and symptoms of acute psychiatric conditions including psychiatric decompensation, and have specialized training in behavior management techniques; and

4. Appropriately credentialed medical staff who are available to assess or treat co-occurring biomedical disorders and monitor patient medications in accordance with physician prescriptions.

Level 3.5 Required Therapies

In addition to provide required case management, service coordination and integration with other Level 3 services and levels of care, Level 3.5 programs must demonstrate capacity to offer the following therapies:

1. Daily clinical services to improve the patient's ability to structure and organize the tasks of daily living and recovery and develop and practice prosocial behaviors;
2. Planned clinical program activities designed to stabilize and maintain the stability of patient addiction symptoms and develop/apply recovery skills such as relapse prevention, exploration of interpersonal and choices, and development of a social network supportive of recovery;
3. Counseling and clinical monitoring to assist patient with successful initial involvement or reinvolved in regular, productive daily activities and reintegration into family living, if appropriate, and health education services;
4. Random drug screening to monitor progress and reinforce treatment progress as appropriate to the patient's treatment plan;
5. A range of cognitive, behavioral, and other evidence based therapies administered on an individual and group basis, medication education and management, educational groups, and occupational or recreational activities adapted to the patient's developmental stage and level of understanding;
6. Regular monitoring of patient adherence to taking prescribed medications and/or any permitted over-the-counter medications or supplements;
7. Motivational enhancement and engagement strategies appropriate to a patient's stage of readiness and desire to change;
8. Counseling and clinical interventions to facilitate teaching a patient the skills needed for productive daily activity and successful reintegration into family living, if indicated, and health education services;
9. Daily scheduled professional addiction and mental health treatment services designed to develop and apply recovery skills which include medical services, nursing services, individual and group counseling, family therapy, educational groups, occupational and recreational therapies, art, music or movement therapies, physical therapy and vocational rehabilitation activities;
10. Planned clinical activities to enhance a patient's understanding of his or her substance use and/or mental health disorders;
11. Services for patient families and significant others; and
12. Planned clinical activities designed to stabilize a patient's mental health challenges and psychiatric symptoms and maintaining stabilization for patients with co-occurring disorders.

Level 3.5 Assessment/Treatment Plan Review Requirements

Level 3.5 programs must demonstrate capacity to support regular assessment of patient needs and progress on treatment goals including:

1. Individualized, comprehensive biopsychological assessment of each patient's substance use disorder to on, conducted or updated by staff who are knowledgeable about addiction treatment, to confirm the appropriateness of placement in Level 3.1 and to help guide the individualized treatment planning process;
2. An individualized treatment plan developed in partnership with the patient that involves challenges, needs, strengths, skills, priority formulation, and articulation of short-term, measurable treatment goals, preferences and activities designed to achieve those goals;
3. A biopsychosocial assessment, treatment plan, and updates that reflect a patient's clinical progress, reviewed by a multi-disciplinary treatment team;
4. A physical examination performed within a reasonable time as defined by a program's policy or Drug Medi-Cal requirements, and as determined by a patient's medical condition; and
5. A review of a patient's recent psychiatric history and a mental status examination for patients with co-occurring disorders.

Level 3 Special Population: Requirements for Pregnant Women and Parenting Women with Dependent Children

The Department of Public Health is seeking proposals to provide a Level 3/Residential Services program for pregnant and parenting women with young children, birth to age five, where women receive addiction treatment, the parent-child relationship is supported and the age appropriate developmental and treatment needs of the child are supported. The Department acknowledges that the addition of children to a residential setting presents a number of challenges to creating a supportive environment for increasing parenting skills, supporting parent-child bonding, and promoting child development. At the same time, DPH recognizes that motivating parents to engage with and remain treatment strengthens the parent-child relationship and healthy outcomes for families.

Special treatment service requirements for serving pregnant women and parenting women with dependent children include capacity to:

1. Compliance with the Fiscal Year 2016-17 Perinatal Services Network Guidelines (see <http://www.dhcs.ca.gov/services/adp/Documents/PSNG%20FY%202016-17.pdf>);
2. Primary medical care for women, including referral for prenatal care and child care while women are receiving such services;
3. Primary pediatric care, including immunization for children;
4. Gender specific substance use treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting, and child care for women receiving these services;
5. Therapeutic interventions for children in custody of women in treatment which address at a minimum their developmental needs, their issues of sexual and physical abuse, and neglect;

6. Sufficient case management and transportation to ensure that women and their children have access to services;
7. Assessments of child-parent relationship and needs of the child including facilitating access to age-appropriate treatment for the child;
8. Trained staff in child development and positive parenting, trauma-informed care, and gender-specific treatment and staff skills required to establish and maintain recovery while parenting;
9. Trained staff in couples and family therapy to support patients in their interaction with the other parent of the child and/or with their current partner including caregivers and any supportive family members;
10. Connections with supportive resources early in treatment to support patient recovery and transitions to other levels of care;
11. Engagement of patient family members including significant others; and
12. Collaborative partnerships with family and child serving agencies to put into place supports and services that support patient transitions and recovery, including Medi-Cal, TANF, vocational rehabilitation, and housing.

Level 3 Residential Services Scoring Preference

There are two scoring preferences that will be awarded to qualified proposals that meet the following desired service components:

1. Level 3.1, 3.3, and 3.5 Scoring Preference – Continuity of Care/10 Preference Points
Longer exposure to treatment interventions may be necessary for patients to acquire basic living, coping and recovery skills. The State has placed limitations on reimbursement beyond two non-continuous 90-day treatment periods for ASAM Level 3 programs (*see DHCS MHSUDS Notice No. 16-042 at www.dhcs.ca.gov*). While DPH will support Level 3 treatment with County General Fund beyond the State limits when a review of a patient's assessed needs and treatment plan progress indicates the need for a longer treatment period, funds permitting, a scoring preference of 10 points will be awarded to qualified Level 3 proposals that demonstrate capacity to provide recovery residences/environments with ongoing Outpatient or Intensive Outpatient Services (depending on the patient's continued needs) after the state imposed reimbursement limits.
2. Level 3.3 Scoring Preference – On-Site Medical Monitoring/10 Preference Points
Qualified providers that demonstrate capacity to offer biomedical enhanced services on-site will receive ten (10) preference points added to the proposal base score. Biomedical enhanced services must be delivered by appropriate medical staff to assess and treat co-occurring biomedical disorders and to monitor the administration of medications in accordance with a physician's prescription. This includes nursing care and sufficient observation to meet patient needs.

4. Opioid Treatment Programs (OTP) Overview

Opioid Treatment Programs (formerly Narcotic Treatment Programs) encompass a variety of pharmacological and non-pharmacological treatment that include medication used to treat opioid use disorders including methadone, buprenorphine, disulfiram, and naloxone and alcohol use disorders including acamprosate, disulfiram, and off-label use of topiramate.

There are two models for OTP: 1) Opioid Treatment Programs that directly administer medication on a daily basis without prescribing medications; and 2) Office-Based Opioid Treatment (OBOT) where clinics prescribe outpatient supplies of buprenorphine. Opioid Treatment Programs that directly administer medication on a daily basis are heavily regulated by federal agencies, while under the OBOT model, a program clinic site is not regulated per se; the practice of the individual physician at the clinic site is regulated by federal regulations.

OBOT Model

A physician at a clinic receives a federal waiver to prescribe buprenorphine up to 275 patients which is dispensed by a pharmacy. OBOT clinics must maintain logs of all patients that include dosage, start date, number of doses authorized, other data (including the run-out date for the last authorized prescription), and a notation whether the patient is no longer under the physician's care.

The clinic also must demonstrate capacity for a multi-disciplinary approach to patient care including having formal relationships to refer patients to psychosocial counseling for patient addiction across all ASAM levels of care, depending on the patient's needs, and providing medication management services.

Please note that a newly enacted federal law will allow nurse practitioners and physician assistants with a Drug Enforcement Agency license to become prescribers of buprenorphine with training and within appropriate patient census limits. Until federal regulations are finalized to allow nurse practitioners and physician assistants to prescribe buprenorphine for the treatment of SUD disorders, waived physicians at the clinic must see a patient and write a prescription at each visit.

OBOT clinics must demonstrate capacity to admit, stabilize and transition MAT patients to primary care by describe their processes, practices and procedures to support this requirement.

OTP Model

Opioid Treatment Programs are ambulatory addiction treatment services for patients with an opioid or alcohol use disorder. Programs use a multi-disciplinary team approach to treatment that includes, at a minimum, physicians, nurses, licensed or certified addiction counselors, and mental health therapists who provide patient-centered, recovery-oriented individualized treatment, case management, and health education.

Services such as dosing, level of care, length of services, and frequency of visits are tailored to the needs of patients, though federally-mandated program components include regularly scheduled psychosocial treatment sessions, random urine drug tests, and scheduled medication visits within a program structure. Opioid Treatment Programs must meet federal admission, discharge, and continued service criteria under 42 CFR 8.12 and California law.

Treatment is designed to address a patient's need to achieve changes in his or her level of function including the elimination/reduction in the use of any drugs that could compromise recovery. Patient-centered treatment plans address major lifestyle, attitudinal, and behavioral issues that may undermine a patient's recovery-oriented goals and impact his or her ability to cope with major life tasks.

While the duration of treatment varies with the severity of a patient's illness, response to treatment and desire to continue treatment, most studies show high rates of relapse to opioid use when participation in Opioid Treatment Programs is discontinued. Proposers should include in their proposals strategies to engage patients in appropriate level of care treatment that supports patient recovery and prevent relapse.

Required Level 1/OTP Model Supports

Level 1/OTP must include the following supports at a minimum:

1. Formal linkages with or access to psychological, medical, and psychiatric consultation;
2. Access to emergency medical and psychiatric care through affiliations with more intensive levels of care;
3. Access to evaluation and ongoing primary medical care;
4. Ability to conduct or arrange for appropriate laboratory and toxicology tests; and
5. Availability of physicians to evaluate, order, and monitor the use of medications and of pharmacists and nurses to dispense and administer medications.

Required Level 1/OTP Model Staffing

Level 1/OTP staff must include an interdisciplinary team of staff trained in treatment of opioid use disorder, including, at a minimum, a medical director, counselors, and a physician, or his/her appropriately licensed supervisee, who is available for medication dispensing and clinic operating hours in person or via telephone. The team can include social workers, professional counselors, and licensed psychologists depending on patient needs.

All staff members must be knowledgeable in the assessment, interpretation and treatment of the biopsychosocial dimensions of alcohol or other substance use disorders and receive supervision appropriate to their level of training and experience.

Required Level 1/OTP Model Therapies

Level 1/OTP therapies must include at a minimum:

1. Individualized, patient-centered assessment and treatment;
2. Assessment, ordering, administration, reassessment, and regulation of medication and dose levels appropriate to the patient and supervision of withdrawal management from opioid methadone and buprenorphine;
3. Provision of medication for other physical and mental health disorders provided on-site or closely coordinator with other providers;
4. Monitored drug testing to be done at least 8 times per year;
5. A range of cognitive, behavioral, and other substance use disorder-focused therapies, reflecting a variety of treatment approaches provided to patients on an individual, group or family basis;
6. Case management including medical monitoring and coordination of on- and off-site treatment services and linkage to educational and vocational counseling, treatment of psychiatric illness, child care, parenting skills development, primary health care, and other services; and

7. Psychoeducation including HIV/AIDS education and other health education services.

Required Level 1/OTP Model Assessment/Treatment Plan Review Elements

Level 1/OTP assessment and treatment plan review elements must include at a minimum the following:

1. A comprehensive medical history, physical examination, and laboratory tests in accordance with federal regulations;
2. An individual biopsychosocial assessment;
3. An appropriate regimen of medication at a dose established by a physician, or his/her appropriately licensed supervisee, at the time of admission and monitored carefully until the patient is stable and an adequate dose has been established which is reviewed as indicated by a patient's course of treatment;
4. Continuing evaluation and referral for care of any serious biomedical problems; and
5. An individualized, patient-centered and recovery-focused treatment plan including patient challenges and short-term, measurable treatment goals and activities designed to achieve the goals developed in collaboration with the patient.

D. ASAM Withdrawal Management Services Overview

ASAM Withdrawal Management (WM) services represent one of the first priorities in treatment planning and can be provided at the same time as SUD treatment services. Though historically provided in an inpatient setting, current medication protocols allow for all but the most severe withdrawal syndromes to be managed safely within SUD treatment programs. WM services stabilize and resolve acute symptoms and minimize the potential for readmission to more intensive levels of care. This requires an understanding for the chronic disease nature of addiction and supporting care transitions to ongoing post-withdrawal services to meet patient addiction, general medical and mental health treatment needs.

It is the expectation that all DPH SUD treatment services provide the appropriate level of withdrawal management services for patients. For 3.2-WM services, there is an added expectation that WM for alcohol be provided for a period of three to six days, depending on a patient's detoxification needs. Beyond six days, SUD treatment providers will not be able to bill for WM services at WM billing rates. The Department of Public Health strongly encourages Level 3.1, 3.3, and 3.5 Residential Service providers to obtain required facility licensure with authorization to offer 3.2-WM Services.

WM services include the following service components:

1. Intake: Evaluation and analysis of a patient's SUD, the diagnosis of SUD, and the assessment of treatment needs and may include a physical examination and laboratory testing;
2. Observation: Monitoring a patient's course of withdrawal including a patient's health status;
3. Medication Services: Prescription or administration of medication related to SUD treatment and/or the assessment of the side effects and results of medications;

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4. Discharge Services: Preparing patient for referral to another level of care, post treatment return, transition into the community, and/or case managed linkage of patients to community treatment, housing and human services.

Depending on the level of WM services to be offered, state facility licensure is required. Please see the following table.

ASAM Level	Description	Provider	Certification/ License Required
1 – WM Ambulatory Withdrawal Management without extended on-site monitoring	Mild withdrawal with daily or less than daily outpatient supervision.	DHCS Certified Outpatient Facility	<ul style="list-style-type: none">• AOD Certification with a non-residential detox service authorization• DMC Outpatient Certification
2 – WM Ambulatory Withdrawal Management with extended on-site monitoring	Moderate withdrawal with all day withdrawal management and support and supervision; at night, patients have supportive family or living situation.	DHCS Certified Outpatient Facility	<ul style="list-style-type: none">• AOD Certification with a non-residential detox service authorization• DMC Outpatient Certification
3.2 – WM Residential/Inpatient Withdrawal Management	Moderate withdrawal, but patient needs 24-hour support to complete withdrawal management and to increase patient likelihood of continuing treatment or recovery.	DHCS Licensed Residential Facility	<ul style="list-style-type: none">• DHCS Residential License with detox service authorization• DMC Residential Certification

Level 1-WM and Level 2-WM Requirements

Required Level 1-WM and Level 2-WM Supports include all of the following:

1. Availability of specialized psychological and psychiatric consultation and supervision for biomedical, emotional, behavioral, and cognitive challenges as indicated;
2. Ability to obtain a comprehensive medical history and physical examination of the patient at admission;
3. Linkages to other levels of care, including other levels of SUD treatment and general and psychiatric services;
4. Ability to conduct and/or arrange for appropriate laboratory and toxicology tests with a preference for point-of-care testing;
5. 24-hour access to emergency medical consultation services if needed; and
6. Ability to provide or assist in accessing transportation services for patients who do not have safe transportation.

In addition, for Level 2-WM, access to psychological and psychiatric consultation is required.

Required Level 1-WM and Level 2-WM staffing includes:

1. Physicians and nurses on-site or off-site but readily available to evaluate and confirm that WM in a less supervised setting is safe. Physicians do not need to be certified as addiction specialist physicians and nurses do not need to be certified as addiction nurses but training and experience in assessing and managing intoxication and withdrawal states is required; and
2. Counselors, psychologists, and social workers must be available. All clinicians who

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assess and treat patients must have knowledge about interpreting information on the needs of patients going through withdrawal services. Staff also must be knowledgeable about the signs and symptoms of alcohol and other drug intoxication and withdrawal, appropriate treatment and monitoring these conditions and supporting a patient's entry into ongoing care.

Required Level 1-WM and Level 2-WM therapies include:

- Individual assessment
- Medication or non-medication WM strategies
- Patient Education
- Non-pharmacological clinical support
- Engagement of family or significant others in WM process
- Discharge or transition planning including treatment service and community recovery support group referrals
- Physician and/or nurse monitoring, assessment, and management of signs/symptoms of intoxication/withdrawal.

Level 1-WM and Level 2-WM Assessment/Treatment Plan Review includes the following elements:

1. An addiction-focused patient history, obtained as part of the initial assessment and conducted by or reviewed by a physician during the admission process;
2. A physical examination by a physician, physician assistant, or nurse practitioner performed within a reasonable time frame as part of the initial assessment;
3. Sufficient biopsychosocial screening assessments to determine the level of care placement and for the individualized treatment plan to address treatment priorities identified for ASAM Dimensions 2 through 6;
4. Individualized treatment plan that includes problem identification in ASAM Dimensions 2 through 6, development of treatment goals and measurable treatment objectives and activities to meet objectives related to withdrawal management;
5. Daily assessment of progress during withdrawal management and any treatment changes;
6. Discharge/transfer planning beginning at the admission to WM services; and
7. Referral and linkage to counseling, medical, psychiatric and continuing care.

In addition, for Level 2-WM services, serial medical assessments are required, using the appropriate measures of withdrawal.

Proposers for Level 1-WM and Level 2-WM services must describe their length of service and continued service and discharge criteria in their proposals. These criteria must be consistent Level 1-WM and Level 2-WM criteria which include:

- Withdrawal signs and symptoms are sufficiently resolved so that patients can participate in self-directed recovery or ongoing treatment without the need for further medical or nursing WM monitoring; or
- Patient signs and symptoms of withdrawal have failed to respond to treatment and have intensified, requiring a transfer to a more intensive level of WM service; or
- A patient is unable to complete withdrawal management at Level 1-WM despite an adequate effort to participate.

Level 3.2-Clinically Managed Residential Withdrawal Management Requirements

Level 3.2-Clinically Managed Residential WM is an organized service delivered by appropriate trained staff that provide 24-hour supervision, observation and support for patients experiencing withdrawal with an emphasis on peer and social support. Patients have severe intoxication and withdrawal signs and symptoms that require a 24-hour structure and support not requiring inpatient services.

Required Level 3.2/Clinically Managed Residential WM Supports include:

1. Availability of specialized clinical consultation and supervision for biomedical, emotional, behavioral, and cognitive challenges;
2. Protocols that allow for medical and nursing interventions if a patient's condition deteriorates and require such interventions – proposers of Level 3.2 WM services must describe their protocols under the "Treatment Program Narrative" section of the "Proposal Submission Template";
3. Formal relationships with other level of care (written, approved MOUs for referrals);
4. Ability to provide appropriate laboratory and toxicology tests.

Required Level 3.2-WM services must be staffed by appropriately credentialed staff who are trained and competent in implementing physician-approved protocols for patient observation and supervision, determination of appropriate level of care, and support for the patient's transition to continuing care. Level 3.2-WM is social withdrawal management model that is clinically managed and designed to safely assist patients through withdrawal without the need for medical or nursing staff. However, medical evaluation and consultation must be available 24 hours a day.

Like Level 1-WM and Level 2-WM, all Level 3.2-WM clinicians who assess and treat patients must have knowledge about interpreting information on the needs of patients going through withdrawal services. Staff also must be knowledgeable about the signs and symptoms of alcohol and other drug intoxication and withdrawal, appropriate treatment and monitoring these conditions and supporting a patient's entry into ongoing care.

Residential facilities that supervise self-administered medications must have appropriately licensed or credentialed staff and Level 3.2-WM staff must be available to ensure that patients are taking medications according to physician prescriptions and legal requirements.

Required Level 3.2-WM therapies include daily clinical services to assess and address the needs of each patient. This may include appropriate medical services, individual and group therapies and withdrawal support. The following services are provided as clinically necessary depending on a patient's progress through withdrawal management and assessed needs on ASAM Dimensions 2-6:

1. A range of cognitive, behavioral, medical, mental health, and other therapies on an individual or group basis to enhance patient understanding of addiction, the completion of the withdrawal management process, and referral to an appropriate level of care for continuing treatment;
2. Multi-disciplinary individualized assessment and treatment;

3. Health education services; and
4. Services to families and significant others.

Required Level 3.2-WM Assessment and Treatment Plan Review elements include:

1. An addiction-focused patient history, obtained as part of the initial assessment and conducted by or reviewed by a physician during the admission process;
2. A physical examination by a physician, physician assistant, or nurse practitioner performed as part of the initial assessment if self-administered medications are to be used;
3. Sufficient biopsychosocial screening assessments to determine the level of care placement and for the individualized treatment plan to address treatment priorities identified for ASAM Dimensions 2 through 6;
4. Individualized treatment plan that includes problem identification in ASAM Dimensions 2 through 6, development of treatment goals and measurable treatment objectives and activities to meet objectives;
5. Daily assessment of progress during withdrawal management and any treatment changes;
6. Discharge/transition planning beginning at the admission to WM services; and
7. Referrals as needed.

Like Level 1-WM and Level 2-WM, proposers for Level 3.2-WM services must describe their length of service and continued service and discharge criteria in their proposals. These criteria must be consistent Level 1-WM and Level 2-WM criteria which include:

- Withdrawal signs and symptoms are sufficiently resolved so that patients can participate in self-directed recovery or ongoing treatment without the need for further medical or nursing WM monitoring; or
- Patient signs and symptoms of withdrawal have failed to respond to treatment and have intensified, requiring a transfer to a more intensive level of WM service; or
- A patient is unable to complete withdrawal management at Level 1-WM despite an adequate effort to participate.

E. Evidence Based Practices

The DMC-ODS Pilot project requires the use of evidence-based practices for SUD treatment to improve patient outcomes. Proposers must demonstrate capacity to provide at least two (2) of the approved DMC-ODS Pilot and DPH evidence-based practices (EBPs) through the following at a minimum in their proposals:

1. Motivational Interviewing
A patient-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on patients' past successes. The approach also has had success in supporting patient engagement and harm reduction for patients not yet motivated to abstain from substance use - www.motivationalinterviewing.org.

2. Cognitive Behavioral Therapy

Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned. This therapeutic approach has been effective in preventing relapse.

3. Relapse Prevention

A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.

4. Seeking Safety/Trauma-Informed Treatment

Services must take into account an understanding of trauma and place priority on trauma survivors' safety, choice and control - www.seekingsafety.org.

5. Psycho-Education

Psycho-educational groups are designed to educate patients about substance abuse and related behaviors and consequences. Psycho-educational groups provide information designed to have a direct application to patients' lives; to instill self-awareness, suggest options for growth and change, identify community resources that can assist patients in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.

F. Medication Assisted Treatment

The DMC-ODS Pilot supports expanded access to Medication Assisted Services (MAT) and requires greater management of patient compliance with medication to support the goals of improved patient outcomes, a better patient experience, and reduced healthcare costs. Providers must demonstrate linkages to MAT services for patients through:

- Practices and processes to prescribe, monitor, adjust, and manage MAT for patients including methadone, buprenorphine, naloxone, disulfiram, injectable naltrexone and clinically necessary adjunctive services for patients with opioid and alcohol use disorders;
- Case management practices and processes to support regular communication, consultation, and coordination between SUD treatment staff and mental health professionals and physicians of patients that are prescribed medications.

As evidence of formal collaborative partnerships with primary care and mental health service providers, proposers must include copies of written, approved MOUs with providers for coordinated and integrated patient care.

G. Case Management Services

The DMC-ODS Pilot requires all counties to offer case management services to ensure that the “whole person” needs of SUD treatment patients are met. Case management services are considered effective and proactive when they directly link patients to needed services and supports through “warm handoffs” that ensure patients are connected and stay connected to mental health, primary care, and other needed services through closely coordinated referrals by SUD counselors. This includes proactive management of patient withdrawal and medication compliance working in partnership with a patient’s primary care home while patients are in treatment, as well as regular check-ins after treatment discharge with primary care homes and mental health providers to support continued patient recovery and prevent relapse. It may also include interactions with the criminal and juvenile justice systems, school student success teams, or child welfare.

Proposers must integrate effective and proactive case management services into their treatment programs at all ASAM Levels of Care. Goals of case management services include:

- Addressing the comprehensive needs of SUD patients including medical, psychosocial, behavioral, and spiritual needs;
- Partnering with patients to problem-solve and explore treatment options;
- Improving coordination of care and communication among members of the care planning team;
- Promoting patient self-advocacy, self-care, and self-determination;
- Integrating peer support specialists within treatment planning to share their knowledge, advocate for and support patients;
- Proactively ensuring that transitions to other levels of care are effective, safe, timely and complete (“warm hand-offs”);
- Improving patient safety and satisfaction;
- Helping patients reach their optimal level of health, well-being and recovery.

Case management includes services that assist a patient in accessing needed medical, educational, social, prevocational, rehabilitative, or other community services and focus on coordination of SUD care and integration around primary care and interaction with the criminal justice system if needed. Service components include all of the following:

1. Comprehensive assessment and periodic reassessment of individual needs for continuation of case management;
2. Transition to a higher or lower level of care;
3. Development and periodic revision of a patient plan that includes service activities;
4. Communication, coordination, referral and related activities;
5. Monitoring service delivery to ensure patient access to service and service delivery system;
6. Monitoring patient progress; and
7. Patient advocacy, linkages to physical and mental health care, transportation, and retention in primary care services.

H. Recovery Services

Proposers must demonstrate capacity within their proposals to integrate recovery services into their treatment programs at all ASAM levels of care. Community-based recovery and wellness services may be provided face-to-face, by telephone or by telehealth, to patients that have been triggered, have relapsed, or as a preventative measure to prevent relapse. Recovery services must at a minimum include all of the following:

1. Individual and Group Outpatient Counseling to stabilize patients and reassess if further care is needed;
2. Recovery Monitoring: recovery coaching, monitoring via telephone and internet;
3. Substance Abuse Assistance: peer-to-peer services and relapse prevention;
4. Education and Job Skills: linkages to life skills, employment services, job training and education services;

5. Family Support: linkages to childcare, parent education, child development support services, and family/marriage education;
6. Support Groups: linkages to self-help and support, spiritual and faith-based support;
7. Ancillary Services: linkages to housing assistance, transportation, case management, and individual services coordination; and
8. Recovery Residences.

I. County of Responsibility (required information but no points awarded)

Under the DMC-ODS Pilot, counties are responsible for serving any patient that seeks SUD treatment services within their geographic boundaries. This includes providing Medication Assisted Treatment (MAT) services for patients. Proposers must demonstrate the capacity to meet the DMC-ODS Pilot requirement that patients seeking SUD treatment services in the City and County of San Francisco will be served regardless of their county of responsibility (residency) by:

1. Identifying the anticipated counties of responsibility for patients proposed to be served in San Francisco; and
2. Providing a written assurance that proposer will: 1) serve out-of-county patients in full compliance with the DMC-ODS Pilot County of responsibility requirement, including related requirements imposed on counties by the State at a future date; and 2) seek written agreements with counties of responsibility to serve out-of-county patients on or before June 1, 2017 if funded under this RFP. For more information, please see: www.dhcs.ca.gov/formsandpubs/.../MHSUDS_IN_16-023.pdf

J. Cultural and Linguistic Competency

All SUD outpatient treatment services must be offered consistent with the Culturally and Linguistically Appropriate Services (CLAS) Standards and related DPH Cultural and Linguistic Competency Policy. Availability of services in languages other than English is an Access Measure that will be reported under the DMC-ODS Pilot evaluation. The Department of Public Health will award a scoring preference to proposals where professionally certified/licensed provider staff are designated to meet patient primary language needs other than English.

K. Harm Reduction

All SUD treatment services are required to be offered consistent with the Harm Reduction Resolution of the Health Commission (September 2000) and new DPH Harm Reduction Policy requirements. Recently, the Department of Public Health enhanced the Health Commission's Policy with new requirements to demonstrate compliance with the intent of the policy. In addition to providing copies of a provider's harm reduction policy, all SUD treatment services are expected to integrate these new requirements within treatment services:

1. Post in common areas where they can be viewed by patients up-to-date referral information about Syringe Access & Disposal services and schedule;
2. Have an onsite overdose response policy;
3. Post in common areas where they can be viewed by patients up-to-date referral

information about naloxone access and DOPE Project schedule; and

4. Program staff participate in at least one training with the Harm Reduction Training Institute either at the program site or at a Training Institute site.

For more information about Harm Reduction, please visit www.sfdph.org.

L. Collaborative Partnerships/Integrated Services

A major goal of the DMC-ODS Pilot's goal is to improve SUD treatment coordination for patients, both within the SUD continuum of services and with primary care, mental health and recovery support services. The Department of Public Health strongly supports this goal through local integration initiatives such as the Behavioral Health Home (BHH) model. A preference will be given to proposals that support service integration for addiction, mental health and primary care services under a BHH or on-site multi-disciplinary team. For more information on BHHs and integrated care models, please visit: <http://www.integration.samhsa.gov>.

Another major focus of the DMC-ODS Pilot is strengthening partnerships with agency and community partners that can support patient recovery. This includes the criminal and juvenile justice systems, Drug Court, housing providers, vocational and rehabilitation providers, and others. Proposers must describe in their proposals community and agency partnerships in place to support patients proposed to be served in SUD treatment services.

M. Evaluation and Quality Management

The UCLA Integrated Substance Abuse Programs has been retained by the State to conduct an evaluation to measure and monitor outcomes from the DMC-ODS Pilot program. All DMC-ODS Pilot counties and their providers are required to participate in the UCLA evaluation. Consistent with the goals of the DMC-ODS pilot, the design of the evaluation will focus on four key areas: 1) increased access; 2) higher service quality; 3) more appropriate costs (e.g. reduced inpatient and ER use); and 4) improved integration and coordination of care with primary care, mental health and recovery support services. For more information about the scope of UCLA DMC-ODS Pilot evaluation, please see: <http://www.uclaisap.org/ca-policy/assets/documents/DMC-ODS-evaluation-plan-Approved.pdf>.

At a minimum, evaluation data will be collected on the following items:

1. Patient engagement and participation;
2. Patient access to treatment services within 72 hours;
3. Patient treatment progress and recovery;
4. Patient compliance with medications/MAT use;
5. Appropriate patient utilization of services/ASAM assessments (level of care placements);
6. Successful care transitions and discharges;
7. Collaborative treatment planning with managed care;
8. Case management/navigation support for patients;
9. Patient perceptions of service access/quality; and
10. Accuracy/quality of CalOMS Treatment, DATAR, and Avatar data.

At a minimum, data will be collected on the following QI benchmarks:

1. Timeliness of first initial patient contact to face-to-face appointment;

2. Timeliness of services for the first dose of Narcotic Treatment Program services;
3. Access to after-hours care;
4. Improved reliability and timeliness of data entry;
5. Reduction in avoidable patient hospitalizations;
6. Coordination with physical, mental health and recovery services;
7. Utilization management/appropriate level of care;
8. Patient experience; and
9. Services available in patient primary languages.

Proposers must demonstrate capacity to collect and submit this required evaluation and quality improvement data in a timely manner for the UCLA evaluation, as well as data for DPH contractor performance objectives. A scoring preference will be given to proposals that identify dedicated evaluation and quality improvement staff to support these important program improvement and planning activities.

N. Peer Support

While the role of a peer support specialists will varies based on the level of care and patient needs, peer support specialists engage in the following activities:

1. Provide Support and Advocacy
Peer support specialists work with patients to connect them to resources in the community including how to independently identify needs and access resources. As integrated members of the treatment team, peer support specialists also advocate for their peers in treatment settings and within the community.
2. Role Model Recovery
Peer support specialists have a wealth of experience navigating their own recovery journeys. By sharing their stories and modeling healthy, effective decision-making in peer relationships, they can inspire patients to do the same.
3. Facilitate Positive Change
The spirit of recovery and resilience is grounded in hope and optimism. Peer support specialists work to motivate patients through positive means, highlighting strengths and resources. Peer support specialists can facilitate change through goal setting, education, and skills building.

Since peer support specialists freely identify as being in recovery, they actively work to reduce stigma and inspire others in their process of recovery. They strongly uphold the values of recovery and resiliency, and they serve as role models for wellness, responsibility, and empowerment. Throughout all interactions, peer support specialists communicate warmth, empathy, and a non-judgmental stance. They provide support and guidance without telling their peers what they should do.

This unique relationship is considered “a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement on what is helpful.” While precise job descriptions vary across agencies, peer support specialists focus heavily on the identification of strengths, skill building, effective symptom management, and goal setting among those with whom they work. In addition, they often provide outreach, advocacy, social and logistical support, and education.

Proposers must describe how peer support specialists will be integration within treatment planning teams and recovery support services including identifying the specific roles and responsibilities of peer support specialists.

O. Therapeutic Alliances with Patients

All SUD treatment level of care providers are expected to proactively engage patients in all aspects of their care from intake and treatment planning, treatment plan review, discharge and transitions across levels of care or into the community. Proposers should describe in their proposals client engagement strategies they will use to support therapeutic alliances with patients for improve patient outcomes, wellness and recovery.

P. Electronic Health Records and Data Collection Capacity

Under the DMC-ODS Pilot, counties and their treatment providers will be required to enter timely and accurate data to support the DMC-ODS Pilot evaluation and other quality improvement activities. The UCLA Integrated Substance Abuse Programs Center has identified multiple data sources to evaluate outcomes of the DMC-ODS Pilot across multiple electronic record and data systems. Additionally, DPH requires SUD providers to enter timely and accurate patient record data in Avatar, and in the future, providers will be required to utilize EPIC, the DPH electronic health record (EHR) under current development (for more information, please visit www.sfdph.org).

Proposers must demonstrate they have the organizational capacity to collect and report data to DPH within five (5) business days of a request and in compliance with all other State and DPH data system reporting requirements. This includes employing trained staff who are able and knowledgeable about collecting, analyzing and reporting data for the following systems:

1. DPH Avatar data system;
2. State Drug and Alcohol Treatment Access Report data system (DATAR);
3. State CalOMS Treatment data system; and
4. DPH EPIC and/or future DPH EHR.

Proposers must demonstrate that they have program capacity to support data collection and evaluation activities, including the necessary hardware, software, and information technology (IT) resources to support these activities. This includes, at a minimum, demonstrated organizational capacity to:

1. Provide data for the DMC-ODS Pilot evaluation;
2. Use or provide for interface with DHCS and DPH data collection systems such as Avatar, CalOMS Treatment and DATAR;
3. Use electronic health records to review patient information and enter screening, prevention, admission and treatment and progress information directly into an electronic record, as well as complete required surveys and assessments to meet all billing documentation, outcomes, quality improvement, and performance measurement and reporting requirements;

4. Use federal, state, and DPH ePrescribing functions and systems;
5. Identify and train staff required to provide registration and eligibility verification functions within the electronic recordkeeping system in order to meet all scheduling, registration and eligibility related billing, reporting, quality management, and program evaluation and monitoring requirements; and
6. Provide for other required data collection including patient satisfaction surveys, ASAM level of care assessments, as well as other data collection requirements not yet identified.

All proposers must demonstrate that they have sufficient capacity and resources including:

1. Hardware including a computer on each workstation or desk with sufficient processing power to support real time use of highly complex scheduling, electronic healthcare record and eligibility verification applications;
2. Software including current internet browser software, Microsoft Office applications to support practice management functions, and VPN or Token share of cost;
3. Connectivity including high speed internet and local area networking within facilities; and
4. Information Technology (IT) support services sufficient to the level of IT resources within programs and facilities including desk top support, computer break fix, networking support, and basic computer training.

Q. Patient Confidentiality Requirements

All federal, state and local patient confidentiality requirements must be adhered to by SUD treatment providers. Proposers must have policies, practices, and workforce training in place that are consistent with and in full compliance with confidentiality requirements. This includes ensuring patients have signed a consent for a 42 CFR part 2 compliant release of information to allow for the sharing of patient information for the purpose of multi-disciplinary treatment planning, treatment, medication management, mental health monitoring and management, medical monitoring and management, and transitions to other levels of care or treatment program discharge. Providers also should describe in their proposals how compliance with patient confidentiality requirements is monitored and specific provider strategies for obtaining consent in cases where a patient has refused or unable to provide consent (e.g. severity of functioning limits ability to comprehend consent).

R. Workforce Development and Support

The DMC-ODS Pilot establishes the framework for a series of fundamental changes in the SUD treatment service delivery system in California. SUD treatment providers will transition to a new set of business and clinical practices, new regulatory requirements with DMC certification, and new relationships within integrated service delivery models. Recognizing the need to train the addiction treatment workforce to support the adoption of new addiction treatment systemic reform under the DMC-ODS Pilot, the State has provided funding to the UCLA ISAP and by the California Institute of Behavioral Health Solutions (CIBHS) to provide technical assistance and training services to SUD treatment agencies in California. In addition, DPH support workforce training and technical assistance.

For more information about available training and technical assistance, please visit:

- For UCLA ISAP, please visit: www.uclaisap.org.
- For CIBHS: <http://www.cibhs.org/dmc-ods-waiver-trainings>.
- For DPH: www.sfdph.org.

Proposes must demonstrate capacity for having qualified professional staff to meet ASAM Level of Care and DMC if applicable) staff requirements¹ and a robust workforce training, technical assistance and support program that includes:

1. An organizational chart that shows proposed SUD outpatient treatment full-time equivalents (FTEs) by profession and where those FTEs report within the provider's organization;
2. A staffing plan for proposed SUD treatment services including proposed staff to patient ratios (staff patient caseloads), clinical supervisor to staff ratios, and peer workers (consumers with lived experience) to provide peer support to patients;
3. The provider's staff supervision model including the role of supervisors in staff coaching, patient care, and QI and service utilization activities;
4. An SUD treatment staff training and technical assistance plan for Fiscal Year 2016-17 and beyond that supports staff in meeting DMC-ODS Pilot and DPH requirements including what and how state supported training will be accessed;
5. Provider policies, procedures, and processes for ensuring that professional staff²: 1) are licensed, registered, certified, or recognized under California State scope of practice statutes³; 2) will provide services within their individual scope of practice; and 3) receive supervision required under their scope of practice laws.
6. Appropriate on-site orientation, support, and training for non-professionally licensed, such as peer support specialists, prior to and during performance of assigned duties, and strategies for supervision by professional staff; and
7. Assurances that registered and certified alcohol and other drug counselors adhere to all requirements in the California Code of Regulations, Title 9, Chapter 8.

S. State Required Elements of Provider Selection

The Department of Health Care Services and DPH require counties to ensure that all SUD treatment providers meet a set of provider selection elements. Proposers must demonstrate that they meet these requirements by completing the following certification checklist and submitting under the proposal appendix.

¹ For any proposed positions that are vacant upon submission of a proposal for this RFP, a job description for and an assurance that the vacant position(s) will be filled within 90 days of receiving a contract award from DPH should be included with the proposal submission.

² Professional staff includes Licensed Practitioners of the Healing Arts such as Physician, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT), licensed-eligible practitioners working under the supervision of licensed clinicians, and non-professionally licensed and certified staff such as peer support specialists.

³ Copies of proposed staff's professional licenses should be included in the proposal appendix.

California Department of Health Care Services (DHCS) & San Francisco Department of Public Health (DPH) SUD Treatment Provider Required Elements Certification Checklist

The DMC-ODS Waiver and 42 CFR Section 438 require that counties have policies and procedures for provider selection. Proposers must certify that the following elements are incorporated into their policies and procedures by checking all of the boxes below.

- ☐ Proposers have a documented process for credentialing and re-credentialing of providers (i.e., individual practitioners);
- ☐ Proposer has a license and/or certification issued by DHCS that is in good standing;
- ☐ Proposer, prior to the furnishing of services under this RFP, has enrolled with, or revalidated their current enrollment with, DHCS as a DMC provider under applicable federal and state regulations, has been screened in accordance with 42 CFR 455.450(c) as a “high” categorical risk prior to furnishing services under this pilot, has signed a Medicaid provider agreement with DHCS as required by 42 CFR 431.107, and has complied with the ownership and control disclosure requirements of 42 CFR 455.104;
- ☐ Proposer is not under investigation for Medi-Cal fraud;
- ☐ Proposer has a Medical Director who, prior to the delivery of services under this RFP, has enrolled with DHCS under applicable state regulations, has been screened in accordance with 42 CFR 455.450(a) as a “limited” categorical risk within a year prior to serving as a Medical Director under this pilot, and has signed a Medicaid provider agreement with DHCS as required by 42 CFR 431.107;
- ☐ Proposer accepts DPH right to revoke delegation of county responsibilities to a proposer or impose other sanctions if a contractor’s performance is inadequate;
- ☐ Proposer meets state standards for timely access to care and services, taking into account the urgency of the need for services;
- ☐ Proposer offers hours of operation that are no less than the hours of operation offered to commercial enrollees or comparable to Medicaid fee-for-services, if the provider serves only Medicaid enrollees;
- ☐ Proposer agrees that any decision issued by DHCS with regard to a bidder’s appeal to DHCS following the DPH contract protest procedure shall be final and not appealable.

LEVEL OF CARE SERVICES

The agency named below acknowledges it has read and understands all of the requirements above and certifies that the agency and its agents, employees and contractors will comply with each of the requirements.

Agency Name

Date

Printed Name of Agency Authorized Representative

Signature of Agency Authorized Representative

T. Ancillary Treatment and Outreach Services

The Department of Public Health invites proposals to provide ancillary treatment and outreach services from qualified proposers. Examples of ancillary services include jail dosing at methadone clinics or stimulant user outreach. These services must be provided as part of an ASAM level of care treatment services proposal.

Proposers of ancillary treatment and outreach services must submit a completed Proposal Submission Template in addition to the “Ancillary Services Addendum.

U. Recovery Track Residence Program Services

The Department of Public Health invites proposals from qualified proposers to provide Recovery Track Residence Program services for patients, aged 18 and over, who have transitioned from Residential Services, but who are unable to return home or be served successfully in Level 1 Outpatient Services or Level 2.1 Intensive Outpatient Services settings. The goal of Recovery Track Residences is to prevent relapse and to eventually transition patients back home or to stable housing in the community as treatment progress allows.

Proposers for Recovery Track Residence Program services must otherwise meet all requirements under this RFP. In addition, proposers for this service must submit proposals using the “Recovery Track Resident Program Proposal Template” (see #13 below). This template serves as a substitute for the “Proposal Submission Template” found on page 59 of the RFP for this service only.

Proposers of Recovery Track Residence Program services are eligible for all applicable priority system needs preference points identified within the RFP upon completion of the required documentation to receive these points found under the “Proposal Content” subsection of Section IV. PROPOSAL SUBMISSION REQUIREMENTS.

IV. PROPOSAL SUBMISSION REQUIREMENTS

Failure to provide any of the following information or forms may result in a proposal being disqualified.

A. NON-BINDING LETTER OF INTENT

Prospective proposers are required to submit a Letter of Intent (LOI) on their agency's letterhead stationery to the DPH Office of Contracts Management and Compliance by **12:00 p.m.**, on **November 1, 2016**, to indicate their interest in submitting a proposal under this RFP. Such a letter of intent is non-binding and will not prevent acceptance of an agency's proposal and neither commits and agency to submitting a proposal. See Appendix A1-b.

B. TIME AND PLACE OF SUBMISSION

Proposals must be received by **12:00 p.m.** on **NOVEMBER 22, 2016**. Postmarks will not be considered in judging the timeliness of submissions. Proposals may be delivered in person and left with SFDPH Office of Contracts Management and Compliance ("Contracts Office"), or mailed to:

**Mahlet Girma, Contract Analyst
San Francisco Department of Public Health
Office of Contracts Management and Compliance
1380 Howard St., 4th Floor, # 421
San Francisco, CA 94103**

Proposers shall submit **one** (1) original and **seven** (7) copies of the proposal, and separately bound, of required Contracts Monitoring Division (CMD) Forms in a sealed envelope clearly marked "**RFP 26-2016 – SUBSTANCE USE DISORDER TREATMENT SERVICES**" to the above location. The original copy of the proposal must be clearly marked as "ORIGINAL" and also emailed to Mahlet.Girma@sfdph.org. Copies of the proposals must be submitted to the office. Applications that are submitted by facsimile, telephone or electronic mail (other than the original) will not be accepted. Late submissions will not be considered.

**** Proposals submitted by facsimile, telephone or electronic mail will not be accepted.**

C. LATE SUBMISSIONS

Submissions are due at Noon on the due date. Postmarks will not be considered in judging the timeliness of submissions. Submissions received after the noon deadline but before 12:01 P.M. the following day will be accepted due to extenuating circumstances at the sole discretion of the Director of Health. Organizations/agencies/firms/consultants that submit submissions within this grace period must provide a letter explaining the extenuating circumstances by 12:00 noon of the second day. Decisions of the Director of Health to accept or reject the submission during the grace period will not be appealable. Following the 24-hour grace period no late submissions will be accepted for any reason and there will be no appeal.

All submissions shall be firm offers and may not be withdrawn for a period of ninety (90) days following last day of acceptance.

D. FORMAT

All submission must be typewritten on standard recycled paper with an easy to read 12-point font such as Arial or Times New Roman and one-inch margins. Please print on double-sided pages to the maximum extent possible (note that one, double-sided page is the equivalent of two proposal pages when meeting program proposal page limits). Please bind your proposal with a binder clip or single staple. Please do not submit your proposal in a three-ring binder, do not bind your proposal with a spiral binding, glued binding, or anything similar that prevents easy duplication. You may use tabs or other separators within the proposal. Please number pages and include a Table of Contents. *(Applicants must follow the format and submission requirements with the required page limit – points will be subtracted if the submission guideline is not followed).*

For each level of care for which a proposal is being submitted for either the Adult/Older Adult Systems of Care or the Children, Youth and Family System of Care, please organize the Letter of Introduction and Proposal Content as follows: 1) Table of Contents; 2) Letter of Introduction; 3) Proposal Content (Proposal Submission Template/Priority System Needs Template); 4) Budget Forms, Budget Narrative and Fee Proposal; and 5) Appendices.

E. REQUIRED FORMS (Appendix A1-a)

1. RFP Form #1 - Solicitation and Offer
2. RFP Form # 2 - Contractual Record Form
3. Contract Monitoring Division - CMD Forms:
All proposals submitted must include the following:
 - a) Form 2A, CMD Contract Participation Form;
 - b) Form 3, CMD Non Discrimination Affidavit;
 - c) Form 4, CMD Joint Venture Form (if applicable); and
 - d) Form 5, CMD Employment Form.

If these forms are not returned with the proposal, the proposal may be determined to be non-responsive and may be rejected. The CMD forms should be placed in a separate, sealed envelope labeled CMD Forms. If you have any questions concerning the CMD Forms, you may call Contract Monitoring Division (415) 581-2310.

F. MINIMUM QUALIFICATIONS NARRATIVE

The Minimum Qualifications Narrative may be no more than five (5) pages total, excluding forms and other required attachments. The Minimum Qualifications Requirements should be clearly labeled and bound separately from program proposals. See Section II, page 13.

Using a half page or less for each item, please describe how your agency meets the following requirements as detailed in Section II, Minimum Agency Requirements:

1. Drug Medi-Cal Certification
2. Harm Reduction Requirements
3. Cultural & Linguistic Competency Requirements
4. Financial Management Capacity & Fiscal Integrity Requirements
5. Prior Performance Requirements
6. Priority Service Populations Requirements
7. Priority Geographic Service Areas Requirements
8. Americans with Disabilities Act and Access Requirements
9. Approved City Vendor

10. Compliance with City and County Policies, Laws, Rules and Regulations

Only one copy of the above is required for each agency regardless of the number of proposals submitted. Any proposal that does not demonstrate that the proposer meets these minimum requirements by the deadline for submittal of proposals will be considered non-responsive and will not be eligible for project proposal review or for award of a contract.

G. LETTER OF INTRODUCTION (no more than one (1) page)

A one-page letter signed by the person authorized to obligate the proposing agency stating that the proposing agency is willing and able to perform the commitments contained in the proposal.

H. PROPOSAL CONTENT

Proposers must use the “Proposal Submission Template” in preparing and submitting their proposals (page 60) for all proposals except for Recovery Track Residence Program services proposals which must use the “Recovery Track Resident Program Proposal Template”.

Information submitted for template sections that exceed the maximum page limits noted for each section of the template will not be considered by the review panels. Any proposal that does not include all of the information requested in the “Proposal Submission Template”, or the “Recovery Track Residence Program Submission Template” if a proposal is being submitted for recovery residence services, will be considered non-responsive and will not be eligible for proposal project review or for award of a contract.

Please note that for Level 1/Outpatient Services and Level 2.1/Intensive Outpatient Services, additional information has been requested under the “Treatment Program Narrative” section of the “Proposal Submission Template” for providers proposing to serve adolescents, aged 10-18. In addition, for Level 3.1, 3.3, and 3.5/Residential Services, additional information has been requested under the “Treatment Program Narrative” section of the “Proposal Submission Template” for providers proposing to serve pregnant and parenting women with children. Any proposal that does not include all of the information requested for the adolescent and pregnant/parenting women with children populations in the “Proposal Submission Template”, or for serving pregnant/parenting women with children under the “Recovery Track Residence Program Submission Template, will be considered non-responsive and will not be eligible for project proposal review or for award of a contract. The “Recovery Track Resident Program Submission Template” is included in the following pages.

For each SUD treatment level of care proposed to be provided, a complete “Proposal Submission Template” must be completed and submitted with the proposal.

For each System of Care for which SUD levels of care are proposed to be served (CYFOSC and A/OA SOC), a complete “Proposal Submission Template” must be completed and submitted with the proposal.

The “Proposal Submission Template for all services” and “Proposal Submission Template for Recovery Track Residence” follows on the next page.

Proposal Submission Template for All Services (except Recovery Track Residence)

1. Priority Service Populations Description (Up to 20 Points) – 3 Pages Maximum		
<p>A. Please check at least two (2) Priority Service Populations that are proposed to be served from the list to the right. (10 points)</p>	<input type="checkbox"/> Persons Who Are Black/African American <input type="checkbox"/> Persons Who Are Homeless <input type="checkbox"/> Persons Who Are Incarcerated or Involved with the Criminal/Juvenile Justice Systems/ Drug Court <input type="checkbox"/> Adolescents, Aged 10-18	<input type="checkbox"/> Persons Whose Primary Substance Is Alcohol <input type="checkbox"/> Transition Age Youth, 18-24 <input type="checkbox"/> Persons Who Are Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Ally or Two-Spirit <input type="checkbox"/> Pregnant or Parenting Women w/Children
<p>B. Please describe at least five (5) years of specific organizational and staff knowledge, experience, and professional qualifications successfully engaging, treating, and transitioning Priority Service Populations proposed to be served. If adolescents are the service population, please describe staff knowledge of adolescent developmental stages and experience engaging adolescents in treatment. If pregnant women and/or parenting women with dependent children are the service population, please describe organizational capacity and staff knowledge, experience and professional qualifications to meet DHCS FY 2016-17 Perinatal Service Network Guidelines and meet the child development needs of dependent children. (10 points)</p>		
2. Priority Geographic Service Areas Description (Up to 20 Points) – 2 Pages Maximum		
<p>A. Please check at least one (1) of the Priority Geographic Services Areas proposed to be served from the list to the right. (10 points)</p>	<input type="checkbox"/> Hayes Valley/Tenderloin/North of Market/94102 <input type="checkbox"/> South of Market/94103 <input type="checkbox"/> Bernal Heights/Inner Mission/94110	<input type="checkbox"/> Bayview-Hunter's Point/94124 <input type="checkbox"/> Southeast/Visitation Valley/Sunnydale/94134 <input type="checkbox"/> Other: _____
<p>B. Please describe at least five (5) years of specific organizational and staff knowledge, experience, and professional qualifications successfully engaging, treating and transitioning Priority Service Populations in Proposed Geographic Services Areas. (6 points)</p>		
<p>C. Please list formal partnerships with other systems and service providers including housing, primary care, mental health, and the criminal and juvenile justice systems/Drug Court in each proposed Priority Geographic Service Area that will support patient recovery and include copies of written, signed MOUs that identifies specific roles and responsibilities of each partner in the Appendix. (4 points)</p>		

3. Treatment Program Narrative (Up to 70 Base Score Points Total) – 14 Pages Maximum		
<p>A. Please check the ASAM Level of Care proposed to be provided and whether the program is Drug Medi-Cal certified.</p>	<p><input type="checkbox"/> ASAM 1/Outpatient Services <input type="checkbox"/> Adult/Older Adult or <input type="checkbox"/> Adolescent <input type="checkbox"/> ASAM 1/Opioid Treatment Program <input type="checkbox"/> ASAM 2.1/Intensive Outpatient Services: <input type="checkbox"/> Adult/Older Adult or <input type="checkbox"/> Adolescent <input type="checkbox"/> ASAM 3.1/Residential <input type="checkbox"/> ASAM 3.1/Residential: Perinatal</p>	<p><input type="checkbox"/> ASAM 3.3/Residential <input type="checkbox"/> ASAM 3.3/Residential: Perinatal <input type="checkbox"/> ASAM 3.5/Residential <input type="checkbox"/> ASAM 3.5/Residential: Perinatal Drug Medi-Cal Certified Program? <input type="checkbox"/>Yes <input type="checkbox"/> No</p>
<p>B. Treatment Program (20 points) Describe the proposed treatment program approach and strategies and resources to meet The ASAM Criteria and requirements for the Level of Care identified above. Be sure to discuss each of the following level of care specific program components: a) required services (4 points); b) available supports (4 points); c) available therapies (4 points); d) admission/treatment plan review process (4 points); and e) co-occurring mental disorder enhancements (4 points). For Residential Services, include a description of onsite Incidental Medical Services programs.</p>		
<p>C. Patient Engagement & Peer Support (Up to 10 points) 1. Describe patient treatment engagement strategies and the rationale why these strategies will be successful for the proposed service population. (5 points) 2. Describe how peer support specialists will be integrated into patient engagement, treatment planning, treatment, and recovery. (5 points)</p>		
<p>D. Medication Assisted Treatment (Up to 10 points) Address all of the following: 1. Describe Medication Assisted Treatment services that are available for patients including, but not limited to, staffing and program capacity to prescribe, monitor, adjust, and manage MAT including methadone, buprenorphine, naloxone, disulfiram, injectable naltrexone and provide clinically necessary adjunctive services for patients with opioid and alcohol use disorders (4 points); 2. Describe strategies and the process for regular communication, consultation, and coordination between SUD treatment staff and patient physicians and mental health providers for patients that are prescribed medications (2 points); 3. Provide evidence of the provider’s success in achieving high levels of patient compliance with medication while in treatment including identifying patient medication management and support engagement strategies (4 points); and 4. List and provide copies in the proposal appendix of authorization agreements with other counties for MAT services to out-of-county patients (required information but no points awarded).</p>		

3. Treatment Program Narrative <i>Continued</i> (Up to 70 Points) – 14 Pages Maximum	
E. Withdrawal Management (Up to 10 points) 1) Please check the ASAM Level of Withdrawal Management (WM) that is proposed to be provided.	<input type="checkbox"/> Level 1-WM: Ambulatory Withdrawal Management without Extended On-Site Monitoring <input type="checkbox"/> Level 2-WM: Ambulatory Withdrawal Management with Extended On-Site Monitoring <input type="checkbox"/> Level 3.2-WM: Clinically Managed Residential Withdrawal Management
2) Describe how the following ASAM WM required staffing resources and services will be provided to patients in need of withdrawal/detoxification services: a. WM Supports (2 points); b. WM Staffing (2 points); c. WM Therapies (2 points); and d. WM Assessment/treatment plan review (2 points) e. WM Length of Service and Continued Service and Discharge Criteria (2 points)	
F. Case Management (Up to 10 points) Describe how the following case management services will be integrated into the treatment planning, treatment, transitions among levels of care, and discharge practices and processes: 1) Transitions to a higher or lower levels of care (2 points); 2) Communication, coordination, referral and related activities (2 points); 3) Monitoring service delivery to ensure patients access needed services and service delivery systems (2 points); 4) Monitoring patient progress including medication compliance in partnership with a patient’s medical home) (2 points); and 5) Patient advocacy, linkages to physical and mental health care, transportation, retention in primary care services, and other supports (2 points).	

3. Treatment Program Narrative *Continued* (Up to 70 Points) – 14 Pages Maximum

G. Recovery Services & Supports (Up to 10 Points)

Describe how the following recovery services and support will be integrated into the treatment planning, treatment, transitions among levels of care and discharge practices and processes:

- 1) Individual and Group Outpatient Counseling to stabilize clients and reassess if further care is needed;
- 2) Recovery Monitoring: recovery coaching, monitoring via telephone or internet;
- 3) Substance Abuse Assistance: peer-to-peer services and relapse prevention;
- 4) Education and Job Skills: linkages to life skills, employment services, job training and education services;
- 5) Family Support: linkages to childcare, parent education, child development support services, family/marriage education;
- 6) Support Groups: linkages to self-help and support, spiritual and faith-based support;
- 7) Ancillary Services: linkages to housing assistance, transportation, case management, individual services coordination;
- 8) Recovery Residence: [access to recovery services and supports necessary to prevent relapse delivered in transitional community housing.](#)

Treatment Program Narrative Additional Information for Proposals Serving Adolescents, Aged 10-18 – 2 Pages Maximum

Adolescent-Specific Considerations

For Outpatient Services or Intensive Outpatient Services proposals that serve adolescent describe adolescent-specific considerations that have been integrated into the treatment program using The ASAM Criteria. Please see below for Level of Care considerations.

Check one:

- ☐ For Outpatient Services, describe: a) staff knowledgeable about adolescent development and experience in working with and engaging adolescents; and b) ongoing services to support therapeutic gains made by adolescents including strategies to prevent relapse and strengthen protective factors such as parental supervision, school performance, and positive peer relationships.
- ☐ For Intensive Outpatient Services, describe: a) staff knowledge about adolescent development and experience in working with and engaging adolescents; b) assessment and treatment staff's experience in recognizing adolescent needs for specialty evaluation and treatment for intoxication or withdrawal and ability to arrange for these evaluation and treatment services in a timely manner; and c) strategies for engaging parents, caregivers or other significant other important resources to obtain information for patient assessment and treatment planning.

**Treatment Program Narrative Additional Information for Proposals Serving Pregnant and Women with Dependent Children –
4 Pages Maximum**

Pregnant Women and Women with Dependent Children Residential Treatment Requirements

For all levels of care, including Level 3/Residential Services, proposing to serve pregnant women and women with dependent children, special components must be integrated in treatment programs. Please describe how all of the following have been integrated into the treatment program:

1. Compliance with the state Fiscal Year 2016-17 Perinatal Services Network Guidelines
2. Primary medical care for women, including referral for prenatal care and child care while women are receiving such services;
3. Primary pediatric care, including immunization for children;
4. Gender specific substance use treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting, and child care for women receiving these services;
5. Therapeutic interventions for children in custody of women in treatment which address at a minimum their developmental needs, their issues of sexual and physical abuse, and neglect;
6. Sufficient case management and transportation to ensure that women and their children have access to services;
7. Assessments of child-parent relationship and needs of the child including facilitating access to age-appropriate treatment for the child;
8. Trained staff in child development and positive parenting, trauma-informed care, and gender-specific treatment and staff skills required to establish and maintain recovery while parenting;
9. Trained staff in couples and family therapy to support patients in their interaction with the other parent of the child and/or with their current partner including caregivers and any supportive family members;
10. Connections with supportive resources early in treatment to support patient recovery and transitions to other levels of care;
11. Engagement of patient family members including significant others; and
12. Collaborative partnerships with family and child serving agencies to put into place supports and services that support patient transitions and recovery, including Medi-Cal, TANF, vocational rehabilitation, and housing.

4. Evidence-Based Practices (up to 10 points) – 3 Pages Maximum	
<p>A. Please identify at least two (2) evidenced-based practices (EBPs) that will be offered in the proposed treatment program.</p>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Cognitive Behavioral Therapy</div> <div style="width: 50%;"><input type="checkbox"/> Relapse Prevention</div> <div style="width: 50%;"><input type="checkbox"/> Motivational Interviewing</div> <div style="width: 50%;"><input type="checkbox"/> Seeking Safety/Trauma Informed Treatment</div> <div style="width: 50%;"><input type="checkbox"/> Psycho-Education</div> </div>
<p>B. Describe how EBPs will be integrated within the proposed treatment program including all of the following:</p> <ol style="list-style-type: none"> 1) Describe the rationale for how the selected EBPs will support client recovery for the proposed service populations (2 points); 2) Identify staff that have been certified and trained to provide each of the EBPs (2 points); 3) Identify the process that the provider will use to ensure that each EBP is being offered to fidelity including available staff booster training, available coaching, support during staff supervision, and EBP developer support including any cultural adaptations made to EBPs (2 points); 4) Describe how the use of EBPs will be documented (e.g. progress notes) in a manner that is compliant for the purpose of external program reviews and audits (2 points); and 5) Describe provider evaluation capacity to collect and report outcome data for patients receiving EBPs including client satisfaction with proposed EBPs (2 points). <p>If EBPs will be offered that are not listed under 4 A, please list those here: _____</p> <p>_____</p>	
5. Policies & Regulations (up to 10 points) – Up to 3 Pages Maximum	
<p>All SUD treatment providers must comply with all federal, state, and City and County of San Francisco policies, rules and regulations that govern SUD treatment services, funding, and City and County of San Francisco contractors. An assurance must be included in the proposal that providers will comply. In addition, proposals must address the following policies, rules, and funding reimbursement areas:</p>	
<p>A. <u>Americans with Disabilities Act</u> (2 points)</p> <p>Describe provider policies, practices, procedures, and staff training to fully comply with the American with Disabilities Act requirements, including a description of policies, practices and procedures that both protect the patient ADA right to have companion animals within treatment settings and ensure the safety of all SUD treatment patients.</p>	
<p>B. <u>Cultural and Linguistic Competency</u> (2 points)</p> <p>Describe how provider cultural and linguistic competency policies, practices, procedures, and staff training fully comply with the DPH Cultural and Linguistically Appropriate Services Policy including a discussion about resources available to meet patient primary language needs.</p>	

<p>5. Policies & Regulations <i>continued</i> (Up to 10 points) – Up to 3 Pages Maximum</p>
<p>C. <u>Harm Reduction</u> (4 points) Describe how provider policies, practices, procedures, and staff training fully comply with the Health Commission Harm Reduction Policy and recent DPH policy enhancements described in this RFP.</p>
<p>D. <u>Patient Confidentiality</u> (2 points) Describe how provider policies, practices, procedures, and staff training comply with all patient confidentiality requirements including HIPAA requirements for mental health and medical/physical health treatment. Include a description of strategies to obtain patient consent for information sharing for multi-disciplinary treatment planning, case management, transfer among levels of care and discharge planning.</p>
<p>E. <u>County of Responsibility</u> (required information but no points awarded) List anticipated counties of responsibility for the proposed service populations and provide a written assurance that proposer will: 1) serve out-of-county patients in full compliance with the DMC-ODS Pilot county of responsibility requirement, including related requirements imposed on counties by the State at a future date; and 2) seek written agreements with counties of responsibility to serve out-of-county patients on or before June 1, 2017.</p>
<p>6. Electronic Health Records & Data Systems (Up to 10 points) – 3 Pages Maximum</p>
<p>A. Describe all of the following:</p> <ol style="list-style-type: none"> 1) How the provider’s protocols and strategies will support the timely and accurate entry and transmission of data for the State CalOMS Treatment data system, the State Drug and Alcohol Treatment Access Report data system, and the DPH Avatar data system (4 points); 2) How adequate staffing and resources will be available to support EHR, evaluation, and data system reporting requirements described in this RFP, including the process for monitoring and managing data entry and available training for staff on timely, accurate and compliant data entry and reporting (4 points); 3) How provider data collection systems or software will allow for timely submission/transmission (within 24 hours) of required DMC-ODS Pilot and DPH data and describe their compatibility with DPH data collection systems (2 points); and 4) How data entry and transmission policies, protocols and procedures fully comply with patient confidentiality requirements (required information, but no points awarded); and <p>B. Provide an assurance that the provider will meet future DPH electronic health record requirements (e.g. EPIC) and QI data collection and transmission requirements and will submit all data requested by DPH within 24 hours (assurance required but no points awarded).</p>

7. Evaluation & Quality Improvement (Up to 10 points) – 3 Pages Maximum

Provide the following information:

A. Evaluation & Quality Improvement

- 1) Describe and provide a flow chart (the flow chart does not count toward the maximum page limit) showing the provider's process for collecting, analyzing and integrating outcomes/evaluation and quality improvement data into treatment program planning, development, and implementation activities with the goal of improving patient experience (4 points);
- 2) Describe how the provider's evaluation and quality improvement protocol and policies are consistent with the DMC-ODS Pilot evaluation and quality improvement requirements and include a copy of the evaluation and quality improvement policy in the proposal appendix (4 points); and
- 3) Provide a Logic Model (the Logic Model does not count toward the maximum page limit) showing provider capacity, resources and key strategies to meet at a minimum the following DMC-ODS Pilot program and patient outcomes (2 points):
 - a) High patient engagement and participation;
 - b) Patient access to treatment services within 72 hours;
 - c) Patient treatment progress and recovery;
 - d) High patient compliance with medications/MAT use;
 - e) Appropriate patient utilization of services/ASAM assessments (level of care placements);
 - f) Successful care transitions and discharges;
 - g) Collaborative treatment planning with mental health and primary care;
 - h) Case management/navigation support for patients;
 - i) High patient perceptions of service access/quality; and
 - j) High accuracy/quality of client and program data (less than 5% error rate).

B. Staffing and Resources

- 1) Identify an evaluation and QI point of staff contact OR identify a dedicated evaluation and QI staff person/subcontractor (see scoring preference) that will be responsible for meeting all evaluation requirements (required information but no points awarded); and
- 2) Provide a certification that all staff will be trained on DMC-ODS Plot and DPH evaluation requirements and the provider will submit all required evaluation and QI data to DPH in a timely manner (required certification but no points awarded).

8. Workforce Development & Staffing (Up to 20 points) – 4 Pages Maximum

- A. In addition to providing a one (1) page organizational chart that shows proposed SUD outpatient treatment full-time equivalents (FTEs) by profession and where those FTEs report within the provider’s organization (the organizational chart does not count toward maximum page limit), address the following
- 1) Adequate number of qualified and experienced staff to serve proposed service populations included a staffing plan that includes proposed staff to patient ratios (staff patient caseloads), proposed clinical supervisor to staff ratios, and proposed number of peer support specialists (consumers with lived experience) to provide support to patients (10 points);
 - 2) A staff supervision model that support the role of supervisors in staff coaching, patient care, and QI and service utilization activities (2 points);
 - 3) An SUD treatment staff training plan for Fiscal Year 2016-17 that supports staff in meeting DMC-ODS Pilot and DPH requirements including how and which state supported training will be accessed (2 points); and
 - 4) A description of the provider’s process, policies and procedures for meeting all of the following professional licensure and workforce requirements (6 points):
 - a. Professional staff must be licensed, registered, certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Licensed Practitioner of the Healing Arts includes: Physician, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians;
 - b. Non-professional staff shall receive appropriate on-site orientation and training prior to performing assigned duties. Non-professional staff will be supervised by professional and/or administrative staff;
 - c. Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring; and
 - d. Registered and certified alcohol and other drug counselors must adhere to all requirements in the California Code of Regulations, Title 9, Chapter 8.
- B. An assurance that any vacant positions will be filled within 90 days of receiving a contract award to provide SUD treatment services (required information but no points awarded); and
- C. List of professional licensed and credentialed staff and include in the proposal appendix copies of all professional licenses for staff (required information but no points awarded).

9. Ancillary Treatment & Outreach Services Addendum - (Up to 5 Points) - **5** Pages Maximum

- A. For SUD treatment proposals that propose to provide ancillary SUD treatment and outreach services not described in this RFP as part of the proposed ASAM level of care treatment program, please identify and describe all of the following:
1. Proposed ancillary service(s) to be provided;
 2. At least two priority service populations that will receive the ancillary service(s) and the proposed annual unduplicated service count;
 3. The proposed service location(s) where the proposed ancillary service(s) will be provided;
 4. Organizational experience and capacity to offer the proposed ancillary services including staff capacity, knowledge, and experience providing the proposed ancillary service(s) to the proposed service populations;
 5. How the ASAM Criteria will be integrated within the assessment/treatment plan review process for patient need for the proposed ancillary service(s);
 6. Coordination of the proposed ancillary service(s) with the proposed ASAM level of care treatment services and other levels of care as patient needs require;
 7. Patient engagement strategies;
 8. Linkages to medical homes, mental health, recovery and support services through closely coordinated case management as the patient needs require;
 9. Formal partnerships with other systems and service providers in offering the proposed ancillary service(s);
 10. Patient outcomes for proposed ancillary service(s).
- B. Submit total annual cost and budget justification of the proposed ancillary service(s) including identification of leveraged funding or resources to support and sustain the proposed ancillary service(s). (Required information but no points awarded).

Priority System Needs Preference Points Proposal

Proposers must complete the following “Priority System Needs Template” to be considered for up to seventy (70) preference points. In completing the “Past Performance Chart” portion of the “Priority System Needs Template” on the next page, proposers must include the following along with their completed template:

- DPH contracted providers should include in the proposal appendix copies of FY 2014-15 and FY 2015-16 contractor monitoring reports from the DPH Business Office of Compliance and Contracts; **note: if FY 2015-16 reports are not available as of the submission deadline, submit the FY 2013-14 report with the FY 2014-15 report and indicate that the FY 2015-16 is not yet available;**
- Providers that did not contract with DPH in FY 2014-15 and/or FY 2015-16 to provide an SUD treatment service for which a proposal is being submitted, please include in the proposal appendix a copy of contractor/vendor monitoring reports from a California county in which the treatment service was provided in FY 2014-15 and FY 2015-16, including contact information for contract monitor(s) including name, title, email address and phone number to allow DPH to verify performance.

Priority System Needs Template

Treatment Component (Up to 50 Preference Points)	Provider Assurances and Response (complete only for Treatment Components for which a scoring preference is being requested)
<u>Cultural and Linguistic Competency</u> (10 points) For <u>each</u> primary language other than English, please identify the number of patients expected to be served annually by their primary language <u>and</u> the number of full-time equivalent (FTE) and names of addiction counselors who are fluent in the primary language and that will serve patients.	___ (#) patients in _____ (e.g. Spanish, Cantonese) ___ FTEs fluent in primary language noted: ___ FTEs as follows: _____ (addiction counselor name) _____ (addiction counselor name)
<u>Evaluation & QI Support</u> (10 points) Please indicate the number of FTEs and staff names dedicated to evaluation and quality improvement activities and/or the name of and # of committed hours by the subcontractor that will manage these activities. Please include a copy of executed contracts in the proposal appendix for the subcontractor.	___ FTEs (must be 0.5 FTE or greater annually to receive preference) Evaluation & QI Staff Name: _____ Support to be provided by: _____ (subcontractor name) ___ hours committed (must be 960 hours/annually or greater to receive preference) Contract included in proposal appendix?: ___ Yes ___ No
<u>Integrated Treatment</u> (10 points) Please indicate the integrated treatment model or approach that will be used to deliver integrated treatment services to SUD patients and which patient services will be available on-site.	Check one (3 points): ___ Behavioral Health Home Model OR ___ On-Site Multi-Disciplinary Team (Addiction, Mental Health and Medical Services) Patient services to be integrated on-site (check all that apply): ___ Mental Health Treatment (1 point) ___ Medical Care (1 point)

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Treatment Component <i>Continued</i>	Provider Assurances and Response (complete only for Treatment Components for which a scoring preference is being requested)
<u>Level 3.3/Residential Services On-Site Medical Monitoring</u> (10 points) Please indicate the number of qualified FTEs available to provide medical monitoring for patients to assess and treat co-occurring biomedical disorders and to monitor the administration of medications in accordance with a physician's prescription including nursing care and sufficient observation to meet patient needs.	___ FTEs to provide on-site medical monitoring services as follows: _____ (qualified medical staff name) _____ (qualified medical staff name) _____ (qualified medical staff name)
<u>Level 3.1, 3.3, 3.5/Residential Services Continuity of Care</u> (10 Points) Please indicate capacity to provide recovery living environments with ongoing Outpatient or Intensive Outpatient Services beyond the state imposed reimbursement limits for Residential Services.	___ Number of unreimbursed days per patient to be provided ___ Estimated number of patients to be provided recovery living environment after 90 days

Past Performance Chart

Past Performance Data (Up to 10 Preference Points – 2 point per data point met or exceeded)	FY 2014-15	FY 2015-16
1) Percentage of all SUD Services patients who were readmitted to psychiatric inpatient hospital services within 30 days or less after discharge from the hospital. <u>Benchmark</u> : No more than 15%.	___%	___%
2) Percentage of all SUD patients discharged who successfully completed treatment or left treatment before completion with satisfactory progress. <u>Benchmark</u> : 60% or more.	___%	___%
3) Percentage of all SUD patients in treatment for 60 or more days who maintained abstinence or showed a reduction in alcohol and other drug use. <u>Benchmark</u> : 60% or more.	___%	___%
4) Percentage of SUD patients in treatment who expressed satisfaction with their patient experience. <u>Benchmark</u> : 80% or higher.	___%	___%
5) Percentage of patients admitted to methadone maintenance treatment program who stayed in treatment 12 months or more. <u>Benchmark</u> : 70% or more.	___%	___%

**Proposal Submission Template for Recovery Track Housing Program Submission
Template**

1. Recovery Track Residence Program Priority Service Populations Description (Up to 20 Points) 3 Pages Maximum		
A. Please check at least two (2) Priority Service Populations that are proposed to be served from the list to the right. (10 points)	<input type="checkbox"/> Persons Who Are Black/African American <input type="checkbox"/> Persons Who Are Homeless <input type="checkbox"/> Persons Who Are Incarcerated or Involved with the Criminal/Juvenile Justice Systems/Drug Court	<input type="checkbox"/> Persons Whose Primary Substance Is Alcohol <input type="checkbox"/> Transition Age Youth, 18-24 <input type="checkbox"/> Persons Who Are Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Ally or Two-Spirit <input type="checkbox"/> Pregnant or Parenting Women w/Children
B. Please describe at least five (5) years of specific organizational and staff knowledge, experience, and professional qualifications successfully engaging, treating, and transitioning Priority Service Populations proposed to be served. If pregnant women and/or parenting women with dependent children are the service population, please describe organizational capacity and staff knowledge, experience and professional qualifications to meet DHCS FY 2016-17 Perinatal Service Network Guidelines and meet the child development needs of dependent children. (10 points)		

2. Recovery Track Residence Program Priority Geographic Service Areas Description (Up to 20 Points) 2 Pages Maximum		
A. Please check at least one (1) of the Priority Geographic Services Areas proposed to be served from the list to the right. (10 points)	<input type="checkbox"/> Hayes Valley/Tenderloin/North of Market/94102 <input type="checkbox"/> South of Market/94103 <input type="checkbox"/> Bernal Heights/Inner Mission/94110	<input type="checkbox"/> Bayview-Hunter's Point/94124 <input type="checkbox"/> Southeast/Visitation Valley/Sunnydale/94134 <input type="checkbox"/> Other: _____
B. Please describe at least five (5) years of specific organizational and staff knowledge, experience, and professional qualifications successfully engaging, treating and transitioning Priority Service Populations in Proposed Geographic Services Areas. (6 points)		
C. Please list formal partnerships with other systems and service providers including housing, primary care, mental health, and the criminal and juvenile justice systems/Drug Court in each proposed Priority Geographic Service Area that will support patient recovery and include copies of written, signed MOUs that identify specific roles and responsibilities of each partner in the Appendix. (4 points)		

3. Recovery Track Residence Program Narrative (Up to 70 Points)

14 Pages Maximum

A. Recovery and Support Services (25 points)

Describe how each of the following recovery services and supports will be integrated within the Recovery Track Residence Program:

1. Recovery Monitoring that includes recovery coaching (5 points);
2. Education and Job Skills that includes life skills, employment services, job training and education services (5 points);
3. Family Support which includes linkages to childcare, parent education, child development support services, family/marriage education (5 points);
4. Support Groups with linkages to self-help and support, spiritual and faith-based support (5 points); and
5. Ancillary Services such as linkages to housing assistance, transportation, case management, individual services coordination (5 points).

B. Patient Engagement and Peer Support (Up to 10 points)

1. Describe patient engagement strategies and the rationale why these strategies will be successful for the proposed service population(s). (5 points)
2. Describe how peer support specialists will be integrated into proposed recovery program including peer-to-peer services and relapse prevention (5 points)

C. Treatment Service Access (Up to 25 points)

Describe how the each of the following treatment service components will be provided either on-site or through closely coordinated community referrals:

1. Assessment and treatment planning consistent with The ASAM Criteria (5 points);
2. ASAM Level 1 Outpatient Services and ASAM Level 2.1 Intensive Outpatient Services Individual and Group Outpatient Counseling to stabilize patients and reassess patient if further care is needed (5 points);
3. Linkage to other ASAM level of care treatment services such as Residential Services as needed (5 points);
4. Linkage to Medication Assisted Treatment as needed (5 points);
5. Linkage to Withdrawal Management services as needed (5 points).

D. Case Management (Up to 10 points)

Describe how the following case management services will be integrated into the proposed recovery resident program:

1. Transitions to a higher or lower levels of care (2 points);
2. Communication, coordination, referral and related activities (2 points);
3. Monitoring service delivery to ensure patients access needed services and service delivery systems (2 points);
4. Monitoring patient progress including medication compliance in partnership with a patient's medical home) (2 points); and
5. Patient advocacy, linkages to physical and mental health care, transportation, retention in primary care services, and other supports (2 points).

Treatment Program Narrative Additional Information for Recovery Track Residence Proposals Serving Pregnant and Women with Dependent Children

3 Pages Maximum (information required but no points awarded)

For all levels of care proposing to serve pregnant women and women with dependent children, special components must be integrated in treatment programs. Please describe how all of the following have been integrated into the proposed recovery residence program:

1. Compliance with the state Fiscal Year 2016-17 Perinatal Services Network Guidelines
2. Primary medical care for women, including referral for prenatal care and child care while women are receiving such services;
3. Primary pediatric care, including immunization for children;
4. Gender specific substance use treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting, and child care for women receiving these services;
5. Therapeutic interventions for children in custody of women in treatment which address at a minimum their developmental needs, their issues of sexual and physical abuse, and neglect;
6. Sufficient case management and transportation to ensure that women and their children have access to services;
7. Assessments of child-parent relationship and needs of the child including facilitating access to age-appropriate treatment for the child;
8. Trained staff in child development and positive parenting, trauma-informed care, and gender-specific treatment and staff skills required to establish and maintain recovery while parenting;
9. Trained staff in couples and family therapy to support patients in their interaction with the other parent of the child and/or with their current partner including caregivers and any supportive family members;
10. Connections with supportive resources early in treatment to support patient recovery and transitions to other levels of care;
11. Engagement of patient family members including significant others; and
12. Collaborative partnerships with family and child serving agencies to put into place supports and services that support patient transitions and recovery, including Medi-Cal, TANF, vocational rehabilitation, and housing.

4. Recovery Track Residence Program Evidence-Based Practices (Up to 10 points) 3 Pages Maximum		
A. Please identify at least two (2) evidenced-based practices (EBPs) that will be offered in the proposed treatment program.	<input type="checkbox"/> Cognitive Behavioral Therapy <input type="checkbox"/> Motivational Interviewing <input type="checkbox"/> Psycho-Education	<input type="checkbox"/> Relapse Prevention <input type="checkbox"/> Seeking Safety/Trauma Informed Treatment
B. Describe how EBPs will be integrated within the proposed treatment program including all of the following: <ol style="list-style-type: none"> 1. Describe the rationale for how the selected EBPs will support client recovery for the proposed service populations (2 points); 2. Identify staff that have been certified and trained to provide each of the EBPs (2 points); 3. Identify the process that the provider will use to ensure that each EBP is being offered to fidelity including available staff booster training, available coaching, support during staff supervision, and EBP developer support including any cultural adaptations made to EBPs (2 points); 4. Describe how the use of EBPs will be documented (e.g. progress notes) in a manner that is compliant for the purpose of external program reviews and audits (2 points); and 5. Describe provider evaluation capacity to collect and report outcome data for patients receiving EBPs including client satisfaction with proposed EBPs (2 points). <p>If EBPs will be offered that are not listed under 4 A, please list those here:</p> <hr/> <hr/>		

<p>5. Recovery Track Residence Program Policies & Regulations (up to 10 points) 3 Pages Maximum</p>
<p>All SUD treatment providers must comply with all federal, state, and City and County of San Francisco policies, rules and regulations that govern SUD treatment services, funding, and City and County of San Francisco contractors. An assurance must be included in the proposal that providers will comply. In addition, proposals must address the following policies, rules, and funding reimbursement areas:</p>
<p>A. <u>Americans with Disabilities Act</u> (2 points) Describe provider policies, practices, procedures, and staff training to fully comply with the American with Disabilities Act requirements, including a description of policies, practices and procedures that both protect the patient ADA right to have companion animals within treatment settings and ensure the safety of all SUD treatment patients.</p>
<p>B. <u>Cultural and Linguistic Competency</u> (2 points) Describe how provider cultural and linguistic competency policies, practices, procedures, and staff training fully comply with the DPH Cultural and Linguistically Appropriate Services Policy including a discussion about resources available to meet patient primary language needs.</p>
<p>C. <u>Harm Reduction</u> (4 points) Describe how provider policies, practices, procedures, and staff training fully comply with the Health Commission Harm Reduction Policy and recent DPH policy enhancements described in this RFP.</p>
<p>D. <u>Patient Confidentiality</u> (2 points) Describe how provider policies, practices, procedures, and staff training comply with all patient confidentiality requirements including HIPAA requirements for mental health and medical/physical health treatment. Include a description of strategies to obtain patient consent for information sharing for multi-disciplinary treatment planning, case management, transfer among levels of care and discharge planning.</p>
<p>E. <u>County of Responsibility</u> (required information but no points awarded) List anticipated counties of responsibility for the proposed service populations and provide a written assurance that proposer will: 1) serve out-of-county patients in full compliance with the DMC-ODS Pilot county of responsibility requirement, including related requirements imposed on counties by the State at a future date; and 2) seek written agreements with counties of responsibility to serve out-of-county patients on or before June 1, 2017.</p>

6. Recovery Track Residence Program Electronic Health Records & Data Systems (Up to 10 points)
3 Pages Maximum

A. Describe all of the following:

- 1) How the provider's protocols and strategies will support the timely and accurate entry and transmission of data for the State CalOMS Treatment data system, the State Drug and Alcohol Treatment Access Report data system, and the DPH Avatar data system (4 points);
- 2) How adequate staffing and resources will be available to support EHR, evaluation, and data system reporting requirements described in this RFP, including the process for monitoring and managing data entry and available training for staff on timely, accurate and compliant data entry and reporting (4 points);
- 3) How provider data collection systems or software will allow for timely submission/transmission (within 24 hours) of required DMC-ODS Pilot and DPH data and describe their compatibility with DPH data collection systems (2 points); and
- 4) How data entry and transmission policies, protocols and procedures fully comply with patient confidentiality requirements (required information, but no points awarded); and

B. Provide an assurance that the provider will meet future DPH electronic health record requirements (e.g. EPIC) and QI data collection and transmission requirements and will submit all data requested by DPH within 24 hours (assurance required but no points awarded).

7. Recovery Track Residence Program Evaluation & Quality Improvement (Up to 10 points)
3 Pages Maximum

Provide the following information:

A. Evaluation & Quality Improvement

- 1) Describe and provide a flow chart (the flow chart does not count toward the maximum page limit) showing the provider's process for collecting, analyzing and integrating outcomes/evaluation and quality improvement data into treatment program planning, development, and implementation activities with the goal of improving patient experience (4 points);
- 2) Describe how the provider's evaluation and quality improvement protocol and policies are consistent with the DMC-ODS Pilot evaluation and quality improvement requirements and include a copy of the evaluation and quality improvement policy in the proposal appendix (4 points); and
- 3) Provide a Logic Model (the Logic Model does not count toward the maximum page limit) showing provider capacity, resources and key strategies to meet at a minimum the following DMC-ODS Pilot program and patient outcomes (2 points):
 - a. High patient engagement and participation;
 - b. Patient access to treatment services within 72 hours;
 - c. Patient treatment progress and recovery;
 - d. High patient compliance with medications/MAT use;
 - e. Appropriate patient utilization of services/ASAM assessments (level of care placements);
 - f. Successful care transitions and discharges;
 - g. Collaborative treatment planning with mental health and primary care;
 - h. Case management/navigation support for patients;
 - i. High patient perceptions of service access/quality; and
 - j. High accuracy/quality of client and program data (less than 5% error rate).

B. Staffing and Resources

1. Identify an evaluation and QI point of staff contact OR identify a dedicated evaluation and QI staff person/subcontractor (see scoring preference) that will be responsible for meeting all evaluation requirements (required information but no points awarded); and
2. Provide a certification that all staff will be trained on DMC-ODS Plot and DPH evaluation requirements and the provider will submit all required evaluation and QI data to DPH in a timely manner (required certification but no points awarded).

<p>8. Recovery Track Residence Program Recovery Track Residence Program Workforce Development & Staffing (Up to 20 points) 4 Pages Maximum</p>
<p>A. In addition to providing a one (1) page organizational chart that shows proposed SUD outpatient treatment full-time equivalents (FTEs) by profession and where those FTEs report within the provider’s organization (the organizational chart does not count toward maximum page limit), address the following</p> <ol style="list-style-type: none"> 1. Adequate number of qualified and experienced staff to serve proposed service populations included a staffing plan that includes proposed staff to patient ratios (staff patient caseloads), proposed clinical supervisor to staff ratios, and proposed number of peer support specialists (consumers with lived experience) to provide support to patients (10 points); 2. A staff supervision model that support the role of supervisors in staff coaching, patient care, and QI and service utilization activities (2 points); 3. An SUD treatment staff training plan for Fiscal Year 2016-17 that supports staff in meeting DMC-ODS Pilot and DPH requirements including how and which state supported training will be accessed (2 points); and 4. A description of the provider’s process, policies and procedures for meeting all of the following professional licensure and workforce requirements (6 points): <ol style="list-style-type: none"> a. Professional staff must be licensed, registered, certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Licensed Practitioner of the Healing Arts includes: Physician, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians; b. Non-professional staff shall receive appropriate on-site orientation and training prior to performing assigned duties. Non-professional staff will be supervised by professional and/or administrative staff; c. Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring; and d. Registered and certified alcohol and other drug counselors must adhere to all requirements in the California Code of Regulations, Title 9, Chapter 8.
<p>B. An assurance that any vacant positions will be filled within 90 days of receiving a contract award to provide SUD treatment services (required information but no points awarded); and</p>
<p>C. List of professional licensed and credentialed staff and include in the proposal appendix copies of all professional licenses for staff (required information but no points awarded).</p>

Ancillary Treatment & Outreach Services Addendum (Up to 10 Points)

5 Pages Maximum

- A. For SUD treatment proposals that propose to provide ancillary SUD treatment and outreach services not described in this RFP as part of the proposed ASAM level of care treatment program, please identify and describe all of the following (1 point each):
1. Proposed ancillary service(s) to be provided;
 2. At least two priority service populations that will receive the ancillary service(s) and the proposed annual unduplicated service count;
 3. The proposed service location(s) where the proposed ancillary service(s) will be provided;
 4. Organizational experience and capacity to offer the proposed ancillary services including staff capacity, knowledge, and experience providing the proposed ancillary service(s) to the proposed service populations;
 5. How the ASAM Criteria will be integrated within the assessment/treatment plan review process for patient need for the proposed ancillary service(s);
 6. Coordination of the proposed ancillary service(s) with the proposed ASAM level of care treatment services and other levels of care as patient needs require;
 7. Patient engagement strategies;
 8. Linkages to medical homes, mental health, recovery and support services through closely coordinated case management as the patient needs require;
 9. Formal partnerships with other systems and service providers in offering the proposed ancillary service(s);
 10. Patient outcomes for proposed ancillary service(s).
- B. Submit total annual cost and budget justification of the proposed ancillary service(s) including identification of leveraged funding or resources to support and sustain the proposed ancillary service(s) (information required but no points awarded)

Priority System Needs Preference Points Proposal

Proposers must complete the following “Priority System Needs Template” to be considered for up to seventy (70) preference points. In completing the “Past Performance Chart” portion of the “Priority System Needs Template” on the next page, proposers must include the following along with their completed template:

- DPH contracted providers should include in the proposal appendix copies of FY 2014-15 and FY 2015-16 contractor monitoring reports from the DPH Business Office of Compliance and Contracts; **note: if FY 2015-16 reports are not available as of the submission deadline, submit the FY 2013-14 report with the FY 2014-15 report and indicate that the FY 2015-16 is not yet available;**
- Providers that did not contract with DPH in FY 2014-15 and/or FY 2015-16 to provide an SUD treatment service for which a proposal is being submitted, please include in the proposal appendix a copy of contractor/vendor monitoring reports from a California county in which the treatment service was provided in FY 2014-15 and FY 2015-16, including contact information for contract monitor(s) including name, title, email address and phone number to allow DPH to verify performance.

Priority System Needs Template

Treatment Component (Up to 50 Preference Points)	Provider Assurances and Response (complete only for Treatment Components for which a scoring preference is being requested)
<u>Cultural and Linguistic Competency</u> (10 points) For <u>each</u> primary language other than English, please identify the number of patients expected to be served annually by their primary language <u>and</u> the number of full-time equivalent (FTE) and names of addiction counselors who are fluent in the primary language and that will serve patients.	___ (#) patients in _____ (e.g. Spanish, Cantonese) ___ FTEs fluent in primary language noted: ___ FTEs as follows: _____ (addiction counselor name) _____ (addiction counselor name)
<u>Evaluation & QI Support</u> (10 points) Please indicate the number of FTEs and staff names dedicated to evaluation and quality improvement activities and/or the name of and # of committed hours by the subcontractor that will manage these activities. Please include a copy of executed contracts in the proposal appendix for the subcontractor.	___ FTEs (must be 0.5 FTE or greater annually to receive preference) Evaluation & QI Staff Name: _____ Support to be provided by: _____ (subcontractor name) ___ hours committed (must be 960 hours/annually or greater to receive preference) Contract included in proposal appendix?: ___ Yes ___ No
<u>Integrated Treatment</u> (10 points) Please indicate the integrated treatment model or approach that will be used to deliver integrated treatment services to SUD patients and which patient services will be available on-site.	Check one (3 points): ___ Behavioral Health Home Model OR ___ On-Site Multi-Disciplinary Team (Addiction, Mental Health and Medical Services) Patient services to be integrated on-site (check all that apply): ___ Mental Health Treatment (1 point) ___ Medical Care (1 point)

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Treatment Component <i>Continued</i>	Provider Assurances and Response (complete only for Treatment Components for which a scoring preference is being requested)
<u>Level 3.3/Residential Services On-Site Medical Monitoring</u> (10 points) Please indicate the number of qualified FTEs available to provide medical monitoring for patients to assess and treat co-occurring biomedical disorders and to monitor the administration of medications in accordance with a physician's prescription including nursing care and sufficient observation to meet patient needs.	___ FTEs to provide on-site medical monitoring services as follows: _____ (qualified medical staff name) _____ (qualified medical staff name) _____ (qualified medical staff name)
<u>Level 3.1, 3.3, 3.5/Residential Services Continuity of Care</u> (10 Points) Please indicate capacity to provide recovery living environments with ongoing Outpatient or Intensive Outpatient Services beyond the state imposed reimbursement limits for Residential Services.	___ Number of unreimbursed days per patient to be provided ___ Estimated number of patients to be provided recovery living environment after 90 days

Past Performance Chart

Past Performance Data (Up to 10 Preference Points – 2 point per data point met or exceeded)	FY 2014-15	FY 2015-16
6) Percentage of all SUD Services patients who were readmitted to psychiatric inpatient hospital services within 30 days or less after discharge from the hospital. <u>Benchmark</u> : No more than 15%.	___%	___%
7) Percentage of all SUD patients discharged who successfully completed treatment or left treatment before completion with satisfactory progress. <u>Benchmark</u> : 60% or more.	___%	___%
8) Percentage of all SUD patients in treatment for 60 or more days who maintained abstinence or showed a reduction in alcohol and other drug use. <u>Benchmark</u> : 60% or more.	___%	___%
9) Percentage of SUD patients in treatment who expressed satisfaction with their patient experience. <u>Benchmark</u> : 80% or higher.	___%	___%
10) Percentage of patients admitted to methadone maintenance treatment program who stayed in treatment 12 months or more. <u>Benchmark</u> : 70% or more.	___%	___%

I. BUDGET

1. Budget Forms

Proposers must complete DPH Budget Forms (**see Appendix B**) OR using their own agency generated budget forms must demonstrate the detail costs associated with this RFP (if using your own forms, use DPH form as example and make sure your budget includes unit of service and unit rates, salaries and benefits, operating expense details, direct and indirect costs).

2. Budget Narrative (no more than two (2) pages)

- a. Demonstrate that the proposed budget is cost effective and reasonable for providing treatment services proposed under this RFP and consistent with the goals of the DMC-ODS Pilot AND that indirect costs specified are within the 12% City and County of San Francisco's guidelines for allowable indirect costs from DPH and federal or state grantors and provide sufficient overhead to manage the proposed program of which 12% may be billed to DPH;
- b. Justify the proposed budget using actual proposer cost data of providing similar or the same services for which a proposal is submitted under this RFP within the past 12 months; and
- c. Demonstrate that the proposed budget leverages Drug Medi-Cal, Medi-Cal, Medi-Cal/EPSTD and/or other funding and/or services.

3. Fee Proposal

The City and County intends to award contracts to agencies that it considers will provide the highest quality, accessible and cost effective services. The City and County reserves the right to accept other than the lowest price offer and to reject any proposals that are not responsive to this request.

J. EVALUATION AND SELECTION CRITERIA

For all proposals, the Minimum Qualification Requirements will be reviewed first; applications that do not submit complete documentation meeting the minimum requirements will not have the project proposal reviewed.

Project proposals meeting minimum agency qualification requirements will be evaluated and scored using the "Proposal Scoring Criteria" (see below) by a selection committee made up of individuals with expertise in the SUD level of care for which the proposal is submitted, quality improvement and evaluation staff, consumers of service and family members, and financial management staff.

The City and County intends to evaluate the proposals generally in accordance with the criteria itemized below.

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The City and County intends to award contracts to agencies that it considers will provide the most cost effective program services. The City and County reserves the right to accept other than the lowest price offer and to reject any proposals that are not responsive to this request.

K. PROPOSAL SCORING CRITERIA

- 1. Submission Guidelines **20 Points****
Does the applicant follow the submission requirement guidelines and format listed in section IV page 56? Are all submissions complete using the submission templates, are they within the page limits, using 12 point Times New Roman font, one inch margins, double spaced and on double sided, recycled pages?10 points
Does the applicant submit Appendix A-1a RFP Forms, CMD Attachment, Minimum Requirements, and follow the guidelines?..... 10 points
- 2. 2.1 SUD Treatment Program/Case Management Service **180 Points****
Priority Service Populations.....20 points
Priority Geographic Services Areas.....20 points
Treatment Program/Services Narrative.....Up to 70 points
Evidence-Based Practices.....10 points
Policies & Regulations.....10 points
Electronic Health Records & Data System Capacity.....10 points
Evaluation & Quality Improvement Capacity.....10 points
Workforce & Staffing.....20 points
Ancillary Services10 points
- 2. 2.2 Recovery Track Housing Program **180 Points****
Recovery Track Residence Program Priority Service Populations.....20 points
Recovery Track Residence Program Priority Geographic Services Areas.....20 points
Recovery Track Residence Program Narrative.....Up to 70 points
Recovery Track Residence Program Evidence-Based Practices.....10 points
Recovery Track Residence Program Policies & Regulations.....10 points
Recovery Track Residence Program EHR & Data System Capacity.....10 points
Recovery Track Residence Program Evaluation & QI Capacity.....10 points
Recovery Track Residence Program Workforce & Staffing.....20 points
Ancillary Services10 points

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3. Budget 30 Points

Proposer's budget is reasonable, cost effective and justified using actual costs of providing services.....20 points
 Proposer's budget leverages Medi-Cal or Medi-Cal EPSDT or other services and funding.....10 points

4. Financial Management Capacity and Fiscal Integrity 30 Points

Proposer's financial management and fiscal integrity as evidenced by citywide or DPH monitoring report, lack of corrective action plans, unqualified audit opinions, a reasonable level of cash reserves, cash flow statements and a list of financial management staff who will be supporting the services applied for.....30 points

TOTAL EVALUATION/SCORING CRITERIA POINTS POSSIBLE:	260Points
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Additional Points Available for Priority System Needs: 70 Points

Up to seventy (70) additional points may be awarded as follows for:

Priority System Needs	Maximum Number of Points Available
1) Cultural & Linguistic Competency: Dedicated Multi-Lingual Staff for Service Populations	10 Points
2) Evaluation & Quality Improvement: Dedicated Evaluation and Quality Improvement Staff	10 Points
3) Integrated Treatment Model: Behavioral Health Home or Integrated Substance Use Disorder Treatment, Mental Health Treatment & Primary Care Services On-Site	10 Points
4) Level 3.3/Residential Services On-Site Medical Monitoring	10 Points
5) Level 3.1, 3.3, 3.5/Residential Services Continuity of Services	10 Points
6) Past Performance	Up to 20 Points

The Contract Analyst will calculate any Priority System Needs points.

TOTAL POINTS POSSIBLE:	up to 330 Points
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V. EMAIL QUESTION PERIOD; BIDDER'S CONFERENCE AND CONTRACT AWARD

A. Email Question Period

All questions and requests for information must be received by electronic mail and will be answered few days after the end of the E-Question period, by electronic mail, to all parties who have requested and received a copy of the RFP. The questions will be answered by program staff. This is the only opportunity applicants can ask direct questions regarding the services mentioned in this RFP. All questions are to be directed to the following e-mail address:

Mahlet.Girma@sfdph.org, OR by electronic mail, fax and or US Mail to:

Mahlet Girma, Contract Analyst
San Francisco Department of Public Health
Office of Contracts Management & Compliance
1380 Howard St., 4th floor, #421
San Francisco, CA 94103
Phone (415) 255-3504 / Fax (415) 252-3088

E-questions may only be submitted from September 27, 2016 until 12:00 Noon October 14, 2016.

No questions or requests for interpretation will be accepted after 12:00 PM on **October 14, 2016**.

If you have further questions regarding the RFP, please contact Mahlet Girma at

Mahlet.Girma@sfdph.org.

B. Pre-Proposal Conference (Bidder's Conference)

Proposers are encouraged to attend a Pre-Proposal conference **on October 24, 2016 from 1:00 PM to 3:00 PM**, to be held at **25 Van Ness, Room # 610, San Francisco, CA**. Additional questions will be addressed at this conference and any available new information will be provided at that time. **Please read the email questions and answers before coming to the Bidder's Conference.**

The City will keep a record of all parties who request and receive copies of the RFP.

Any requests for information concerning the RFP whether submitted before or after the pre-proposal conference, must be in writing, and any substantive replies will be issued as written addenda to all parties who have requested and received a copy of the RFP from the Department of Public Health. Questions raised at the pre-proposal conference may be answered orally. If any substantive new information is provided in response to questions raised at the pre-proposal conference, it will also be memorialized in a written addendum to this RFP and will be distributed to all parties that received a copy of the RFP. No questions or requests for interpretation will be accepted after **3:00 PM on October 24, 2016**.

C. Contract Award

The Department of Public Health, will issue Notices of Intent to Award to the selected Proposer with whom DPH staff shall commence contract negotiations. The selection of any proposal shall not imply acceptance by the City of all terms of the Proposal, which may be subject to further

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negotiation and approvals before the City may be legally bound thereby. If a satisfactory contract cannot be negotiated in a reasonable time the Department in its sole discretion may terminate negotiations with the recommended Proposer and begin contract negotiations with the next recommended Proposer.

VI. TERMS AND CONDITIONS FOR RECEIPT OF PROPOSALS

A. Errors and Omissions in RFP

Proposers are responsible for reviewing all portions of this RFP. Proposers are to promptly notify the Department, in writing, if the proposer discovers any ambiguity, discrepancy, omission, or other error in the RFP. Any such notification should be directed to the Department promptly after discovery, but in no event later than five working days prior to the date for receipt of proposals. Modifications and clarifications will be made by addenda as provided below.

B. Inquiries Regarding RFP

Inquiries regarding the RFP and all oral notifications of an intent to request written modification or clarification of the RFP must be directed to:

Mahlet Girma, Contract Analyst
San Francisco Department of Public Health
Office of Contracts Management & Compliance
1380 Howard St., 4th Floor, #421
San Francisco, CA 94103
Phone (415) 255-3504/ Fax (415) 252-3088
E-mail: Mahlet.Girma@sfdph.org

C. Objections to RFP Terms

Should a proposer object on any ground to any provision or legal requirement set forth in this RFP, the proposer must, not more than ten calendar days after the RFP is issued, provide written notice to the Department setting forth with specificity the grounds for the objection. The failure of a proposer to object in the manner set forth in this paragraph shall constitute a complete and irrevocable waiver of any such objection.

D. Change Notices (Addenda)

The Department may modify the RFP, prior to the proposal due date, by issuing Change Notices, which will be posted on the website. The proposer shall be responsible for ensuring that its proposal reflects any and all Change Notices issued by the Department prior to the proposal due date regardless of when the proposal is submitted. Therefore, the City recommends that the proposer consult the website frequently, including shortly before the proposal due date, to determine if the proposer has downloaded all Change Notices.

E. Term of Proposal

Submission of a proposal signifies that the proposed services and prices are valid for 120 calendar days from the proposal due date and that the quoted prices are genuine and not the result of collusion or any other anti-competitive activity.

F. Revision of Proposal

A proposer may revise a proposal on the proposer's own initiative at any time before the deadline for submission of proposals. The proposer must submit the revised proposal in the same manner as the original. A revised proposal must be received on or before the proposal due date.

In no case will a statement of intent to submit a revised proposal, or commencement of a revision process, extend the proposal due date for any proposer.

At any time during the proposal evaluation process, the Department may require a proposer to provide oral or written clarification of its proposal. The Department reserves the right to make an award without further clarifications of proposals received.

G. Errors and Omissions in Proposal

Failure by the Department to object to an error, omission, or deviation in the proposal will in no way modify the RFP or excuse the vendor from full compliance with the specifications of the RFP or any contract awarded pursuant to the RFP.

H. Financial Responsibility

The City accepts no financial responsibility for any costs incurred by a firm in responding to this RFP. Submissions of the RFP will become the property of the City and may be used by the City in any way deemed appropriate.

I. Proposer's Obligations under the Campaign Reform Ordinance

Proposers must comply with Section 1.126 of the S.F. Campaign and Governmental Conduct Code, which states:

No person who contracts with the City and County of San Francisco for the rendition of personal services, for the furnishing of any material, supplies or equipment to the City, or for selling any land or building to the City, whenever such transaction would require approval by a City elective officer, or the board on which that City elective officer serves, shall make any contribution to such an officer, or candidates for such an office, or committee controlled by such officer or candidate at any time between commencement of negotiations and the later of either (1) the termination of negotiations for such contract, or (2) three months have elapsed from the date the contract is approved by the City elective officer or the board on which that City elective officer serves.

If a proposer is negotiating for a contract that must be approved by an elected local officer or the board on which that officer serves, during the negotiation period the proposer is prohibited from making contributions to:

- The officer's re-election campaign;
- A candidate for that officer's office;
- A committee controlled by the officer or candidate.

The negotiation period begins with the first point of contact, either by telephone, in person, or in writing, when a contractor approaches any city officer or employee about a particular contract, or a city officer or employee initiates communication with a potential contractor about a contract. The negotiation period ends when a contract is awarded or not awarded to the contractor. Examples of

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initial contacts include:

1. A vendor contacts a city officer or employee to promote himself or herself as a candidate for a contract; and
2. A city officer or employee contacts a contractor to propose that the contractor apply for a contract. Inquiries for information about a particular contract, requests for documents relating to a Request for Proposal, and requests to be placed on a mailing list do not constitute negotiations.

Violation of Section 1.126 may result in the following criminal, civil, or administrative penalties:

1. Criminal. Any person who knowingly or willfully violates section 1.126 is subject to a fine of up to \$5,000 and a jail term of not more than six months, or both.
2. Civil. Any person who intentionally or negligently violates section 1.126 may be held liable in a civil action brought by the civil prosecutor for an amount up to \$5,000.
3. Administrative. Any person who intentionally or negligently violates section 1.126 may be held liable in an administrative proceeding before the Ethics Commission held pursuant to the Charter for an amount up to \$5,000 for each violation.

For further information, proposers should contact the San Francisco Ethics Commission at (415) 581- 2300.

J. Sunshine Ordinance

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

K. Public Access to Meetings and Records

If a proposer is a non-profit entity that receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the S.F. Administrative Code, the proposer must comply with Chapter 12L. The proposer must include in its proposal (1) a statement describing its efforts to comply with the Chapter 12L provisions regarding public access to proposer's meetings and records, and (2) a summary of all complaints concerning the proposer's compliance with Chapter 12L that were filed with the City in the last two years and deemed by the City to be substantiated. The summary shall also describe the disposition of each complaint. If no such complaints were filed, the proposer shall include a statement to that effect. Failure to comply with the reporting requirements of Chapter 12L or material misrepresentation in proposer's Chapter 12L submissions shall be grounds for rejection of the proposal and/or termination of any subsequent Agreement reached on the basis of the proposal.

L. Reservations of Rights by the City

The issuance of this RFP does not constitute an agreement by the City that any contract will actually be entered into by the City. The City expressly reserves the right at any time to:

1. Waive or correct any defect or informality in any response, proposal, or proposal procedure;
2. Reject any or all proposals;
3. Reissue a Request for Proposals;
4. Prior to submission deadline for proposals, modify all or any portion of the selection procedures, including deadlines for accepting responses, the specifications or requirements for any materials, equipment or services to be provided under this RFP, or the requirements for contents or format of the proposals;
5. Procure any materials, equipment or services specified in this RFP by any other means; or
6. Determine that no project will be pursued.

M. No Waiver

No waiver by the City of any provision of this RFP shall be implied from any failure by the City to recognize or take action on account of any failure by a proposer to observe any provision of this RFP.

N. Local Business Enterprise (LBE) Goals and Outreach

The LBE Goal is deleted due to Federal Funds/State Funds being used in the funding mix for this RFP. **Department note on certified LBE's.** The City strongly encourages proposals from qualified and certified LBE's or the inclusion of certified LBE's in your project team. A list of certified LBE's can be found at: www.sfgsa.org. For information on becoming a certified LBE, visit www.sfgsa.org.

VII. CONTRACTS REQUIREMENTS

A. Standard Contract Provisions

The successful proposer will be required to enter into a contract substantially in the form of the Agreement for Professional Services or other applicable standard City agreement, contained in Appendix A-3. Failure to timely execute the contract, or to furnish any and all insurance certificates and policy endorsement, surety bonds or other materials required in the contract, shall be deemed an abandonment of a contract offer. The City, in its sole discretion, may select another firm and may proceed against the original selectee for damages.

Proposers are urged to pay special attention to the requirements of Administrative Code Chapters 12B and 12C, Nondiscrimination in Contracts and Benefits, (§Article 10.5 “Nondiscrimination; Penalties” in the Agreement); the Minimum Compensation Ordinance (§Article 10.7 “Requiring Minimum Compensation for Covered Employee” in the Agreement); the Health Care Accountability Ordinance (§Article 10.8 “Requiring Health Benefits for Covered Employees” in the Agreement); the First Source Hiring Program (§Article 10.9 “First Source Hiring Program” in the Agreement); and applicable conflict of interest laws (§Article 10.2 “Conflict of Interest” in the Agreement), as set forth in paragraphs B, C, D, E and F below.

B. Nondiscrimination in Contracts and Benefits

The successful proposer will be required to agree to comply fully with and be bound by the

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provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Generally, Chapter 12B prohibits the City and County of San Francisco from entering into contracts or leases with any entity that discriminates in the provision of benefits between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of employees. The Chapter 12C requires nondiscrimination in contracts in public accommodation. Additional information on Chapters 12B and 12C is available on the CMD's website at www.sfgsa.org.

C. Minimum Compensation Ordinance (MCO)

The successful proposer will be required to agree to comply fully with and be bound by the provisions of the Minimum Compensation Ordinance (MCO), as set forth in S.F. Administrative Code Chapter 12P. Generally, this Ordinance requires contractors to provide employees covered by the Ordinance who do work funded under the contract with hourly gross compensation and paid and unpaid time off that meet certain minimum requirements. For the contractual requirements of the MCO, see §43 in the Agreement. For the amount of hourly gross compensation currently required under the MCO, see www.sfgov.org/olse/mco. Note that this hourly rate may increase on January 1 of each year and that contractors will be required to pay any such increases to covered employees during the term of the contract.

Additional information regarding the MCO is available on the web at www.sfgov.org/olse/mco

D. Health Care Accountability Ordinance (HCAO)

The successful proposer will be required to agree to comply fully with and be bound by the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in S.F. Administrative Code Chapter 12Q. Contractors should consult the San Francisco Administrative Code to determine their compliance obligations under this chapter. Additional information regarding the HCAO is available on the web at www.sfgov.org/olse/hcao

E. First Source Hiring Program (FSHP)

If the contract is for more than \$50,000, then the First Source Hiring Program (Admin. Code Chapter 83) may apply. Generally, this ordinance requires contractors to notify the First Source Hiring Program of available entry-level jobs and provide the Workforce Development System with the first opportunity to refer qualified individuals for employment.

Contractors should consult the San Francisco Administrative Code to determine their compliance obligations under this chapter. Additional information regarding the FSHP is available on the web at <http://www.workforcedevelopmentsf.org/> and from the First Source Hiring Administrator, (415) 701-4857.

F. Conflicts of Interest

The successful proposer will be required to agree to comply fully with and be bound by the applicable provisions of state and local laws related to conflicts of interest, including Section 15.103 of the City's Charter, Article III, Chapter 2 of City's Campaign and Governmental Conduct Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California. The successful proposer will be required to acknowledge that it is familiar with these laws; certify that it does not know of any facts that constitute a violation of said provisions; and agree to immediately notify the City if it becomes aware of any such fact during the term of the Agreement.

Individuals who will perform work for the City on behalf of the successful proposer might be

Amended & Re-Issued: RFP 26-2016 Substance Use Disorder Treatment Services & Supports

deemed consultants under state and local conflict of interest laws. If so, such individuals will be required to submit a Statement of Economic Interests, California Fair Political Practices Commission Form 700, to the City within ten calendar days of the City notifying the successful proposer that the City has selected the proposer.

G. Healthcare Insurance Portability and Accountability Act of 1996 (HIPAA)

The parties acknowledge that City is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that Contractor may be defined as one of the following definitions under the HIPAA regulations:

- A Covered Entity subject to HIPAA and the Privacy Rule contained therein;¹
- A Business Associate subject to the terms set forth in Appendix A-3 "HIPAA for Business Associates Exhibit";²
- Not Applicable, Contractor will not have access to Protected Health Information.

H. Insurance Requirements

Upon award of contract, Contractor shall furnish to the City a Certificate of Insurance and Additional Insured Endorsements stating that there is insurance presently in effect for Contractor with limits of not less than those established by the City. (Requirements are listed in Appendix A-3 and are available for download at the Departments RFP/Q center

<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts/default.asp>

I. Notes on Chapter 12B: Nondiscrimination in Contracts (Equal Benefits or Domestic Partners Ordinance)

Effective June 1, 1997, the City and County of San Francisco added to its Nondiscrimination in Contracts ordinance the requirement that all Contractors that enter into an agreement with the City must extend the same benefits to domestic partners of employees that are extended to spouses of employees. It is recommended that you thoroughly understand this requirement. Questions regarding this requirement can be directed to the person indicated in Section VI, item B, or visit the Contract Monitoring Divisions website at www.sfgsa.org.

J. Vendor Credentialing at Zuckerberg San Francisco General Hospital.

It is the policy of Zuckerberg San Francisco General Hospital to provide quality patient care and trauma services with compassion and respect, while maintaining patient privacy and safety. SFGH is committed to providing reasonable opportunities for Health Care Industry Representatives (HCIRs), external representatives/vendors, to present and demonstrate their products and/or services to the appropriate SFGH personnel. However, the primary objective of SFGH is patient care and it is therefore necessary for all HCIRs to follow guidelines that protect patient rights and the vendor relationship. Therefore, all HCIR's that will come onto the campus of San Francisco General Hospital must comply with Hospital Policy 16.27 "PRODUCT EVALUATION AND

¹"Covered Entity" shall mean an entity that receives reimbursement for direct services from insurance companies or authorities and thus must comply with HIPAA.

²"Business Associate" shall mean an entity that has an agreement with CITY and may have access to private information, and does not receive reimbursement for direct health services from insurance companies or authorities and thus is not a Covered Entity as defined by HIPAA.

PHARMACEUTICAL SERVICES: GUIDELINES FOR SALES PERSONNEL, HEALTHCARE INDUSTRY REPRESENTATIVES, AND PHARMACEUTICAL COMPANY REPRESENTATIVES".

Before visiting any SFGH facilities, it is required that a HCIR create a profile with "VendorMate." VendorMate is the company that manages the credentialing process of policy 16.27 for SFGH. For questions, or to register as a HCIR please contact the Director of Materials Management, or designee (during normal business hours) at (415) 206-5315 or sign on to <https://sfdph.vendormate.com> for details.

VIII. PROTEST PROCEDURES

A. Protest of Non-Responsiveness Determination

Within five working days of the City's issuance of a notice of non-responsiveness, any firm that has submitted a proposal and believes that the City has incorrectly determined that its proposal is non-responsive may submit a written notice of protest. Such notice of protest must be received by the City on or before the fifth working day following the City's issuance of the notice of non-responsiveness. The notice of protest must include a written statement specifying in detail each and every one of the grounds asserted for the protest. The protest must be signed by an individual authorized to represent the proposer, and must cite the law, rule, local ordinance, procedure or RFP provision on which the protest is based. In addition, the protestor must specify facts and evidence sufficient for the City to determine the validity of the protest.

B. Protest of Contract Award

Within five working days of the City's issuance of a notice of intent to award the contract, any firm that has submitted a responsive proposal and believes that the City has incorrectly selected another proposer for award may submit a written notice of protest. Such notice of protest must be received by the City on or before the fifth working day after the City's issuance of the notice of intent to award.

The notice of protest must include a written statement specifying in detail each and every one of the grounds asserted for the protest. The protest must be signed by an individual authorized to represent the proposer, and must cite the law, rule, local ordinance, procedure or RFP provision on which the protest is based. In addition, the protestor must specify facts and evidence sufficient for the City to determine the validity of the protest.

C. Delivery of Protests

All protests must be received by the due date. If a protest is mailed, the protestor bears the risk of non-delivery within the deadlines specified herein. Protests should be transmitted by a means that will objectively establish the date the City received the protest. Protests or notice of protests made orally (e.g., by telephone) will not be considered. Protests must be delivered to:

Director of Contract Management and Compliance
101 Grove Street, Room 307
San Francisco, CA 94102
Fax number: (415) 554-2555

ATTACHMENT 1

The following forms must be completed in order for proposals to be considered:

- ☐ **Appendix A1-a: DPH Forms:**
 - 1. RFP Form 1 Solicitation & Offer
 - 2. RFP Form 2 Contractual Record Form
 - 3. CMD Attachment 2 Contract Monitoring Division Forms
- ☐ **Appendix A1-b: Letter of Intent Form** (Due October 25, 2016, at or before 12:00 p.m.)
- ☐ **Appendix B: DPH Budget Forms and Instructions**
(*optional to use DPH Budget Forms or your own agency generated budget forms*)

AMENDED & RE-ISSUED RFP 26-2016

Children, Youth and Family System of Care
Adult and Older Adult Systems of Care
Substance Use Disorder Treatment Services RFP

**DEPARTMENT OF PUBLIC HEALTH
SAN FRANCISCO HEALTH NETWORK – BEHAVIORAL HEALTH
SERVICES**



Request for Proposals (RFP) - 26 - 2016

**DEPARTMENT OF PUBLIC HEALTH
OFFICE OF CONTRACT MANAGEMENT AND COMPLIANCE
1380 HOWARD STREET, SUITE 442
SAN FRANCISCO, CA 94103**

**CONTACT
MAHLET GIRMA
CONTRACT ANALYST
(415) 255-3504
MAHLET.GIRMA@SFDPH.ORG**

Date Issued:	September 27, 2016
E-Question Period:	September 27 – October 14, 2016
Date Amended & Re-Issued	October 21, 2016
Bidder's Conference	October 24, 2016, 1:00 pm – 3:00 pm
Letter of Intent Due:	12:00 p.m., November 1, 2016
Proposals Due:	12:00 p.m., November 22, 2016

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I. RFP INTRODUCTION & SCHEDULE

A. Introduction

The San Francisco Department of Public Health (DPH), San Francisco Health Network – Behavioral Health Services (SFHN-BHS), is soliciting proposals from interested proposers to provide substance use disorder (SUD) treatment services, beginning in Fiscal Year (FY) 2017-2018, for the: 1) Children, Youth and Family (CYF) System of Care; and 2) Adult and Older Adult (A/OA) Systems of Care. This request for proposals (RFP) includes a wide range of SUD treatment levels of care that together will create an integrated continuum of treatment for patients. Both qualified new providers and qualified existing SFHN-BHS providers are eligible to apply for funds.

A projected total of \$34,300,000 is available under this RFP for all SUD treatment levels of care for children, youth, transition age youth, adults and older adults served by the CYF and A/OA Systems of Care. This is estimated annual amount is subject to available funding and may increase or decrease depending on funding availability.

Individual SUD treatment level of care funding line item amounts will not be provided in the interest of funding the highest qualified and most cost effective proposals. Proposers are required to: 1) develop proposals that reflect their organizational treatment capacity and experience in providing the SUD treatment level of care for which a proposal is being submitted; and 2) justify costs within their budget narratives for providing all required services identified in the RFP and DMC-ODS pilot.

B. Contract Term

Contracts shall have an original term of five (5) years from **July 1, 2017** to **June 30, 2022**. In addition, the City shall have one (1) option to extend the term for a period of five (5) years, for a total of ten (10) year contract, subject to annual availability of funds and annual satisfactory contractor performance and the needs of the SFHN-BHS system. The City has the sole, absolute discretion to exercise this option.

C. Proposal Submission

Proposers may submit proposals to serve the CYFSOC and/or A/OA SOC. For those proposers submitting proposals to serve CYFSOC and A/OA Systems of Care age-group populations, a separate and complete proposal must be submitted for CYF age-group populations and A/OA age group populations by SUD treatment level of care.

Providers may propose to provide SUD treatment services for a single level of care or multiple levels of care and/or case management services. For those proposers submitting proposals for multiple levels of care, a separate and complete proposal must be submitted for each level of care for which funding is sought.

D. Schedule

The anticipated schedule for selecting contractors is:

<u>Proposal Phase</u>	<u>Time</u>	<u>Date</u>
RFP is issued by the City		September 27, 2016
Email Questions Begins	12:00 Noon	September 27, 2016
Email Questions Ends	12:00 Noon	October 14, 2016
 Bidder's Conference 25 Van Ness Street, # 610, San Francisco	 1:00 pm – 3:00 pm	 October 24, 2016
 Non-Binding Letter of Intent due Proposals Due	 12:00 Noon 12:00 Noon	 November 1, 2016 November 22, 2016

Estimated Dates:

<i>Technical Review Panel</i>	<i>December, 2016</i>
<i>Selection and Negotiations</i>	<i>January - February 2016</i>
<i>Contract Development</i>	<i>February - March 2017</i>
<i>Contract Processing and Approvals</i>	<i>April-June 2017</i>
<i>Service Start Date</i>	<i>July 1, 2017</i>

E. Drug-Medi-Cal Organized Delivery Systems Pilot

With the publication of this RFP, SFHN-BHS providers will meet new SUD treatment services requirements under the Drug Medi-Cal Organized Delivery System (DMC-ODS) pilot. The DMC-ODS Pilot seeks to test a new paradigm for the organized delivery of health care services for Medicaid eligible individuals with a substance use disorder. The DMC-ODS pilot will demonstrate how organized SUD care increases the success of DMC beneficiaries while decreasing other system health care costs. Critical elements of the DMC-ODS pilot include:

- Providing a continuum of care modeled after the American Society of Addiction Medicine (ASAM) Criteria for SUD treatment services;
- Increasing local control and accountability with greater administrative oversight;
- Creating utilization controls to improve care and efficient use of resources;
- Increasing program oversight and integrity;
- Providing more intensive services for the criminal justice population which are more challenging to treat;
- Expanding the SUD treatment workforce by including Licensed Practitioners of Healing Arts for the assessment of patients and other functions within the scope of their practice;
- Requiring evidence-based practices (EBPs) in substance abuse treatment; and
- Increasing coordination with other systems of care including primary care and mental health.

This approach will provide patients with access to the care and system coordination needed to achieve sustainable recovery. More information on San Francisco's DMC-ODS Pilot County Plan can be found at: <http://www.dhcs.ca.gov/provgovpart/Pages/Fact-Sheets-and-FAQs.aspx>.

F. San Francisco DMC-ODS Pilot Goals

Through participation in the DMC-ODS Pilot, the City and County of San Francisco will transform the SFHN-BHS substance use disorder (SUD) continuum of care to promote the wellness and recovery of individuals with substance use and related disorders. This will be accomplished by improving access to high quality, cost effective, sustainable SUD treatment and transitional care services and supports.

San Francisco takes great pride in a deep and longstanding commitment to protect and promote the health of all residents through a comprehensive, integrated, consumer-driven system of care. Working in collaboration with community partners, the San Francisco Department of Public Health (DPH) is the lead public agency that safeguards and maintains the City's commitment to protect and promote the health of San Franciscans by providing a full array of services, supports, and resources to residents from prevention and early intervention to treatment and transition services.

As San Francisco's largest public agency, DPH has two major divisions: 1) Population Health; and 2) the San Francisco Health Network. The SFHN encompasses most of the services covered by the DMC-ODS Pilot including Ambulatory Care (Primary Care, Behavioral Health Services (BHS), Maternal, Child and Adolescent Health, and Jail Health Services), San Francisco General Hospital, Transitions, Managed Care, and Laguna Honda Hospital (long-term care). The SFHN is the City's only complete care system that includes primary care for all ages, dentistry, emergency & trauma treatment, medical & surgical specialties, diagnostic testing, skilled nursing & rehabilitation, and behavioral health services.

Under the DMC-ODS Pilot, the SFHN-BHS is responsible for the implementation of San Francisco's Implementation Plan in partnership with DPH Population Health, consumers, public agency partners, and the SFHN-BHS network of community-based primary care and behavioral health providers. The SFHN actively engages consumers with health and behavioral health disorders in pursuing optimal health, happiness, recovery, and a full and satisfying life in the community. The SFHN supports this goal in part by applying "Quadruple Aim" to behavioral health services through the lenses of cultural humility, wellness and recovery by:

1) improving the patient experience of care (including quality and satisfaction); 2) improving the health of populations; 3) reducing the per capita cost of care; and 4) improving the behavioral health workforce.

G. SUD Treatment Foundational Principles and New Practices

The SFHN values the following aspects of behavioral health care which are consistent with the DMC-ODS Pilot approach to care:

- A trauma-informed system of care that fosters wellness and resilience for everyone in the system, from our patients to the staff who serve them;
- The practice of cultural humility where we make a consistent commitment to understanding different cultures and focusing on self-humility, maintaining an openness to someone else's cultural identity, and acknowledging that each of us brings our own belief/value systems, biases, and privileges to our work;
- Whole Person Care that integrates both behavioral and physical care of a patient including assessing the needs of a patient's identified family and other significant relationships;

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- Colleagues who have experienced behavioral health challenges and bring their empathy and empowerment to recovery in others, as well as inspire and share their experience to create a truly recovery-oriented system;
- Valuing all patients that seek our services; and
- Shared decision making in providing the best possible coordinated care, where patients and their providers collaborate as part of a team to make care decisions together.

In partnership with SUD treatment providers, the SFHN-BHS will fund a continuum of services for all eligible adolescent and adult patients modeled after **The ASAM Criteria** (www.asam.org). The ASAM Criteria is the most widely used and comprehensive set of guidelines for placement, continued stay and the transfer and discharge of patients with addiction and co-occurring conditions.

Consistent with the ASAM Criteria, the SFHN-BHS SUD treatment system will be guided by a set of **foundational principles** and **best practices** that represent a shift in how SUD treatment patients are assessed, treated, and supported in their recovery.

San Francisco is moving from a one-dimensional assessment of patient needs to a **multi-dimensional assessment** using The ASAM Criteria. Diagnosis alone is not a sufficient justification for entering a certain modality or intensity of treatment; patient assessment will support treatment that is holistic and able to meet the multiple and changing needs a patient may have across six life domains or “dimensions” (“whole person” care).

San Francisco is moving from program-driven to **clinically-driven and outcomes-driven treatment**. Treatment will be **individualized, person-centered** and responsive to specific patient needs and progress toward recovery. This is a departure from focusing on “placement” in a program, often with a fixed length of stay, and a move toward treatment lengths of stay that are individualized and based on the **severity of a patient’s illness and patient’s level of functioning** at treatment entry and the patient’s response to treatment, progress and outcomes.

San Francisco is moving from a limited number of discrete SUD treatment modalities to a **broad and flexible continuum of care**. Levels of care will represent intensities of services along the continuum of treatment and reflects the varying severity of illnesses treated and the intensity of services required. See tables in the following section of this RFP which provide a brief description of each level of care on the SFHN-BHS treatment continuum. Note that the intensity of treatment is split into “levels of care”, and each of the levels connect to each other, acting more like “benchmarks” along a single continuum. Patients can move between levels, or benchmarks along the continuum, depending on their unique needs and response to treatment.

The ASAM Criteria uses separate criteria and levels of benchmarks for adult patients and adolescent patients due to the different stages of emotional, mental, physical, and social development adolescents may be in.

San Francisco is moving toward a treatment referral system where referrals to a specific level of care will be based on a **careful and comprehensive assessment of patient needs** across six dimensions with the primary goal of placing patients in the most appropriate level of care. The preferable level of care will be the least intensive, while still meeting treatment objectives and providing safety and security for the patient. The levels of care are ranked under The ASAM

Criteria and represent benchmarks or points along the continuum of treatment services that can be accessed depending on a patient's needs and responses to treatment. That is, a patient may **begin at one level of care but step up or step down to another level of care.** SFHN-BHS SUD treatment providers will be required to have capacity to transition patients across the treatment continuum either in-house or through formal partnerships with other providers along the continuum (written, approved MOUs). This also includes formal partnerships with service providers and systems outside the SUD treatment continuum including mental health providers, primary care providers, and the criminal and juvenile justice systems.

San Francisco is moving toward a treatment system that is tailored to the needs of each patient, guided by **individualized treatment** plans and developed in consultation with patients through the formation of **therapeutic alliances with patients.** The goal of interventions and treatment will determine the methods, intensity, frequency and types of services provided. Decisions about patient discharge from a level of care or a patient's transfer to another level of care will be based on how the treatment and duration both resolves a patient's presenting challenges and impacts a patient's prognosis for long-term recovery. Treatment services are expected to stabilize a patient's condition and promote patient wellness and recovery.

San Francisco is moving toward an **interdisciplinary team approach** to patient care. SUD treatment professionals will be required to collaborate with physicians, mental health clinicians, peers and peer supports, and other individuals important to a patient's recovery. An example of a current patient-centered care model implemented within the SFHN-BHS Adult/Older Adult Systems of Care is the Behavioral Health Home (BHH). The BHH embraces a team-based model of care where an interdisciplinary team is responsible for meeting the range of needs presented by behavioral health patients assigned to their care. While the SFHN-BHS will continue to fund SUD treatment provided outside a BHH model of care, this is a preferred model of care. All SUD treatment providers will be required to **collaborate and coordinate SUD treatment care with patient medical homes, behavioral health clinics** and other service providers such as housing, educational and vocational providers.

San Francisco is moving toward the integration of **peer support specialists** within multi-disciplinary teams. Peer support offers patients significant interpersonal relationships and a shared sense of community that offers a foundation for the process of healing. At its best, a peer relationship can facilitate and enhance a patient's wellness and recovery. It also can provide increased meaning and purpose in the life of peer support specialists. Peer support specialist are colleagues who have experienced behavioral health challenges and bring their empathy and empowerment to recovery.

San Francisco is moving toward an **outcomes-based treatment system.** SFHN-BHS SUD treatment providers are required to use **evidence-based practices...** apply **The ASAM Criteria** to patient assessment, treatment, transitions among levels of care and discharge...invest in **quality management** activities and processes...**actively engage patients** on their paths to wellness and recovery...and collect and **report patient and program outcomes.**

San Francisco is moving toward the development of a **robust array of patient supports and services.** This includes the integration within SUD treatment services **case management services** that proactively link patients to community-based **wellness and recovery services** that emphasize a patient's role in managing their health and teach them to use effective self-management support strategies that prevent relapse. This also includes the integration within SUD treatment services **Medication Assisted Treatment** to evaluate, administer, adjust and

monitor patient medication support services.

All SUD treatment proposers are expected to integrate within their proposals these SUD treatment foundational principles and practices.

II. MINIMUM AGENCY REQUIREMENTS

Please note: All agencies submitting proposals for funding must meet the following **Minimum Agency Requirements**. Any proposals failing to demonstrate how the proposing agency meets these minimum requirements will be considered non-responsive and will not be eligible for project proposal review or award of a contract. In addition to the required forms, up to **five (5) pages** summarizing how all of the following minimum proposal requirements have been met should be included within the *Minimum Requirements Narrative* detailed on pages 13-15 of this RFP.

A. Drug Medi-Cal Certification

Consistent with State DMC-ODS required elements of provider selection and termination policies and procedures, all proposers are required to be Drug Medi-Cal certified by July 1, 2017. Enhanced cost reimbursement rates will be incorporated into contract awards for qualified DMC certified providers to offset the increased costs of meeting higher DMC standards.

Proposers must include a copy of their DHCS DMC Certification Approval Letter or DHCS DMC Provisional Certification Letter or proof of submission for certification. This letter does not count against the *Minimum Requirements Narrative* five-page limit.

For more information about DMC certification, visit:

http://www.dhcs.ca.gov/services/adp/Pages/Drug_MediCal.aspx

B. Harm Reduction

All SUD treatment services are required to be offered consistent with the Harm Reduction Resolution of the Health Commission (September 2000) and recent DPH Harm Reduction Policy requirements that enhance the Health Commission's Policy with new requirements that demonstrate compliance with the intent of the policy. These new requirements include:

1. Post in common areas where they can be viewed by patients up-to-date referral information about Syringe Access & Disposal services and schedule;
2. Have an onsite overdose response policy;
3. Post in common areas where they can be viewed by patients up-to-date referral information about naloxone access and DOPE Project schedule; and
4. Program staff participate in at least one training with the Harm Reduction Training Institute either at the program site or at a Training Institute site.

Proposers must describe in the *Minimum Requirements Narrative* how provider policies, practices, procedures, and staff training fully have complied with the Health Commission Harm Reduction Policy and the new, recent DPH policy requirements.

C. Cultural & Linguistic Competency Requirements

All SUD outpatient treatment services must be offered consistent with the Culturally and Linguistically Appropriate Services (CLAS) National Standards and related DPH Cultural and Linguistic Competency Policy. Cultural and linguistic competence impacts access to treatment, program adherence, and successful recovery for SUD treatment patients. Positively engaging each patient through culturally and linguistically relevant services and effective communication

is essential to recovery. Effective communication requires, at a minimum, the provision of services and information in appropriate languages, at appropriate educational and literacy levels, and in the context of the individual's cultural identity. Cultural competency also requires a demonstrated respect, awareness and acceptance of and an openness to learn from the beliefs, practices, traditions, religions, history, languages, and current needs of each individual and communities.

Cultural competency and capacity must be reflected throughout all levels of the proposer's organization including organizational vision and mission statements, board and staff recruitment, planning and policy making, staff skills development and training, administrative and policy implementation, and service delivery and evaluation.

Proposers must address in the *Minimum Requirements Narrative* how their organization and SUD treatment services meet National CLAS Standards and related DPH policies and practices.

<http://minorityhealth.hhs.gov/assets/pdf/checked/executive.pdf>

<https://www.thinkculturalhealth.hhs.gov/>

D. Financial Management Capacity & Fiscal Integrity

Proposers must demonstrate a consistent high standard of financial management and fiscal integrity as evidenced by citywide or DPH monitoring report, lack of corrective action plans, unqualified audit opinions, a reasonable level of cash reserves, management letters accompanied by audited financial statements that are relatively free of internal control comments, and stable and experienced fiscal and financial management staffing.

Proposers also provide their most recent financial audit under the proposal appendix. If there are any adverse or qualified opinions, a proposer may be subject to further reviews of past audits to determine status of recommendations or any corrective actions taken at the sole, absolute discretion of the City.

The Department will refer to and consider current Corrective Action Plans (as opposed to program review – related Plans of Correction) for existing Department Contractors.

In addition, proposers must indicate whether they are organized as a “non-profit” or “for profit” organization and meet the following requirements:

- **Non-profit proposers:** Proposers must provide ONE copy of each of the following: 1) management letters and accompanying audited financial statements for FY 2014-2015 and FY 2015-2016; 2) a listing of financial management staff and accounting staff who will be supporting the services applied for, including name, job title, length of service, and a brief bio-sketch; and 3) a current cash flow statement and projection for the period of July 1, 2016 through June 30, 2017, including available unencumbered operating revenue held in reserve.
- **For profit proposers:** Proposers must provide ONE copy of each of the following: 1) complete sets of federal and state tax returns for the 2014 and 2015 tax years; 2) a listing of financial management staff and accounting staff who will be supporting the services applied for, including name, job title, length of service and a brief bio-sketch; and 3) a current cash flow statement and projection for the period of July 1, 2016 through June 30, 2017, including unencumbered operating revenue held in reserve.

The following requested fiscal management capacity documents will not count toward the *Minimum Requirements Narrative* five-page limit: 1) citywide or DPH monitoring report and lack of corrective action plans, 2) most recent financial audit; 3) management letters accompanied by audited financial statements; 4) federal and state tax returns; 5) current cash flow statements and projections; and 5) listing of current financial management staff.

E. Prior Performance

Proposers must demonstrate that they have a record of consistent quality service delivery for five (5) prior fiscal years in providing the SUD treatment level of care treatment services to the proposed service populations for which funding is sought in an urban environment. This description should include a summary of public and private sector contracts for similar services and supports and DPH monitoring reports or Non DPH evaluation reports of the last two years of issued reports.

Proposers must include Contractual Record Form (**Appendix A-1a**) if they are current DPH providers or copies of actual contracts (for non DPH providers) to demonstrate proof of 5 years' experience. Copies of monitoring reports or Contractual Record Form, attached along with contract monitor contact information including name, title, agency, county, email address and phone number. Summaries must include a brief description of service populations, service location, specific services and supports provided, and program and client outcomes. This also should include a summary of prior performance of the proposer's subcontractors that have records of consistent quality service delivery for five (5) prior fiscal years in serving the target population(s). **The Department will refer to and consider current Corrective Action Plans (as opposed to program review – related Plans of Correction) for existing Department Contractors.**

F. Priority Service Populations

The Department of Public Health has identified seven (7) priority service populations for SUD treatment services under the A/OA Systems of Care and four (4) priority service populations under by the CYF System of Care. Proposers must include at least two (2) of the priority service populations for each system of care level of care treatment services for which a proposal is submitted.

G. Priority Geographic Service Areas

The Department of Public Health has identified five (5) priority geographic service areas in the City and County of San Francisco. Proposers must demonstrate include at least one (1) priority geographic service area for system of care level of care treatment services for which a proposal is submitted.

H. Americans with Disabilities Act and Access Requirements

Americans with Disabilities Act (ADA) compliance and implementation of access to persons with the broadest possible range of abilities is required. Proposers must demonstrate compliance with this requirement by describing in detail the proposer's access program, including specific physical, substance use and mental health disability accommodation strategies, policies and procedures. This should include a description of policies and practices that accommodate patient companion animals within SUD treatment settings as a protected ADA right.

I. Approved City Vendor

Proposers must be an existing, approved vendor with the City and County of San Francisco at

the time proposals are submitted. Proposers must provide their vendor number and proof of good standing to do business with the City including a current business tax license and required insurance.

J. Compliance with City and County Policies, Laws, Rules and Regulations

Proposed must demonstrate capacity and ability to comply with all contracting policies, laws, rules, and regulations of the City and County of San Francisco and DPH.

III. SFHN-BHS SUD TREATMENT LEVEL OF CARE

The Department of Public Health seeks proposals from qualified proposers to provide SUD treatment services for certain ASAM level of care. The table below lists by ASAM level of care the annual estimate of unduplicated clients to be served, the number residential treatment beds required, and other SUD treatment system requirements. The information is intended to assist proposers in developing their proposals and budget justification documents. The City has the sole, absolute discretion in determining how many clients for each level of care to serve and system capacity requirements.

ASAM Level of Care	Annual Estimated Number of Unduplicated Clients (UDC)/Number of Residential Beds by System of Care & Other SUD Treatment System Requirements
Level 1/Opioid Treatment Programs (formerly Narcotic Treatment Programs)	A/OA SOC: 3,300 UDCs <u>and</u>: <ul style="list-style-type: none"> At least one (1) program serving pregnant and parenting women with dependent children; At least one (1) program serving inmates in Jail Services/Sheriff's Department; Minimum opioid addiction medications that must be available for dispensing: methadone, buprenorphine, naloxone, disulfiram; and Minimum alcohol addiction medications that must be available for dispensing: acamprosate, disulfiram, off-label use of topiramate.
Level 1/Outpatient Services	CYFSOC: 300 UDCs A/OA SOC: 1,350 UDCs
Level 2/Intensive Outpatient Services	CYFSOC: 120 UDCs A/OASOC: 300 UDCs
Level 3.1/Residential Services	A/OA SOC: 1,550 UDCs/500 Beds <u>and</u>: <ul style="list-style-type: none"> At least one (1) program to serve pregnant/parenting women with children.
Level 3.3/Residential Services	
Level 3.5/Residential Services	

ASAM Level of Care service descriptions and requirements follow.

ASAM Level of Care Descriptions

Level of Care	CYFSOC	A/OASOC	Service Description & Requirements
OTP (Level 1)		Opioid Treatment Programs (formerly called Narcotic Treatment Program)	Daily or several times weekly opioid agonist medication and counseling available for those with severe opioid disorder or alcohol use disorder including methadone, buprenorphine, naloxone, and disulfiram. Includes all of the following components: a) Intake; b) Individual & Group Counseling; c) Patient Education; d) Medication Services; e) Collateral Services; f) Crisis Intervention Services; g) Treatment Planning; h) Medical Psychotherapy: one-on-one counseling conducted by the Medical Director with patient; <u>and</u> i) Discharge Services.
1	Outpatient Services	Outpatient Services	Recovery or motivational enhancement therapies/strategies provided to patients less than 9 hours a week (adults) and less than 6 hours a week (adolescents) and includes all of the following components: a) Intake; b) Individual & Group Counseling; c) Patient Education; d) Family Therapy; e) Medication Services; f) Collateral Services; g) Crisis Intervention Services; h) Treatment Planning; <u>and</u> i) Discharge Services.

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Level of Care	CYFSOC	A/OASOC	Service Description & Requirements
2.1	Intensive Outpatient Services	Intensive Outpatient Services	Structured programming services to treat multidimensional instability not requiring 24-hour care for a minimum of 9 or more hours with a maximum of 19 hours a week (adults) and 6 hours or more with a maximum of 19 hours (adolescents). See Level 1/Outpatient Services for Level 2.1 program service components.
3.1 Level of Care includes perinatal residential services.		Clinically Managed Low Intensity Residential Services	24-hour structure with available trained personnel and providing at least 5 hours of clinical service per week with the goal of preparing patient for outpatient treatment. Includes all of the following program service components: <ul style="list-style-type: none"> a) Intake; b) Individual & Group Counseling; c) Patient Education; d) Family Therapy; e) Safeguarding Medications; f) Collateral Services; g) Crisis Intervention Services; h) Treatment Planning; i) Transportation Services (to/from medically necessary treatment); <u>and</u> j) Discharge Services.
3.3 Level of Care includes perinatal residential services.		Clinically Managed High-intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community. Goals is to prepare for outpatient treatment. See Level 3.1/Clinically Managed Low Intensity Residential Services for program service components.
3.5 Level of Care includes perinatal residential services.		Clinically Managed High-intensity Residential Services	24-hour care with trained counselors to stabilize multidimensional imminent danger with goal to prepare patients for outpatient treatment. Able to tolerate and use full milieu or therapeutic community. See Level 3.1/Clinically Managed Low Intensity Residential for program service components.

A. Priority Service Populations and Priority Geographic Service Areas

1. Priority Service Populations: Adult/Older Adult Systems of Care Priority

The Department of Public Health has identified seven Priority Service Populations under the Adult/Older Adult Systems of Care for all SUD treatment levels of care:

a) Persons Who Are Black/African American

While drug overdose (poisonings) deaths have remained stable in San Francisco through 2012, there were significant differences in death rates based on race, along with gender and age. The death rate among Black/African American residents was higher than others with 62.1, compared to White (25.2), Hispanic/Latino (10.3), and Asian persons (3.2).

b) Persons Who Are Homeless

The 2015 San Francisco's biennial homeless count showed there were 6,686 people without a place to live, or 3.8 percent more than in 2013. Based on survey responses, 37% of homeless people said they abused drugs or alcohol, up from 29% in 2013. Twenty-seven percent of homeless people said they had post-traumatic stress disorder, 10% said they had a traumatic brain injury, and 35% said they had psychiatric or emotional conditions.

c) Persons Who Are Incarcerated or Involved with the Criminal Justice System/Drug Courts

These represent priority service populations under the DMC-ODS Pilot and are longstanding priority populations SFHN-BHS.

d) Persons Who Are Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Ally or Two-Spirit (LGBTQQIA2S)

When compared with the general population, LGBTQQIA2S people are more likely to use alcohol and drugs, have higher rates of substance abuse, are less likely to abstain from use, and are more likely to continue heavy drinking into later life.

e) Transition Age Youth, Aged 18-24

Young adults, aged 18-24, had the highest prevalence for past month binge alcohol use and use of illicit drugs other than marijuana, past year cocaine and nonmedical prescription pain reliever use, and past year dependence or abuse of alcohol or illicit drugs.

f) Persons Whose Primary Substance is Alcohol

According to the National Institute on Drug Abuse August 2015 National Drug Early Warning System (NDEWS) Sentinel Community Site Profile for San Francisco, the most frequent cause of admissions to substance use disorder treatment is alcohol, reflecting a quarter of all treatment episodes. In addition, 12% of residents reported dependence or abuse of alcohol compared to 3% reporting dependence or abuse of illicit drugs; 61% of San Francisco residents reported past month use of alcohol; and 25% of residents reported binge alcohol use.

g) Pregnant Women or Parenting Women with Dependent Children

Targeted interventions to pregnant women and parenting women with dependent children with substance use disorders increase the incidence of prenatal visits, improve birth

outcomes, improve child development outcomes, and improve a mother's ability to parent in recovery.

Proposers must demonstrate in their proposals at least five (5) years of experience successfully engaging, treating, and transitioning patients in an urban environment for at least two (2) or more of the Priority Service Populations listed above.

2. Priority Treatment Populations: Children, Youth and Family System of Care

For the Children, Youth and Family System of Care (CYFSOC), DPH is seeking proposals to provide ASAM Level 1/Outpatient Services and Level 2/Intensive Outpatient Services for adolescents, aged 10 to 18. Adolescent Priority Service Populations include:

a) Persons Who Are Black/African American

While drug overdose (poisonings) deaths have remained stable in San Francisco through 2012, there were significant differences in death rates based on race along with gender and age. The death rate among Black/African American residents was higher than others with 62.1, compared to White (25.2), Hispanic/Latino (10.3), and Asian persons (3.2).

b) Persons Who Are Involved with the Child Welfare and Juvenile Justice System

These represent priority service populations under the DMC-ODS Pilot and are longstanding priority populations SFHN-BHS.

c) Persons Who Are Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Ally or Two-Spirit (LGBTQQIA2S)

When compared with the general population, LGBTQQIA2S people are more likely to use alcohol and drugs, have higher rates of substance abuse, are less likely to abstain from use, and are more likely to continue heavy drinking into later life.

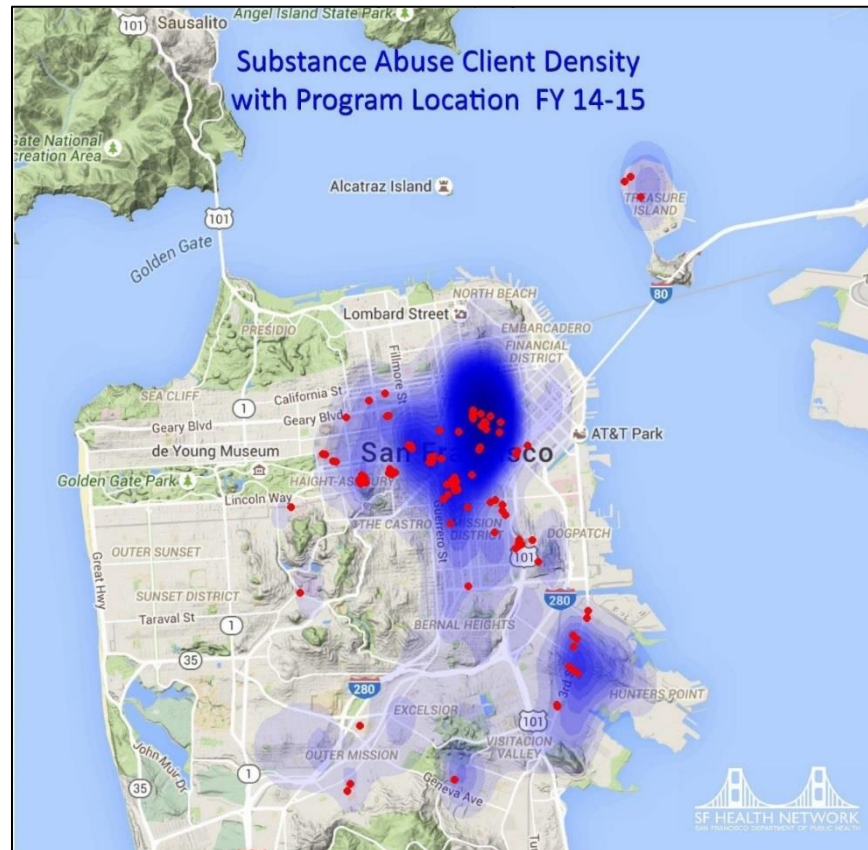
d) Persons Whose Primary Substance is Alcohol

The 2015 San Francisco Unified School District Youth Risk Behavior Survey for middle school students showed 15.9% of middle students reported ever drinking alcohol, 7.5% reported alcohol use in the past 30 days and 2% reported episodic heavy drinking of alcohol (binge drinking). The same survey for high school students showed 43.5% of high school students reported ever drinking alcohol, 18.4% reported alcohol use in past 30 days, and 8.8% reported episodic heavy drinking of alcohol (binge drinking).

Proposers must demonstrate in their proposals at least five (5) years of experience successfully engaging, treating, and transitioning patients in an urban environment for at least two (2) or more of the Priority Service Populations listed above.

B. Priority Geographic Service Areas

As part of the DPH Quality Improvement Plan, DPH quality management staff produces Geomaps of the location of substance use treatment programs by modality, overlaying a patient residence density map. The FY 2014-15 Geomap follows and demonstrates that the SFHN-BHS has SUD treatment services (dark red) that are well aligned with the greatest patient residence density (medium blue).



LEVEL OF CARE SERVICES

Based on the Geomap analysis and other available data, DPH is seeking SUD treatment services in the following Priority Geographic Service Areas for both the Adult/Older Adult Systems of Care and the Children, Youth and Family System of Care:

1. Hayes Valley/Tenderloin/North of Market/94102
2. South of Market/94103
3. Bernal Heights/Inner Mission/94110
4. Bayview-Hunter's Point/94124
5. Southeast/Visitacion Valley/Sunnydale/94134

Proposers must demonstrate in their proposals experience and capacity in successfully engaging, treating, and transitioning Priority Service Population patients residing in at least one (1) of the Priority Geographic Service Areas. Proposals to serve Priority Service Populations in other San Francisco geographic service areas may be considered for contract awards, funds permitting, only when system capacity and patient needs are deemed met in all of the Priority Geographic Service Areas. The Department of Public Health has the sole, absolute discretion to determine system capacity and patient needs and which proposals will be funded, if any.

C. ASAM LEVEL OF CARE SERVICE COMPONENTS & REQUIREMENTS

Following is a summary of ASAM level of care treatment service components and requirements excerpted from *The ASAM Criteria, Treatment Criteria for Addictive, Substance-Related and Co-Occurring Conditions* (American Society of Addictive Medicine, Third Edition, 2013).

Proposers must demonstrate capacity to meet all ASAM level of care service components and requirements in their proposals and all Drug Medi-Cal certification requirements. Where DMC and ASAM Criteria requirements differ, DMC certification requirements take precedence.

1. Level 1/Outpatient Services Requirements

Level 1/Outpatient Services are benchmarked at the lower end of the ASAM treatment continuum and include organized outpatient treatment services which can be delivered in a variety of settings such as addiction programs, behavioral health homes and clinics, and school-based service sites. Services are provided less than 9 hours per week for adults and less than 6 hours per week for adolescents.

In Level 1 programs, a multi-disciplinary team provides services. Members of the team include addiction, mental health treatment, peer support specialists, and general health care personnel, including addiction credentialed physicians. The team provides professionally directed screening, evaluation, treatment and ongoing recovery and disease management services.

Like all ASAM Levels of Care, Level 1 services are tailored to each patient's level of clinical severity and function and are designed to help the patient achieve changes in his or her alcohol and/or other drug use or addictive behaviors. Treatment addresses major lifestyle, attitudinal, and behavioral issues that have the potential to undermine the goals of treatment or impair the patient's ability to cope with major life tasks without the addictive use of alcohol and/or other drugs and/or addictive behaviors such as gambling.

These services provide greater access to care for patient with co-occurring substance use and physical and mental health conditions, individuals not interested in recovery that are mandated to treatment, and individuals in early stages of readiness to change. Level 1/Outpatient Services also provide access to needed care for parents in early recovery that need education about addiction and person-centered treatment, as well as patients in ongoing recovery who need monitoring and continuing disease management.

Some characteristics of patients in Level 1 include those who are able to complete professionally directed addiction and/or mental health treatment, those who are stepping down from a more intensive level of care, those who are in early stages of change and not yet ready to commit to full recovery, and those who have achieved stability in recovery.

Level 1/Outpatient Services Support Requirements

Level 1/Outpatient Services programs include the following supports:

- 1) Medical, psychiatric, psychological, laboratory and toxicology services available on-site or consultation or through closely coordinated referral; medical and psychiatric consultation is available within 24 hours by telephone or in person within a timeframe appropriate to the severity and urgency of the consultation requested;
- 2) Directly affiliated with or closely coordinated referral to more intensive levels of care and medication management;
- 3) Emergency services available by telephone 24 hours a day/7 days a week; and

- 4) Intensive case management for patients with co-occurring disorders.

Level 1/Outpatient Services Staffing Requirements

Level 1/Outpatient Services program are staffed by appropriately credentialed and/or licensed treatment professionals who assess and treat substance-related, mental, and addictive disorders. Professional peer support specialists with lived experience in substance use treatment also are integrated within this multi-disciplinary team to support patient wellness and recovery.

Professional staff are experienced in gathering and interpreting information regarding a patient's biopsychosocial needs and are knowledgeable about the biophysical dimensions of alcohol and other drug and addictive disorders including how to assess a patient's readiness for change. Professional staff also are capable of monitoring stabilized mental health challenges a patient may have and recognizing instability in patients with co-occurring mental health conditions. In addition, there is at least one professional staff member on the multi-disciplinary team with authority to prescribe medication either on-site or through closely coordinated consultation services.

Drug Medi-Cal certified outpatient sites must comply with DMC staffing requirements. All Level 1/Outpatient Services programs, regardless of DMC certification status, are expected to meet the following minimum staffing requirements:

- 1) Appropriately credentialed and/or licensed treatment professionals including addiction-credentialed physicians, counselors, psychologists, social workers, and others to assess and treat substance-related, mental, and addictive disorders;
- 2) Professional peer support specialists with lived experience in substance use treatment to support patient wellness and recovery as members of the multidisciplinary team;
- 3) Credentialed mental health professionals to assess, manage, and monitor patient mental health disorders for patients with co-occurring disorders preferably on-site or via closely coordinated referrals.

Level 1/Outpatient Services Required Therapies

Level 1/Outpatient Services involve skilled treatment services which are provided in an amount, frequency and intensity appropriate to a patient's needs, and include at a minimum:

- 1) Intake;
- 2) Individual and group counseling;
- 3) Motivational enhancement;
- 4) Family therapy;
- 5) Educational groups;
- 6) Occupational and recreational therapy;
- 7) Psychotherapy;
- 8) Medication management services;
- 9) Case managed services;
- 10) Mental health treatment (for patients with co-occurring disorders);
- 11) Other addictive disorders treatment (e.g. gambling); and
- 12) Primary care and other general medical care.

Level 1/Outpatient Services Assessment/Treatment Plan Review Requirements

For Level 1 programs, the assessment and treatment plan review must include:

- 1) Individualized, comprehensive biopsychosocial assessments of a comprehensive substance use and addictive behaviors history reviewed by a physician, and if determined needed by a patient's medical condition, a physical examination within a reasonable amount of time;
- 2) An individualized treatment plans developed in partnership with the patient that includes challenges, needs, strengths, skills, priority formulation and articulation of short-term, measurable treatment goals (including the patient's treatment goals), preferences and activities designed to achieve those goals;
- 3) Monitoring, including biomarkers and toxicology testing; and
- 4) A review of a patient's most recent psychiatric history and a mental status examination performed within a reasonable timeframe for patients with co-occurring mental disorders.

Level 1/Outpatient Services Adolescent-Specific Considerations

In addition to Outpatient Services practice expectations, proposers must demonstrate in their proposals experience successfully meeting all of the following requirements:

- 1) Staff knowledgeable about adolescent development and experience in working with and engaging adolescents;
- 2) Engagement and integration of families, caregivers and other important resources in treatment planning, services, and transition planning to support patient recovery;
- 3) Proactively transitioning adolescents in need of continued SUD treatment to the Adult/Older Adult Systems of Care including partnering with adolescents and their families in developing comprehensive transition plans that address the wide range of treatment and support needs such as housing, vocational services, and other community supports;
- 4) Collaborative working relationships with child welfare, mental health, court, schools, primary care, and juvenile justice to meet multi-system treatment goals and outcomes for adolescents; and
- 5) Serving adolescents placed out-of-county.

Level 1/Outpatient Services Scoring Preference

The Department of Public Health will provide a scoring preference for Outpatient Services that are organized in a Behavioral Health Home model or similar integrated care model where the needs of the "whole patient" are met either on-site or through closely coordinated and managed services off-site. This includes addiction, mental health, and primary care services.

2. Level 2.1/Intensive Outpatient Services Requirements

Intensive Outpatient Services offer a higher intensity of outpatient services with the goal of stepping patients down to Level 1/Outpatient Services or discharge. Examples of Level 2.1 programs are after school, day or evening and/or weekend intensive outpatient programs.

Generally, 9-19 hours of structured programming per week is provided to adults, and 6-19 hours a week for adolescents. Although programming consists primarily of counseling and education about addiction-related and mental health problems, providers must demonstrate capacity to provide all required Level 2.1 service components.

Patient psychiatric and medical service needs are provided through consultation and closely coordinated referrals if a patient is stable and requires only maintenance monitoring. Providers must demonstrate on-site capacity or formal partnerships with mental health and healthcare providers to meet the needs of patients with co-occurring mental disorders. Evidence of formal partnerships includes fully executed, written MOUs with these service providers identifying the specific roles and responsibilities of each partner are to be included as attachments in the proposal appendix.

Level 2.1 Support Requirements

Level 2.1 programs include all of the following:

- 1) Medical, psychological, psychiatric, laboratory, and toxicology services available through consultation or closely coordinated referral with psychiatric and other medical consultation, available 24 hours by telephone and within 72 hours in person;
- 2) Emergency services that are available by telephone 24 hours a day/7 days a week when the treatment program is not in session;
- 3) Direct affiliation with or close coordination through referral to more and less intensive levels of care and supportive housing services; and
- 4) Psychiatric services appropriate to a patient's mental health condition available by telephone or on-site or closely coordinated off-site.

Level 2.1 Staffing Requirements

Level 2.1 programs are staffed by an inter-disciplinary team of appropriately credentialed addiction treatment professionals including counselors, psychologists, social workers, and addiction-credentialed physicians who assess and treat substance use and other addictive disorders. Physicians treating patients in Level 2.1 should have specialty training and experience in addiction medicine or addiction psychiatry, and if treating adolescents, experience with adolescent medicine. Generalist physicians may provide physical exams and concurrent/integrated general medical care such as services for hepatitis, HIV disease, tuberculosis, or other co-occurring infectious diseases during addiction treatment.

All program staff should have access to and be able to interpret information regarding a patient's biopsychosocial needs. Some staff should have sufficient cross-training to understand the signs and symptoms of mental disorders and understand and be able to explain the uses of psychotropic medications and their interactions with substance use and other addictive disorders.

Level 2.1 Required Therapies

Level 2.1 programs must provide the following therapies:

- 1) A minimum of 9 hours per week for adults and 6 hours per week for adolescents of skilled treatment services which may include individual and group counseling, medication management, family therapy, educational groups, occupational and recreational therapy, and other therapies provided in amounts, frequencies, and intensities appropriate to the objectives of a patient's treatment plan;
- 2) Family therapy which involves family members, guardians, or significant others in the assessment, treatment and continuing care of the patient;
- 3) A planned format of therapies delivered on an individual or group basis and adapted to the patient's developmental stage and comprehension level;
- 4) Motivational interviewing, enhancement and engagement strategies; and
- 5) Capability to offer the above therapies for patients with co-occurring addictive and mental disorders who can benefit from the therapies; for those who are not able to benefit, intensive case management, assertive community treatment, medication management, and psychotherapy must be offered.

Level 2.1 Assessment/Treatment Plan Review Requirements

For Level 2.1 programs, patient assessment and treatment plan reviews include:

- 1) Individualized, comprehensive biopsychosocial assessment of a comprehensive substance use and addictive behaviors history reviewed by a physician and if determined needed by a patient's medical condition, a physical examination within a reasonable amount of time;
- 2) An individualized treatment plan developed in partnership with the patient that includes challenges, needs, strengths, skills, priority formulation and articulation of short-term, measurable treatment goals (including the patient's treatment goals), preferences and activities designed to achieve those goals;
- 3) Monitoring, including biomarkers and toxicology testing; and
- 4) A review of a patient's most recent psychiatric history and a mental status examination performed within a reasonable timeframe for patients with co-occurring mental disorders.

Level 2.1 Adolescent Specific Considerations

The ASAM Criteria recognize adolescent specific needs across the continuum of treatment.

Level 2.1 programs serving adolescents must demonstrate capacity in their proposals to meet

Level 2.1 adolescent-specific considerations including:

- 1) Staff knowledgeable about adolescent development and experience in working with and engaging adolescents;
- 2) Assessment and treatment staff experienced in recognizing adolescent needs for specialty evaluation and treatment for intoxication or withdrawal and that are able to arrange for these evaluation and treatment services in a timely manner;
- 3) Successful strategies for engaging parents, caregivers or other significant resources to obtain information for patient assessment and treatment planning and support patient recovery;
- 4) Assessment and support to address patient lingering subacute withdrawal symptoms such as severe insomnia (note: patients at risk or experiencing acute withdrawal symptoms

should not be treated in Level 2.1/Intensive Outpatient Services and should be treated by a Level 2-Withdrawal Management treatment provider); and

- 5) Serving adolescents placed out-of-county.

3. Residential Services/ASAM Level of Care 3.1, 3.3, and 3.5 Overview

The Department of Public Health is seeking proposals from qualified providers for Residential Services/ASAM Level 3, sublevels 3.1, 3.3, and 3.5 for adults and older adults. Level 3.1, 3.3, and 3.5

Residential Services must be authorized by The Howard Street Program Treatment Access Program (TAP). Proposers must describe a process for obtaining TAP approval to provide residential services to patients.

All Level 3 sublevels have 24-hour staff, with Level 3.1 providing a 24-hour supportive living environment, while Levels 3.3 and 3.5 provide 24-hour treatment settings. Each sublevel differs in intensity, but the defining differences between ASAM 3.1, 3.3, and 3.5 are based on the limitations patients have across the six ASAM dimensions and the services provided to address those limitations. Proposers must demonstrate an understanding of the range of intensities that make up ASAM Level 3 and patient placement in the appropriate sublevel of Residential Services.

Level 3 Residential Services create a positive recovery environment where patients are able to develop, practice, and demonstrate the recovery skills they need to prevent immediate relapse and not to continue substance use after transitioning. Level 3 programs promote continuity of care and community reintegration through seamless and overlapping intensities of outpatient services. Programs make admission, continued service and discharge decisions based on the clinical evaluation of a patient's assessed needs and treatment progress. When a patient has improved sufficiently to be ready for discharge or transfer to a lower level of care, staff are advocates for patient discharge and transition, including engagement with the courts if needed for patients under court order for mandatory lengths of stay in treatment.

All Level 3 providers must have capacity to provide case management services conducted by on-site staff, coordination of related addiction treatment, health care, mental health, and social, vocational, or housing services (provided concurrently) and the integration of services with other levels of care. Proposers must demonstrate capacity within their proposals to provide the required service, coordination and integration components of Residential Services.

In addition, DPH is requiring all Residential Services providers obtain approval from DHCS to offer Incidental Medical Services (IMS) that are provided by a health care practitioner to address medical issues associated with either detoxification or the provision of alcoholism or drug abuse recovery or treatment services to assist in the enhancement of treatment services (see *DHCS MHSUDS Information Notice No. 16-039*). IMS services include: a) obtaining medical histories; b) monitoring health status to determine whether the health status warrants transfer of the patient to receive urgent or emergent care; c) testing associated with detoxification from alcohol or drugs; d) providing alcoholism or drug abuse recovery or treatment services; e) overseeing patient self-administered medications; and f) treating substance use disorders including detoxification. Proposers must demonstrate capacity within their proposals to provide IMS services including evidence of state approval of or submission of a supplemental application

(DHCS 5255) requesting this additional service in the proposal appendix and describe components of their onsite IMS programs.

Level 3/Residential Services providers must demonstrate the capacity to:

1. Begin and continue treatment with prescription medications that are FDA approved for maintenance and ongoing craving, as indicated by patient needs;
2. Prescribe and adjust prescriptions for psychiatric or medical problems in order to facilitate a patient's continued participation in treatment services, as indicated by patient needs;
3. Provide closely coordinated access to medically-supervised WM services at 3.2-WM for alcohol withdrawal, and more complicated medical WM, as indicated by patient needs.

In addition to compliance with all federal, state and local laws, regulations and policies governing SUD treatment services, Level 3 Residential Services providers must have capacity to make required patient accommodations to comply with the Americans with Disabilities Act. This includes having in place practices, policies and procedures to allow patients to have companion animals in treatment facilities. Providers must describe their strategies for accommodating patient companion animals and ensuring the safety of all treatment patients and provider staff in the residential environment.

All Level 3/Residential Services licensed treatment facilities also must complete the *DHCS ASAM Residential Level of Care Designation Questionnaire*. For more info, please see:

http://www.dhcs.ca.gov/provgovpart/Documents/ASAM_Designation_Questionnaire_8-19-15.pdf

Level 3.1, 3.3 and 3.5 Requirements

Following is a description of The ASAM Criteria required components, staffing, support/collaborative partnerships, therapies, and assessment and treatment plan review for Levels 3.1, 3.3, and 3.5. Proposers must review requirements for each level of care carefully and demonstrate organizational and staffing capacity to meet all requirements for the Level 3/ Residential Service proposed to be provided.

Level 3.1/Residential Services Requirements

Level 3.1 program services usually are offered in a freestanding, appropriately licensed facility located in the community. The length of stay in Level 3.1 programs tend to be longer than in the more intensive residential levels of care (e.g. Level 3.3 or Level 3.5).

Examples of Level 3.1 programs are sobering centers, group homes and other supportive living environments with 24-hour staff and closely integrated clinical/treatment services. The residential component of Level 3.1 can be combined with Level 2.1 Intensive Outpatient Services for patients whose living situations or recovery environments are incompatible with their recovery goals if they otherwise meet the ASAM dimensional criteria for Level 2.1 placement.

Patients served in Level 3.1 programs typically experience challenges in applying recovery skills, self-efficacy or lack connections to work, education or family life. The 24-hour structure

under Level 3.1 provides patients the opportunity to develop and practice their interpersonal and group living skills, strengthen their recovery skills, reintegrate into the community and family, and begin or resume employment or academic pursuits. Patients placed in Level 3.1 also may not yet acknowledge that they have a substance use or other addictive challenge. They could be living in a recovery environment that is too unstable to permit treatment in an outpatient setting, needing residential services to minimize continued substance use and/or other addictive behavior. In addition, Level 3.1 patients are often at early stages of readiness to change, requiring monitoring and motivating strategies to prevent deterioration, engage them in treatment and facilitate their progress through the stages of change to recovery.

Desired characteristics of recovery-focused, supportive residential treatment include:

1. Residential treatment provides a physically and emotionally safe, secure and respectful environment;
2. Sobriety requirements are supported by patients to support their wellness;
3. Residential treatment is located in the community, and patients are supported in connecting with services, supports, employment and social activities;
4. Providers and patients value the voice and experience of peers who have experienced addiction challenges;
5. Patient rights and responsibilities are clear and consistent;
6. Patients are accountable for how their behaviors impact their residential stability and the wellness of others in housing;
7. Residential stability is a priority for recovery and to prevent relapse – if a patient is leaving treatment by choice or transitioning to another level of care, every effort is made to connect him or her to safe housing and recovery supports.

The Department of Public Health is interested in recovery residence models that provide short-term, 30-day intensive services (with up to two, 30-day reauthorizations) that link patients to housing and job training, medication management services and a lower level of care, either Level 1/Outpatient Services or Level 2/Intensive Outpatient Services through case management services.

Level 3.1 Required Components

There are two primary components of Level 3.1 programs: a clinical services component and a recovery services component as follows:

- 1) Clinical Services Component
Level 3.1 provides weekly clinical services with the intensity determined by a patient's clinical needs. Services are usually outpatient services but no less than 5 hours per week. Treatment services focus on improving a patient's readiness to change and/or functioning and coping skills. Services may include individual, group and family therapy, medication management and medication education, mental health evaluation and treatment, vocational rehabilitation, job placement and either introductory or remedial like skills workshops.
- 2) Recovery Services Component

The second component of Level 3.1 care is a structured recovery residence environment, staffed 24 hours a day, which provides support and stability to prevent or minimize relapse or continued use and continued problem potential. Patient interpersonal and group living skills generally are promoted through the use of community or house meetings of residents and staff to facilitate bonding and cohesion among recovering patients, reinforce recovery concepts and norms, and introduce patients to the larger recovery community and recovery-oriented resources.

Level 3.1 Support Systems

Level 3.1 Residential Services must demonstrate capacity for the following supports either provided on-site or through formal partnerships with service providers as documented by written, approved MOUs that identify roles and responsibilities:

- 1) 24/7 telephone or in person consultation with physicians and emergency services;
- 2) Access to other levels of care that are directly affiliated or closely coordinated referrals to more or less intensive levels of care, such as ASAM 2.1/Intensive Outpatient Services, as well as other services such as adult education;
- 3) Incidental Medical Services (see *Department of Health Care Services MHSUDS Information Notice No. 16-039*) including Medication Assisted Treatment; laboratory testing, toxicology services, and medication management services;
- 4) Arrangement of pharmacotherapy for psychiatric or anti-addiction medications;
- 5) Capacity to provide appropriate mental health services, including medication evaluation and laboratory services, on-site or closely coordinated off-site via formal partnerships for patients with co-occurring disorders.

Level 3.1 Staffing Requirements

Level 3.1 programs are staffed by:

- 1) Allied health professional staff such as counselor aides or group living workers who are available onsite 24 hours a day or as required by licensing regulations;
- 2) Clinical staff who are knowledgeable about the biological and psychosocial dimensions of substance use disorders and their treatment and are able to identify signs and symptoms of acute psychiatric conditions including psychiatric decompensation;
- 3) A multi-disciplinary team comprised of appropriately trained and credentialed medical, addiction and mental health professionals;
- 4) On-site or closely coordinated referrals to appropriately credentialed medical staff to assess and treat co-occurring patient biomedical disorders and monitor patient administration of medications;
- 5) On-site or closely coordinated referrals to appropriately credentialed mental health professionals to assess and treat co-occurring disorders in consultation with addiction-trained psychiatrists.

While physicians, advanced registered nurse practitioners, and physician assistants are not involved in direct services as staff, an addiction physician is desired to review admission decisions to confirm clinical necessity of services.

Level 3.1 Therapy Requirements

Level 3.1 programs include the following therapies:

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- 1) Services designed to improve the patient's ability to structure and organize tasks of daily living and recovery such as personal responsibility, personal appearance and punctuality;
- 2) Planned clinical program activities (at least 5 hours per week of professionally directed treatment) to stabilize and maintain the stability of patient substance use disorder symptoms and to develop and apply recovery skills such as relapse prevention, exploring interpersonal choices, and development of social network for recovery;
- 3) Addiction pharmacotherapy;
- 4) Random drug screening to monitor and reinforce treatment progress;
- 5) Motivational enhancement and engagement strategies tailored to the patient's stage of readiness to change; and
- 6) Counseling and clinical monitoring to support successful initial involvement or reinvolved in regular, productive daily activity and reintegration into family living, if appropriate, including health education services;
- 7) Regular monitoring of patient medication adherence;
- 8) Recovery support services;
- 9) Services for the patient's family and significant others; and
- 10) Opportunities for the patient to be introduced to the potential benefits of addiction pharmacotherapies as a tool to manage addictive disorders.

Level 3.1 Assessment/Treatment Plan Review Components

In addition to providing required case management, service coordination and integration with other Level 3 services and ASAM levels of care, Level 3.1 programs must demonstrate capacity for assessment and treatment plan review as follows:

- 1) Individualized, comprehensive biopsychological assessment of each patient's substance use disorder, conducted or updated by staff who are knowledgeable about addiction treatment, to confirm the appropriateness of placement in Level 3.1 and to help guide the individualized treatment planning process;
- 2) An individualized treatment plan developed in partnership with the patient that involves challenges, needs, strengths, skills, priority formulation, and articulation of short-term, measurable treatment goals, preferences and activities designed to achieve those goals;
- 3) A biopsychosocial assessment, treatment plan, and updates that reflect a patient's clinical progress;
- 4) A physical examination performed within a reasonable time as defined by a program's policy or Drug Medi-Cal requirements, and as determined by a patient's medical condition; and
- 5) A review of recent psychiatric and mental status examination for patients with co-occurring disorders.

Level 3.3/Residential Services Requirements

Level 3.3 programs are licensed therapeutic rehabilitation facilities located in a community setting that offer a high-intensity structured clinical services with 24-hour staff.

Patients admitted to Level 3.3 programs usually have significant cognitive impairments as a result of the effects of substance use or other addictive disorders that present challenges in interpersonal relationships, emotional coping skills, or comprehension. These impairments make outpatient motivational and/or relapse prevention strategies infeasible and ineffective and make it unlikely that other levels of residential care would be of benefit. Some patients may have such severe limitations in interpersonal and coping skills that the treatment process is one of habilitation rather than rehabilitation where treatment becomes directed at overcoming a patient's lack of awareness or ambivalence about the effects of substance-related problems or addiction on their lives, as well as enhancing their readiness to change. Treatment also focuses on relapse prevention, continued problems and/or continued use, and promoting the eventual reintegration of the patient into the community.

Level 3.3 Required Components

Level 3.3 is generally considered as providing high-intensity services (daily clinical services) which may be provided in a deliberately repetitive way to address the special needs of patients for whom a Level 3.3 program is considered medically necessary. This includes patients who are elderly, cognitively impaired, or developmentally delayed or those with chronic, intense primary diseases that require allowing for sufficient time to integrate lessons into their daily lives. Typically, these patients require a slower pace of treatment and may be homeless, though homelessness alone is not a sufficient indication for Level 3.3 admission.

Level 3.3 Support Systems

Level 3.3 Residential Services must demonstrate capacity to provide the following supports either by the provider or through formal partnerships with service providers as documented by written, approved MOUs that identify roles and responsibilities:

1. 24/7 telephone or in person consultation with physicians, physician assistants or nurse practitioners, and emergency services;
2. Access to other levels of care that are directly affiliated or closely coordinated referrals to more or less intensive levels of care, as well as other services such as adult education;
3. Incidental Medical Services (see *Department of Health Care Services MHSUDS Information Notice No. 16-039*) including Medication Assisted Treatment; laboratory testing, toxicology services, and medication management services;
4. Arrangement of pharmacotherapy for psychiatric or anti-addiction medications;
5. Medical, psychiatric, and psychological service available via consultation or closely coordinated referrals; and
6. Mental health services by telephone consultation within 8 hours and on-site or closely coordinated referrals offsite within 24 hours through formal partnerships.

Level 3.3 Staffing Requirements

Level 3.3 programs must demonstrate sufficient levels of staffing capacity including:

- Physicians, physician assistants, and nurse practitioners and appropriately credentialed mental health professionals;
- Allied health professional staff such as counselor aides or group living workers who are available on-site 24-hours a day or as required by licensing regulations including one or

more clinicians with competence in SUD treatment available on-site 24 hours or available by phone;

- Clinical staff who are knowledgeable about the biological and psychosocial dimensions of substance use disorders and their treatment, are able to identify signs and symptoms of acute psychiatric conditions including psychiatric decompensation, and have specialized training in behavior management techniques;
- Appropriately credential medical staff to assess and treat co-occurring biomedical disorders and monitor patient appropriate administration of medications; and
- Appropriately credentialed psychiatrists and mental health professionals who have specialized training in behavioral health techniques and can assess and treat co-occurring mental health disorders for patients with co-occurring mental disorders.

Level 3.3 Required Therapies

In addition to providing required case management, service coordination and integration with other Level 3 services and ASAM levels of care, Level 3.3 programs must demonstrate capacity to offer the following therapies:

1. Daily clinical services to improve the patient's ability to structure, organize the tasks of daily living and recovery;
2. Planned clinical program activities designed to stabilize and maintain the stability of patient addiction symptoms and develop/apply recovery skills such as relapse prevention, provide guidance about good choices a patient makes about interpersonal and social relationships, and develop a social network supportive of recovery;
3. Random drug screening to monitor progress and reinforce treatment progress as appropriate to the patient's treatment plan;
4. A range of cognitive, behavioral, and other evidence-based therapies administered on an individual and group basis, medication education and management, educational groups, and occupational or recreational activities adapted to the patient's developmental stage and level of comprehension;
5. Counseling and clinical monitoring to assist patient with successful initial involvement or reinvolved in regular, productive daily activities and reintegration into family living, if appropriate, and health education services;
6. Regular monitoring of patient adherence to taking prescribed medications;
7. Daily scheduled professional addiction and mental health treatment services designed to develop and apply recovery skills which include medical services, nursing services, individual and group counseling, family therapy, educational groups, occupational and recreational therapies, art, music or movement therapies, physical therapy and vocational rehabilitation activities;
8. Clinical and didactic motivational interventions appropriate to patient stages of readiness to change, designed to facilitate patient understanding of the relationship between substance use disorder and attendant life issues;
9. Services for patient families and significant others; and
10. Clinical activities for patients with co-occurring mental disorders designed to stabilize a patient's mental health challenges and psychiatric symptoms and to maintain a patient's stability.

Level 3.3 Assessment/Treatment Plan Review Requirements

Level 3.3 programs must demonstrate capacity to support regular assessment of patient needs and progress on treatment goals including:

1. Individualized, comprehensive biopsychological assessment of each patient's substance use disorder to on, conducted or updated by staff who are knowledgeable about addiction treatment, to confirm the appropriateness of placement in Level 3.1 and to help guide the individualized treatment planning process;
2. An individualized treatment plan developed in partnership with the patient that involves challenges, needs, strengths, skills, priority formulation, and articulation of short-term, measurable treatment goals, preferences and activities designed to achieve those goals;
3. A biopsychosocial assessment, treatment plan, and updates that reflect a patient's clinical progress, reviewed by a multi-disciplinary treatment team;
4. A physical examination performed within a reasonable time as defined by a program's policy or Drug Medi-Cal requirements, and as determined by a patient's medical condition;
5. Ongoing transition and continuing care planning; and
6. A review of recent psychiatric and mental status examination for patients with co-occurring disorders.

Level 3.5/Residential Services Requirements

Level 3.5 programs serve patients who need 24-hour safe and stable living environments to gain recovery skills to prevent immediate relapse or continued use in an imminently dangerous manner upon transfer to a lower level of care.

Patients in Level 3.5 have addiction challenges that have escalated to the point that they need a 24-hour supportive environment to either begin or continue a recovery process that has not progressed. Patient needs across the ASAM Dimensions are of such severity that they cannot be treated safely in less intensive levels of care and require comprehensive, multi-faceted treatment approaches to address the interrelated challenges patient have. Defining characteristics of patients needing Level 3.5 services: a) are having emotional, behavioral and cognitive conditions (ASAM Dimension 3); and b) their living environments (ASAM Dimension 6).

Patients needing Level 3.5 services also have multiple limitations that may include substance use and addictive disorders, criminal activity, psychological challenges, impaired functioning, and disaffiliation from mainstream values. Mental health challenges usually involve serious and chronic mental health disorders, such as schizophrenia, bipolar disorders, and major depressive disorders, and personality disorders.

The main treatment goals of Level 3.5/Residential Services are to promote abstinence from substance use, reduce other addictive and antisocial behaviors, and support change in patient lifestyles, attitudes and values. Substance-related and other addictive problems are viewed as disorders of the "whole person" that are reflected in problems with conduct, attitudes, moods, values, and emotional management. Treatment is tailored to the patient's level of readiness for change which for some patients could include becoming aware for the first time of the nature of

their substance use or addictive disorder and/or mental health challenges, and for others, could include a focus on maintaining abstinence and preventing relapse.

Level 3.5 Clinical Services Component

Level 3.5 is generally considered as providing high-intensity services (daily clinical services) which may be provided in a deliberately repetitive way to address the special needs of patients for whom a Level 3.5 program is considered medically necessary. This includes patients who are elderly, cognitively impaired, or developmentally delayed or those with chronic, intense primary diseases that require allowing for sufficient time to integrate lessons into their daily lives. Typically, these patients require a slower pace of treatment and may be homeless, though homelessness alone is not a sufficient indication for Level 3.5 admission.

Level 3.5 Support Systems

Level 3.5 Residential Services must demonstrate capacity for the following supports either provided by the provider or through formal partnerships with service providers as documented by written, approved MOUs that identify roles and responsibilities:

1. 24/7 telephone or in person consultation with physicians, or a physician assistant or nurse practitioner and emergency services;
2. Access to other levels of care that are directly affiliated or closely coordinated referrals to more or less intensive levels of care, as well as other services such as adult education;
3. Incidental Medical Services (see *Department of Health Care Services MHSUDS Information Notice No. 16-039*) including Medication Assisted Treatment; laboratory testing, toxicology services, and medication management services;
4. On-site medical, psychiatric, and psychological services or access to these services through closely coordinated referral (as documented by written, approved MOUs that identify roles and responsibilities) as appropriate to the severity and urgency of a patient's condition; and
5. Psychiatric services, medication evaluation and laboratory services for patients with co-occurring disorders by telephone consultation within 8 hours and on-site or closely coordinated offsite within 24 hours (through formal partnerships as documented by written, approved MOUs).

Level 3.5 Staffing Requirements

Level 3.5 programs must demonstrate sufficient levels of staffing capacity including:

1. Licensed or credentialed clinical staff such as addiction counselors, social workers, or licensed professional counselors working in multi-disciplinary teams with allied health/medical professionals;
2. Allied health professional staff such as counselor aides or group living workers who are available on-site 24-hours a day or as required by licensing regulations including one or more clinicians with competence in SUD treatment available on-site 24 hours or available by phone;
3. Clinical staff who are knowledgeable about the biological and psychosocial dimensions of substance use disorders and their treatment, are able to identify signs and symptoms of acute psychiatric conditions including psychiatric decompensation, and have specialized training in behavior management techniques; and

4. Appropriately credentialed medical staff who are available to assess or treat co-occurring biomedical disorders and monitor patient medications in accordance with physician prescriptions.

Level 3.5 Required Therapies

In addition to provide required case management, service coordination and integration with other Level 3 services and levels of care, Level 3.5 programs must demonstrate capacity to offer the following therapies:

1. Daily clinical services to improve the patient's ability to structure and organize the tasks of daily living and recovery and develop and practice prosocial behaviors;
2. Planned clinical program activities designed to stabilize and maintain the stability of patient addiction symptoms and develop/apply recovery skills such as relapse prevention, exploration of interpersonal and choices, and development of a social network supportive of recovery;
3. Counseling and clinical monitoring to assist patient with successful initial involvement or reinvolved in regular, productive daily activities and reintegration into family living, if appropriate, and health education services;
4. Random drug screening to monitor progress and reinforce treatment progress as appropriate to the patient's treatment plan;
5. A range of cognitive, behavioral, and other evidence based therapies administered on an individual and group basis, medication education and management, educational groups, and occupational or recreational activities adapted to the patient's developmental stage and level of understanding;
6. Regular monitoring of patient adherence to taking prescribed medications and/or any permitted over-the-counter medications or supplements;
7. Motivational enhancement and engagement strategies appropriate to a patient's stage of readiness and desire to change;
8. Counseling and clinical interventions to facilitate teaching a patient the skills needed for productive daily activity and successful reintegration into family living, if indicated, and health education services;
9. Daily scheduled professional addiction and mental health treatment services designed to develop and apply recovery skills which include medical services, nursing services, individual and group counseling, family therapy, educational groups, occupational and recreational therapies, art, music or movement therapies, physical therapy and vocational rehabilitation activities;
10. Planned clinical activities to enhance a patient's understanding of his or her substance use and/or mental health disorders;
11. Services for patient families and significant others; and
12. Planned clinical activities designed to stabilize a patient's mental health challenges and psychiatric symptoms and maintaining stabilization for patients with co-occurring disorders.

Level 3.5 Assessment/Treatment Plan Review Requirements

Level 3.5 programs must demonstrate capacity to support regular assessment of patient needs and progress on treatment goals including:

1. Individualized, comprehensive biopsychological assessment of each patient's substance use disorder to on, conducted or updated by staff who are knowledgeable about addiction treatment, to confirm the appropriateness of placement in Level 3.1 and to help guide the individualized treatment planning process;
2. An individualized treatment plan developed in partnership with the patient that involves challenges, needs, strengths, skills, priority formulation, and articulation of short-term, measurable treatment goals, preferences and activities designed to achieve those goals;
3. A biopsychosocial assessment, treatment plan, and updates that reflect a patient's clinical progress, reviewed by a multi-disciplinary treatment team;
4. A physical examination performed within a reasonable time as defined by a program's policy or Drug Medi-Cal requirements, and as determined by a patient's medical condition; and
5. A review of a patient's recent psychiatric history and a mental status examination for patients with co-occurring disorders.

Level 3 Special Population: Requirements for Pregnant Women and Parenting Women with Dependent Children

The Department of Public Health is seeking proposals to provide a Level 3/Residential Services program for pregnant and parenting women with young children, birth to age five, where women receive addiction treatment, the parent-child relationship is supported and the age appropriate developmental and treatment needs of the child are supported. The Department acknowledges that the addition of children to a residential setting presents a number of challenges to creating a supportive environment for increasing parenting skills, supporting parent-child bonding, and promoting child development. At the same time, DPH recognizes that motivating parents to engage with and remain treatment strengthens the parent-child relationship and healthy outcomes for families.

Special treatment service requirements for serving pregnant women and parenting women with dependent children include capacity to:

1. Compliance with the Fiscal Year 2016-17 Perinatal Services Network Guidelines (see <http://www.dhcs.ca.gov/services/adp/Documents/PSNG%20FY%202016-17.pdf>);
2. Primary medical care for women, including referral for prenatal care and child care while women are receiving such services;
3. Primary pediatric care, including immunization for children;
4. Gender specific substance use treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting, and child care for women receiving these services;
5. Therapeutic interventions for children in custody of women in treatment which address at a minimum their developmental needs, their issues of sexual and physical abuse, and neglect;

6. Sufficient case management and transportation to ensure that women and their children have access to services;
7. Assessments of child-parent relationship and needs of the child including facilitating access to age-appropriate treatment for the child;
8. Trained staff in child development and positive parenting, trauma-informed care, and gender-specific treatment and staff skills required to establish and maintain recovery while parenting;
9. Trained staff in couples and family therapy to support patients in their interaction with the other parent of the child and/or with their current partner including caregivers and any supportive family members;
10. Connections with supportive resources early in treatment to support patient recovery and transitions to other levels of care;
11. Engagement of patient family members including significant others; and
12. Collaborative partnerships with family and child serving agencies to put into place supports and services that support patient transitions and recovery, including Medi-Cal, TANF, vocational rehabilitation, and housing.

Level 3 Residential Services Scoring Preference

There are two scoring preferences that will be awarded to qualified proposals that meet the following desired service components:

1. Level 3.1, 3.3, and 3.5 Scoring Preference – Continuity of Care/10 Preference Points
Longer exposure to treatment interventions may be necessary for patients to acquire basic living, coping and recovery skills. The State has placed limitations on reimbursement beyond two non-continuous 90-day treatment periods for ASAM Level 3 programs (*see DHCS MHSUDS Notice No. 16-042 at www.dhcs.ca.gov*). While DPH will support Level 3 treatment with County General Fund beyond the State limits when a review of a patient's assessed needs and treatment plan progress indicates the need for a longer treatment period, funds permitting, a scoring preference of 10 points will be awarded to qualified Level 3 proposals that demonstrate capacity to provide recovery residences/environments with ongoing Outpatient or Intensive Outpatient Services (depending on the patient's continued needs) after the state imposed reimbursement limits.
2. Level 3.3 Scoring Preference – On-Site Medical Monitoring/10 Preference Points
Qualified providers that demonstrate capacity to offer biomedical enhanced services on-site will receive ten (10) preference points added to the proposal base score. Biomedical enhanced services must be delivered by appropriate medical staff to assess and treat co-occurring biomedical disorders and to monitor the administration of medications in accordance with a physician's prescription. This includes nursing care and sufficient observation to meet patient needs.

4. Opioid Treatment Programs (OTP) Overview

Opioid Treatment Programs (formerly Narcotic Treatment Programs) encompass a variety of pharmacological and non-pharmacological treatment that include medication used to treat opioid use disorders including methadone, buprenorphine, disulfiram, and naloxone and alcohol use disorders including acamprosate, disulfiram, and off-label use of topiramate.

There are two models for OTP: 1) Opioid Treatment Programs that directly administer medication on a daily basis without prescribing medications; and 2) Office-Based Opioid Treatment (OBOT) where clinics prescribe outpatient supplies of buprenorphine. Opioid Treatment Programs that directly administer medication on a daily basis are heavily regulated by federal agencies, while under the OBOT model, a program clinic site is not regulated per se; the practice of the individual physician at the clinic site is regulated by federal regulations.

OBOT Model

A physician at a clinic receives a federal waiver to prescribe buprenorphine up to 275 patients which is dispensed by a pharmacy. OBOT clinics must maintain logs of all patients that include dosage, start date, number of doses authorized, other data (including the run-out date for the last authorized prescription), and a notation whether the patient is no longer under the physician's care.

The clinic also must demonstrate capacity for a multi-disciplinary approach to patient care including having formal relationships to refer patients to psychosocial counseling for patient addiction across all ASAM levels of care, depending on the patient's needs, and providing medication management services.

Please note that a newly enacted federal law will allow nurse practitioners and physician assistants with a Drug Enforcement Agency license to become prescribers of buprenorphine with training and within appropriate patient census limits. Until federal regulations are finalized to allow nurse practitioners and physician assistants to prescribe buprenorphine for the treatment of SUD disorders, waived physicians at the clinic must see a patient and write a prescription at each visit.

OBOT clinics must demonstrate capacity to admit, stabilize and transition MAT patients to primary care by describe their processes, practices and procedures to support this requirement.

OTP Model

Opioid Treatment Programs are ambulatory addiction treatment services for patients with an opioid or alcohol use disorder. Programs use a multi-disciplinary team approach to treatment that includes, at a minimum, physicians, nurses, licensed or certified addiction counselors, and mental health therapists who provide patient-centered, recovery-oriented individualized treatment, case management, and health education.

Services such as dosing, level of care, length of services, and frequency of visits are tailored to the needs of patients, though federally-mandated program components include regularly scheduled psychosocial treatment sessions, random urine drug tests, and scheduled medication visits within a program structure. Opioid Treatment Programs must meet federal admission, discharge, and continued service criteria under 42 CFR 8.12 and California law.

Treatment is designed to address a patient's need to achieve changes in his or her level of function including the elimination/reduction in the use of any drugs that could compromise recovery. Patient-centered treatment plans address major lifestyle, attitudinal, and behavioral issues that may undermine a patient's recovery-oriented goals and impact his or her ability to cope with major life tasks.

While the duration of treatment varies with the severity of a patient's illness, response to treatment and desire to continue treatment, most studies show high rates of relapse to opioid use when participation in Opioid Treatment Programs is discontinued. Proposers should include in their proposals strategies to engage patients in appropriate level of care treatment that supports patient recovery and prevent relapse.

Required Level 1/OTP Model Supports

Level 1/OTP must include the following supports at a minimum:

1. Formal linkages with or access to psychological, medical, and psychiatric consultation;
2. Access to emergency medical and psychiatric care through affiliations with more intensive levels of care;
3. Access to evaluation and ongoing primary medical care;
4. Ability to conduct or arrange for appropriate laboratory and toxicology tests; and
5. Availability of physicians to evaluate, order, and monitor the use of medications and of pharmacists and nurses to dispense and administer medications.

Required Level 1/OTP Model Staffing

Level 1/OTP staff must include an interdisciplinary team of staff trained in treatment of opioid use disorder, including, at a minimum, a medical director, counselors, and a physician, or his/her appropriately licensed supervisee, who is available for medication dispensing and clinic operating hours in person or via telephone. The team can include social workers, professional counselors, and licensed psychologists depending on patient needs.

All staff members must be knowledgeable in the assessment, interpretation and treatment of the biopsychosocial dimensions of alcohol or other substance use disorders and receive supervision appropriate to their level of training and experience.

Required Level 1/OTP Model Therapies

Level 1/OTP therapies must include at a minimum:

1. Individualized, patient-centered assessment and treatment;
2. Assessment, ordering, administration, reassessment, and regulation of medication and dose levels appropriate to the patient and supervision of withdrawal management from opioid methadone and buprenorphine;
3. Provision of medication for other physical and mental health disorders provided on-site or closely coordinator with other providers;
4. Monitored drug testing to be done at least 8 times per year;
5. A range of cognitive, behavioral, and other substance use disorder-focused therapies, reflecting a variety of treatment approaches provided to patients on an individual, group or family basis;
6. Case management including medical monitoring and coordination of on- and off-site treatment services and linkage to educational and vocational counseling, treatment of psychiatric illness, child care, parenting skills development, primary health care, and other services; and

7. Psychoeducation including HIV/AIDS education and other health education services.

Required Level 1/OTP Model Assessment/Treatment Plan Review Elements

Level 1/OTP assessment and treatment plan review elements must include at a minimum the following:

1. A comprehensive medical history, physical examination, and laboratory tests in accordance with federal regulations;
2. An individual biopsychosocial assessment;
3. An appropriate regimen of medication at a dose established by a physician, or his/her appropriately licensed supervisee, at the time of admission and monitored carefully until the patient is stable and an adequate dose has been established which is reviewed as indicated by a patient's course of treatment;
4. Continuing evaluation and referral for care of any serious biomedical problems; and
5. An individualized, patient-centered and recovery-focused treatment plan including patient challenges and short-term, measurable treatment goals and activities designed to achieve the goals developed in collaboration with the patient.

D. ASAM Withdrawal Management Services Overview

ASAM Withdrawal Management (WM) services represent one of the first priorities in treatment planning and can be provided at the same time as SUD treatment services. Though historically provided in an inpatient setting, current medication protocols allow for all but the most severe withdrawal syndromes to be managed safely within SUD treatment programs. WM services stabilize and resolve acute symptoms and minimize the potential for readmission to more intensive levels of care. This requires an understanding for the chronic disease nature of addiction and supporting care transitions to ongoing post-withdrawal services to meet patient addiction, general medical and mental health treatment needs.

It is the expectation that all DPH SUD treatment services provide the appropriate level of withdrawal management services for patients. For 3.2-WM services, there is an added expectation that WM for alcohol be provided for a period of three to six days, depending on a patient's detoxification needs. Beyond six days, SUD treatment providers will not be able to bill for WM services at WM billing rates. The Department of Public Health strongly encourages Level 3.1, 3.3, and 3.5 Residential Service providers to obtain required facility licensure with authorization to offer 3.2-WM Services.

WM services include the following service components:

1. Intake: Evaluation and analysis of a patient's SUD, the diagnosis of SUD, and the assessment of treatment needs and may include a physical examination and laboratory testing;
2. Observation: Monitoring a patient's course of withdrawal including a patient's health status;
3. Medication Services: Prescription or administration of medication related to SUD treatment and/or the assessment of the side effects and results of medications;

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4. Discharge Services: Preparing patient for referral to another level of care, post treatment return, transition into the community, and/or case managed linkage of patients to community treatment, housing and human services.

Depending on the level of WM services to be offered, state facility licensure is required. Please see the following table.

ASAM Level	Description	Provider	Certification/ License Required
1 – WM Ambulatory Withdrawal Management without extended on-site monitoring	Mild withdrawal with daily or less than daily outpatient supervision.	DHCS Certified Outpatient Facility	<ul style="list-style-type: none">• AOD Certification with a non-residential detox service authorization• DMC Outpatient Certification
2 – WM Ambulatory Withdrawal Management with extended on-site monitoring	Moderate withdrawal with all day withdrawal management and support and supervision; at night, patients have supportive family or living situation.	DHCS Certified Outpatient Facility	<ul style="list-style-type: none">• AOD Certification with a non-residential detox service authorization• DMC Outpatient Certification
3.2 – WM Residential/Inpatient Withdrawal Management	Moderate withdrawal, but patient needs 24-hour support to complete withdrawal management and to increase patient likelihood of continuing treatment or recovery.	DHCS Licensed Residential Facility	<ul style="list-style-type: none">• DHCS Residential License with detox service authorization• DMC Residential Certification

Level 1-WM and Level 2-WM Requirements

Required Level 1-WM and Level 2-WM Supports include all of the following:

1. Availability of specialized psychological and psychiatric consultation and supervision for biomedical, emotional, behavioral, and cognitive challenges as indicated;
2. Ability to obtain a comprehensive medical history and physical examination of the patient at admission;
3. Linkages to other levels of care, including other levels of SUD treatment and general and psychiatric services;
4. Ability to conduct and/or arrange for appropriate laboratory and toxicology tests with a preference for point-of-care testing;
5. 24-hour access to emergency medical consultation services if needed; and
6. Ability to provide or assist in accessing transportation services for patients who do not have safe transportation.

In addition, for Level 2-WM, access to psychological and psychiatric consultation is required.

Required Level 1-WM and Level 2-WM staffing includes:

1. Physicians and nurses on-site or off-site but readily available to evaluate and confirm that WM in a less supervised setting is safe. Physicians do not need to be certified as addiction specialist physicians and nurses do not need to be certified as addiction nurses but training and experience in assessing and managing intoxication and withdrawal states is required; and
2. Counselors, psychologists, and social workers must be available. All clinicians who

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assess and treat patients must have knowledge about interpreting information on the needs of patients going through withdrawal services. Staff also must be knowledgeable about the signs and symptoms of alcohol and other drug intoxication and withdrawal, appropriate treatment and monitoring these conditions and supporting a patient's entry into ongoing care.

Required Level 1-WM and Level 2-WM therapies include:

- Individual assessment
- Medication or non-medication WM strategies
- Patient Education
- Non-pharmacological clinical support
- Engagement of family or significant others in WM process
- Discharge or transition planning including treatment service and community recovery support group referrals
- Physician and/or nurse monitoring, assessment, and management of signs/symptoms of intoxication/withdrawal.

Level 1-WM and Level 2-WM Assessment/Treatment Plan Review includes the following elements:

1. An addiction-focused patient history, obtained as part of the initial assessment and conducted by or reviewed by a physician during the admission process;
2. A physical examination by a physician, physician assistant, or nurse practitioner performed within a reasonable time frame as part of the initial assessment;
3. Sufficient biopsychosocial screening assessments to determine the level of care placement and for the individualized treatment plan to address treatment priorities identified for ASAM Dimensions 2 through 6;
4. Individualized treatment plan that includes problem identification in ASAM Dimensions 2 through 6, development of treatment goals and measurable treatment objectives and activities to meet objectives related to withdrawal management;
5. Daily assessment of progress during withdrawal management and any treatment changes;
6. Discharge/transfer planning beginning at the admission to WM services; and
7. Referral and linkage to counseling, medical, psychiatric and continuing care.

In addition, for Level 2-WM services, serial medical assessments are required, using the appropriate measures of withdrawal.

Proposers for Level 1-WM and Level 2-WM services must describe their length of service and continued service and discharge criteria in their proposals. These criteria must be consistent Level 1-WM and Level 2-WM criteria which include:

- Withdrawal signs and symptoms are sufficiently resolved so that patients can participate in self-directed recovery or ongoing treatment without the need for further medical or nursing WM monitoring; or
- Patient signs and symptoms of withdrawal have failed to respond to treatment and have intensified, requiring a transfer to a more intensive level of WM service; or
- A patient is unable to complete withdrawal management at Level 1-WM despite an adequate effort to participate.

Level 3.2-Clinically Managed Residential Withdrawal Management Requirements

Level 3.2-Clinically Managed Residential WM is an organized service delivered by appropriate trained staff that provide 24-hour supervision, observation and support for patients experiencing withdrawal with an emphasis on peer and social support. Patients have severe intoxication and withdrawal signs and symptoms that require a 24-hour structure and support not requiring inpatient services.

Required Level 3.2/Clinically Managed Residential WM Supports include:

1. Availability of specialized clinical consultation and supervision for biomedical, emotional, behavioral, and cognitive challenges;
2. Protocols that allow for medical and nursing interventions if a patient's condition deteriorates and require such interventions – proposers of Level 3.2 WM services must describe their protocols under the "Treatment Program Narrative" section of the "Proposal Submission Template";
3. Formal relationships with other level of care (written, approved MOUs for referrals);
4. Ability to provide appropriate laboratory and toxicology tests.

Required Level 3.2-WM services must be staffed by appropriately credentialed staff who are trained and competent in implementing physician-approved protocols for patient observation and supervision, determination of appropriate level of care, and support for the patient's transition to continuing care. Level 3.2-WM is social withdrawal management model that is clinically managed and designed to safely assist patients through withdrawal without the need for medical or nursing staff. However, medical evaluation and consultation must be available 24 hours a day.

Like Level 1-WM and Level 2-WM, all Level 3.2-WM clinicians who assess and treat patients must have knowledge about interpreting information on the needs of patients going through withdrawal services. Staff also must be knowledgeable about the signs and symptoms of alcohol and other drug intoxication and withdrawal, appropriate treatment and monitoring these conditions and supporting a patient's entry into ongoing care.

Residential facilities that supervise self-administered medications must have appropriately licensed or credentialed staff and Level 3.2-WM staff must be available to ensure that patients are taking medications according to physician prescriptions and legal requirements.

Required Level 3.2-WM therapies include daily clinical services to assess and address the needs of each patient. This may include appropriate medical services, individual and group therapies and withdrawal support. The following services are provided as clinically necessary depending on a patient's progress through withdrawal management and assessed needs on ASAM Dimensions 2-6:

1. A range of cognitive, behavioral, medical, mental health, and other therapies on an individual or group basis to enhance patient understanding of addiction, the completion of the withdrawal management process, and referral to an appropriate level of care for continuing treatment;
2. Multi-disciplinary individualized assessment and treatment;

3. Health education services; and
4. Services to families and significant others.

Required Level 3.2-WM Assessment and Treatment Plan Review elements include:

1. An addiction-focused patient history, obtained as part of the initial assessment and conducted by or reviewed by a physician during the admission process;
2. A physical examination by a physician, physician assistant, or nurse practitioner performed as part of the initial assessment if self-administered medications are to be used;
3. Sufficient biopsychosocial screening assessments to determine the level of care placement and for the individualized treatment plan to address treatment priorities identified for ASAM Dimensions 2 through 6;
4. Individualized treatment plan that includes problem identification in ASAM Dimensions 2 through 6, development of treatment goals and measurable treatment objectives and activities to meet objectives;
5. Daily assessment of progress during withdrawal management and any treatment changes;
6. Discharge/transition planning beginning at the admission to WM services; and
7. Referrals as needed.

Like Level 1-WM and Level 2-WM, proposers for Level 3.2-WM services must describe their length of service and continued service and discharge criteria in their proposals. These criteria must be consistent Level 1-WM and Level 2-WM criteria which include:

- Withdrawal signs and symptoms are sufficiently resolved so that patients can participate in self-directed recovery or ongoing treatment without the need for further medical or nursing WM monitoring; or
- Patient signs and symptoms of withdrawal have failed to respond to treatment and have intensified, requiring a transfer to a more intensive level of WM service; or
- A patient is unable to complete withdrawal management at Level 1-WM despite an adequate effort to participate.

E. Evidence Based Practices

The DMC-ODS Pilot project requires the use of evidence-based practices for SUD treatment to improve patient outcomes. Proposers must demonstrate capacity to provide at least two (2) of the approved DMC-ODS Pilot and DPH evidence-based practices (EBPs) through the following at a minimum in their proposals:

1. Motivational Interviewing
A patient-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on patients' past successes. The approach also has had success in supporting patient engagement and harm reduction for patients not yet motivated to abstain from substance use - www.motivationalinterviewing.org.

2. Cognitive Behavioral Therapy

Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned. This therapeutic approach has been effective in preventing relapse.

3. Relapse Prevention

A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.

4. Seeking Safety/Trauma-Informed Treatment

Services must take into account an understanding of trauma and place priority on trauma survivors' safety, choice and control - www.seekingsafety.org.

5. Psycho-Education

Psycho-educational groups are designed to educate patients about substance abuse and related behaviors and consequences. Psycho-educational groups provide information designed to have a direct application to patients' lives; to instill self-awareness, suggest options for growth and change, identify community resources that can assist patients in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.

F. Medication Assisted Treatment

The DMC-ODS Pilot supports expanded access to Medication Assisted Services (MAT) and requires greater management of patient compliance with medication to support the goals of improved patient outcomes, a better patient experience, and reduced healthcare costs. Providers must demonstrate linkages to MAT services for patients through:

- Practices and processes to prescribe, monitor, adjust, and manage MAT for patients including methadone, buprenorphine, naloxone, disulfiram, injectable naltrexone and clinically necessary adjunctive services for patients with opioid and alcohol use disorders;
- Case management practices and processes to support regular communication, consultation, and coordination between SUD treatment staff and mental health professionals and physicians of patients that are prescribed medications.

As evidence of formal collaborative partnerships with primary care and mental health service providers, proposers must include copies of written, approved MOUs with providers for coordinated and integrated patient care.

G. Case Management Services

The DMC-ODS Pilot requires all counties to offer case management services to ensure that the “whole person” needs of SUD treatment patients are met. Case management services are considered effective and proactive when they directly link patients to needed services and supports through “warm handoffs” that ensure patients are connected and stay connected to mental health, primary care, and other needed services through closely coordinated referrals by SUD counselors. This includes proactive management of patient withdrawal and medication compliance working in partnership with a patient’s primary care home while patients are in treatment, as well as regular check-ins after treatment discharge with primary care homes and mental health providers to support continued patient recovery and prevent relapse. It may also include interactions with the criminal and juvenile justice systems, school student success teams, or child welfare.

Proposers must integrate effective and proactive case management services into their treatment programs at all ASAM Levels of Care. Goals of case management services include:

- Addressing the comprehensive needs of SUD patients including medical, psychosocial, behavioral, and spiritual needs;
- Partnering with patients to problem-solve and explore treatment options;
- Improving coordination of care and communication among members of the care planning team;
- Promoting patient self-advocacy, self-care, and self-determination;
- Integrating peer support specialists within treatment planning to share their knowledge, advocate for and support patients;
- Proactively ensuring that transitions to other levels of care are effective, safe, timely and complete (“warm hand-offs”);
- Improving patient safety and satisfaction;
- Helping patients reach their optimal level of health, well-being and recovery.

Case management includes services that assist a patient in accessing needed medical, educational, social, prevocational, rehabilitative, or other community services and focus on coordination of SUD care and integration around primary care and interaction with the criminal justice system if needed. Service components include all of the following:

1. Comprehensive assessment and periodic reassessment of individual needs for continuation of case management;
2. Transition to a higher or lower level of care;
3. Development and periodic revision of a patient plan that includes service activities;
4. Communication, coordination, referral and related activities;
5. Monitoring service delivery to ensure patient access to service and service delivery system;
6. Monitoring patient progress; and
7. Patient advocacy, linkages to physical and mental health care, transportation, and retention in primary care services.

H. Recovery Services

Proposers must demonstrate capacity within their proposals to integrate recovery services into their treatment programs at all ASAM levels of care. Community-based recovery and wellness services may be provided face-to-face, by telephone or by telehealth, to patients that have been triggered, have relapsed, or as a preventative measure to prevent relapse. Recovery services must at a minimum include all of the following:

1. Individual and Group Outpatient Counseling to stabilize patients and reassess if further care is needed;
2. Recovery Monitoring: recovery coaching, monitoring via telephone and internet;
3. Substance Abuse Assistance: peer-to-peer services and relapse prevention;
4. Education and Job Skills: linkages to life skills, employment services, job training and education services;

5. Family Support: linkages to childcare, parent education, child development support services, and family/marriage education;
6. Support Groups: linkages to self-help and support, spiritual and faith-based support;
7. Ancillary Services: linkages to housing assistance, transportation, case management, and individual services coordination; and
8. Recovery Residences.

I. County of Responsibility (required information but no points awarded)

Under the DMC-ODS Pilot, counties are responsible for serving any patient that seeks SUD treatment services within their geographic boundaries. This includes providing Medication Assisted Treatment (MAT) services for patients. Proposers must demonstrate the capacity to meet the DMC-ODS Pilot requirement that patients seeking SUD treatment services in the City and County of San Francisco will be served regardless of their county of responsibility (residency) by:

1. Identifying the anticipated counties of responsibility for patients proposed to be served in San Francisco; and
2. Providing a written assurance that proposer will: 1) serve out-of-county patients in full compliance with the DMC-ODS Pilot County of responsibility requirement, including related requirements imposed on counties by the State at a future date; and 2) seek written agreements with counties of responsibility to serve out-of-county patients on or before June 1, 2017 if funded under this RFP. For more information, please see: www.dhcs.ca.gov/formsandpubs/.../MHSUDS_IN_16-023.pdf

J. Cultural and Linguistic Competency

All SUD outpatient treatment services must be offered consistent with the Culturally and Linguistically Appropriate Services (CLAS) Standards and related DPH Cultural and Linguistic Competency Policy. Availability of services in languages other than English is an Access Measure that will be reported under the DMC-ODS Pilot evaluation. The Department of Public Health will award a scoring preference to proposals where professionally certified/licensed provider staff are designated to meet patient primary language needs other than English.

K. Harm Reduction

All SUD treatment services are required to be offered consistent with the Harm Reduction Resolution of the Health Commission (September 2000) and new DPH Harm Reduction Policy requirements. Recently, the Department of Public Health enhanced the Health Commission's Policy with new requirements to demonstrate compliance with the intent of the policy. In addition to providing copies of a provider's harm reduction policy, all SUD treatment services are expected to integrate these new requirements within treatment services:

1. Post in common areas where they can be viewed by patients up-to-date referral information about Syringe Access & Disposal services and schedule;
2. Have an onsite overdose response policy;
3. Post in common areas where they can be viewed by patients up-to-date referral

information about naloxone access and DOPE Project schedule; and

4. Program staff participate in at least one training with the Harm Reduction Training Institute either at the program site or at a Training Institute site.

For more information about Harm Reduction, please visit www.sfdph.org.

L. Collaborative Partnerships/Integrated Services

A major goal of the DMC-ODS Pilot's goal is to improve SUD treatment coordination for patients, both within the SUD continuum of services and with primary care, mental health and recovery support services. The Department of Public Health strongly supports this goal through local integration initiatives such as the Behavioral Health Home (BHH) model. A preference will be given to proposals that support service integration for addiction, mental health and primary care services under a BHH or on-site multi-disciplinary team. For more information on BHHs and integrated care models, please visit: <http://www.integration.samhsa.gov>.

Another major focus of the DMC-ODS Pilot is strengthening partnerships with agency and community partners that can support patient recovery. This includes the criminal and juvenile justice systems, Drug Court, housing providers, vocational and rehabilitation providers, and others. Proposers must describe in their proposals community and agency partnerships in place to support patients proposed to be served in SUD treatment services.

M. Evaluation and Quality Management

The UCLA Integrated Substance Abuse Programs has been retained by the State to conduct an evaluation to measure and monitor outcomes from the DMC-ODS Pilot program. All DMC-ODS Pilot counties and their providers are required to participate in the UCLA evaluation. Consistent with the goals of the DMC-ODS pilot, the design of the evaluation will focus on four key areas: 1) increased access; 2) higher service quality; 3) more appropriate costs (e.g. reduced inpatient and ER use); and 4) improved integration and coordination of care with primary care, mental health and recovery support services. For more information about the scope of UCLA DMC-ODS Pilot evaluation, please see: <http://www.uclaisap.org/ca-policy/assets/documents/DMC-ODS-evaluation-plan-Approved.pdf>.

At a minimum, evaluation data will be collected on the following items:

1. Patient engagement and participation;
2. Patient access to treatment services within 72 hours;
3. Patient treatment progress and recovery;
4. Patient compliance with medications/MAT use;
5. Appropriate patient utilization of services/ASAM assessments (level of care placements);
6. Successful care transitions and discharges;
7. Collaborative treatment planning with managed care;
8. Case management/navigation support for patients;
9. Patient perceptions of service access/quality; and
10. Accuracy/quality of CalOMS Treatment, DATAR, and Avatar data.

At a minimum, data will be collected on the following QI benchmarks:

1. Timeliness of first initial patient contact to face-to-face appointment;

2. Timeliness of services for the first dose of Narcotic Treatment Program services;
3. Access to after-hours care;
4. Improved reliability and timeliness of data entry;
5. Reduction in avoidable patient hospitalizations;
6. Coordination with physical, mental health and recovery services;
7. Utilization management/appropriate level of care;
8. Patient experience; and
9. Services available in patient primary languages.

Proposers must demonstrate capacity to collect and submit this required evaluation and quality improvement data in a timely manner for the UCLA evaluation, as well as data for DPH contractor performance objectives. A scoring preference will be given to proposals that identify dedicated evaluation and quality improvement staff to support these important program improvement and planning activities.

N. Peer Support

While the role of a peer support specialists will varies based on the level of care and patient needs, peer support specialists engage in the following activities:

1. Provide Support and Advocacy
Peer support specialists work with patients to connect them to resources in the community including how to independently identify needs and access resources. As integrated members of the treatment team, peer support specialists also advocate for their peers in treatment settings and within the community.
2. Role Model Recovery
Peer support specialists have a wealth of experience navigating their own recovery journeys. By sharing their stories and modeling healthy, effective decision-making in peer relationships, they can inspire patients to do the same.
3. Facilitate Positive Change
The spirit of recovery and resilience is grounded in hope and optimism. Peer support specialists work to motivate patients through positive means, highlighting strengths and resources. Peer support specialists can facilitate change through goal setting, education, and skills building.

Since peer support specialists freely identify as being in recovery, they actively work to reduce stigma and inspire others in their process of recovery. They strongly uphold the values of recovery and resiliency, and they serve as role models for wellness, responsibility, and empowerment. Throughout all interactions, peer support specialists communicate warmth, empathy, and a non-judgmental stance. They provide support and guidance without telling their peers what they should do.

This unique relationship is considered “a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement on what is helpful.” While precise job descriptions vary across agencies, peer support specialists focus heavily on the identification of strengths, skill building, effective symptom management, and goal setting among those with whom they work. In addition, they often provide outreach, advocacy, social and logistical support, and education.

Proposers must describe how peer support specialists will be integration within treatment planning teams and recovery support services including identifying the specific roles and responsibilities of peer support specialists.

O. Therapeutic Alliances with Patients

All SUD treatment level of care providers are expected to proactively engage patients in all aspects of their care from intake and treatment planning, treatment plan review, discharge and transitions across levels of care or into the community. Proposers should describe in their proposals client engagement strategies they will use to support therapeutic alliances with patients for improve patient outcomes, wellness and recovery.

P. Electronic Health Records and Data Collection Capacity

Under the DMC-ODS Pilot, counties and their treatment providers will be required to enter timely and accurate data to support the DMC-ODS Pilot evaluation and other quality improvement activities. The UCLA Integrated Substance Abuse Programs Center has identified multiple data sources to evaluate outcomes of the DMC-ODS Pilot across multiple electronic record and data systems. Additionally, DPH requires SUD providers to enter timely and accurate patient record data in Avatar, and in the future, providers will be required to utilize EPIC, the DPH electronic health record (EHR) under current development (for more information, please visit www.sfdph.org).

Proposers must demonstrate they have the organizational capacity to collect and report data to DPH within five (5) business days of a request and in compliance with all other State and DPH data system reporting requirements. This includes employing trained staff who are able and knowledgeable about collecting, analyzing and reporting data for the following systems:

1. DPH Avatar data system;
2. State Drug and Alcohol Treatment Access Report data system (DATAR);
3. State CalOMS Treatment data system; and
4. DPH EPIC and/or future DPH EHR.

Proposers must demonstrate that they have program capacity to support data collection and evaluation activities, including the necessary hardware, software, and information technology (IT) resources to support these activities. This includes, at a minimum, demonstrated organizational capacity to:

1. Provide data for the DMC-ODS Pilot evaluation;
2. Use or provide for interface with DHCS and DPH data collection systems such as Avatar, CalOMS Treatment and DATAR;
3. Use electronic health records to review patient information and enter screening, prevention, admission and treatment and progress information directly into an electronic record, as well as complete required surveys and assessments to meet all billing documentation, outcomes, quality improvement, and performance measurement and reporting requirements;

4. Use federal, state, and DPH ePrescribing functions and systems;
5. Identify and train staff required to provide registration and eligibility verification functions within the electronic recordkeeping system in order to meet all scheduling, registration and eligibility related billing, reporting, quality management, and program evaluation and monitoring requirements; and
6. Provide for other required data collection including patient satisfaction surveys, ASAM level of care assessments, as well as other data collection requirements not yet identified.

All proposers must demonstrate that they have sufficient capacity and resources including:

1. Hardware including a computer on each workstation or desk with sufficient processing power to support real time use of highly complex scheduling, electronic healthcare record and eligibility verification applications;
2. Software including current internet browser software, Microsoft Office applications to support practice management functions, and VPN or Token share of cost;
3. Connectivity including high speed internet and local area networking within facilities; and
4. Information Technology (IT) support services sufficient to the level of IT resources within programs and facilities including desk top support, computer break fix, networking support, and basic computer training.

Q. Patient Confidentiality Requirements

All federal, state and local patient confidentiality requirements must be adhered to by SUD treatment providers. Proposers must have policies, practices, and workforce training in place that are consistent with and in full compliance with confidentiality requirements. This includes ensuring patients have signed a consent for a 42 CFR part 2 compliant release of information to allow for the sharing of patient information for the purpose of multi-disciplinary treatment planning, treatment, medication management, mental health monitoring and management, medical monitoring and management, and transitions to other levels of care or treatment program discharge. Providers also should describe in their proposals how compliance with patient confidentiality requirements is monitored and specific provider strategies for obtaining consent in cases where a patient has refused or unable to provide consent (e.g. severity of functioning limits ability to comprehend consent).

R. Workforce Development and Support

The DMC-ODS Pilot establishes the framework for a series of fundamental changes in the SUD treatment service delivery system in California. SUD treatment providers will transition to a new set of business and clinical practices, new regulatory requirements with DMC certification, and new relationships within integrated service delivery models. Recognizing the need to train the addiction treatment workforce to support the adoption of new addiction treatment systemic reform under the DMC-ODS Pilot, the State has provided funding to the UCLA ISAP and by the California Institute of Behavioral Health Solutions (CIBHS) to provide technical assistance and training services to SUD treatment agencies in California. In addition, DPH support workforce training and technical assistance.

For more information about available training and technical assistance, please visit:

- For UCLA ISAP, please visit: www.uclaisap.org.
- For CIBHS: <http://www.cibhs.org/dmc-ods-waiver-trainings>.
- For DPH: www.sfdph.org.

Proposes must demonstrate capacity for having qualified professional staff to meet ASAM Level of Care and DMC if applicable) staff requirements¹ and a robust workforce training, technical assistance and support program that includes:

1. An organizational chart that shows proposed SUD outpatient treatment full-time equivalents (FTEs) by profession and where those FTEs report within the provider's organization;
2. A staffing plan for proposed SUD treatment services including proposed staff to patient ratios (staff patient caseloads), clinical supervisor to staff ratios, and peer workers (consumers with lived experience) to provide peer support to patients;
3. The provider's staff supervision model including the role of supervisors in staff coaching, patient care, and QI and service utilization activities;
4. An SUD treatment staff training and technical assistance plan for Fiscal Year 2016-17 and beyond that supports staff in meeting DMC-ODS Pilot and DPH requirements including what and how state supported training will be accessed;
5. Provider policies, procedures, and processes for ensuring that professional staff²: 1) are licensed, registered, certified, or recognized under California State scope of practice statutes³; 2) will provide services within their individual scope of practice; and 3) receive supervision required under their scope of practice laws.
6. Appropriate on-site orientation, support, and training for non-professionally licensed, such as peer support specialists, prior to and during performance of assigned duties, and strategies for supervision by professional staff; and
7. Assurances that registered and certified alcohol and other drug counselors adhere to all requirements in the California Code of Regulations, Title 9, Chapter 8.

S. State Required Elements of Provider Selection

The Department of Health Care Services and DPH require counties to ensure that all SUD treatment providers meet a set of provider selection elements. Proposers must demonstrate that they meet these requirements by completing the following certification checklist and submitting under the proposal appendix.

¹ For any proposed positions that are vacant upon submission of a proposal for this RFP, a job description for and an assurance that the vacant position(s) will be filled within 90 days of receiving a contract award from DPH should be included with the proposal submission.

² Professional staff includes Licensed Practitioners of the Healing Arts such as Physician, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT), licensed-eligible practitioners working under the supervision of licensed clinicians, and non-professionally licensed and certified staff such as peer support specialists.

³ Copies of proposed staff's professional licenses should be included in the proposal appendix.

California Department of Health Care Services (DHCS) & San Francisco Department of Public Health (DPH) SUD Treatment Provider Required Elements Certification Checklist

The DMC-ODS Waiver and 42 CFR Section 438 require that counties have policies and procedures for provider selection. Proposers must certify that the following elements are incorporated into their policies and procedures by checking all of the boxes below.

- ☐ Proposers have a documented process for credentialing and re-credentialing of providers (i.e., individual practitioners);
- ☐ Proposer has a license and/or certification issued by DHCS that is in good standing;
- ☐ Proposer, prior to the furnishing of services under this RFP, has enrolled with, or revalidated their current enrollment with, DHCS as a DMC provider under applicable federal and state regulations, has been screened in accordance with 42 CFR 455.450(c) as a “high” categorical risk prior to furnishing services under this pilot, has signed a Medicaid provider agreement with DHCS as required by 42 CFR 431.107, and has complied with the ownership and control disclosure requirements of 42 CFR 455.104;
- ☐ Proposer is not under investigation for Medi-Cal fraud;
- ☐ Proposer has a Medical Director who, prior to the delivery of services under this RFP, has enrolled with DHCS under applicable state regulations, has been screened in accordance with 42 CFR 455.450(a) as a “limited” categorical risk within a year prior to serving as a Medical Director under this pilot, and has signed a Medicaid provider agreement with DHCS as required by 42 CFR 431.107;
- ☐ Proposer accepts DPH right to revoke delegation of county responsibilities to a proposer or impose other sanctions if a contractor’s performance is inadequate;
- ☐ Proposer meets state standards for timely access to care and services, taking into account the urgency of the need for services;
- ☐ Proposer offers hours of operation that are no less than the hours of operation offered to commercial enrollees or comparable to Medicaid fee-for-services, if the provider serves only Medicaid enrollees;
- ☐ Proposer agrees that any decision issued by DHCS with regard to a bidder’s appeal to DHCS following the DPH contract protest procedure shall be final and not appealable.

LEVEL OF CARE SERVICES

The agency named below acknowledges it has read and understands all of the requirements above and certifies that the agency and its agents, employees and contractors will comply with each of the requirements.

Agency Name

Date

Printed Name of Agency Authorized Representative

Signature of Agency Authorized Representative

T. Ancillary Treatment and Outreach Services

The Department of Public Health invites proposals to provide ancillary treatment and outreach services from qualified proposers. Examples of ancillary services include jail dosing at methadone clinics or stimulant user outreach. These services must be provided as part of an ASAM level of care treatment services proposal.

Proposers of ancillary treatment and outreach services must submit a completed Proposal Submission Template in addition to the “Ancillary Services Addendum.

U. Recovery Track Residence Program Services

The Department of Public Health invites proposals from qualified proposers to provide Recovery Track Residence Program services for patients, aged 18 and over, who have transitioned from Residential Services, but who are unable to return home or be served successfully in Level 1 Outpatient Services or Level 2.1 Intensive Outpatient Services settings. The goal of Recovery Track Residences is to prevent relapse and to eventually transition patients back home or to stable housing in the community as treatment progress allows.

Proposers for Recovery Track Residence Program services must otherwise meet all requirements under this RFP. In addition, proposers for this service must submit proposals using the “Recovery Track Resident Program Proposal Template” (see #13 below). This template serves as a substitute for the “Proposal Submission Template” found on page 59 of the RFP for this service only.

Proposers of Recovery Track Residence Program services are eligible for all applicable priority system needs preference points identified within the RFP upon completion of the required documentation to receive these points found under the “Proposal Content” subsection of Section IV. PROPOSAL SUBMISSION REQUIREMENTS.

IV. PROPOSAL SUBMISSION REQUIREMENTS

Failure to provide any of the following information or forms may result in a proposal being disqualified.

A. NON-BINDING LETTER OF INTENT

Prospective proposers are required to submit a Letter of Intent (LOI) on their agency's letterhead stationery to the DPH Office of Contracts Management and Compliance by **12:00 p.m.**, on **November 1, 2016**, to indicate their interest in submitting a proposal under this RFP. Such a letter of intent is non-binding and will not prevent acceptance of an agency's proposal and neither commits and agency to submitting a proposal. See Appendix A1-b.

B. TIME AND PLACE OF SUBMISSION

Proposals must be received by **12:00 p.m.** on **NOVEMBER 22, 2016**. Postmarks will not be considered in judging the timeliness of submissions. Proposals may be delivered in person and left with SFDPH Office of Contracts Management and Compliance ("Contracts Office"), or mailed to:

**Mahlet Girma, Contract Analyst
San Francisco Department of Public Health
Office of Contracts Management and Compliance
1380 Howard St., 4th Floor, # 421
San Francisco, CA 94103**

Proposers shall submit **one** (1) original and **seven** (7) copies of the proposal, and separately bound, of required Contracts Monitoring Division (CMD) Forms in a sealed envelope clearly marked "**RFP 26-2016 – SUBSTANCE USE DISORDER TREATMENT SERVICES**" to the above location. The original copy of the proposal must be clearly marked as "ORIGINAL" and also emailed to Mahlet.Girma@sfdph.org. Copies of the proposals must be submitted to the office. Applications that are submitted by facsimile, telephone or electronic mail (other than the original) will not be accepted. Late submissions will not be considered.

**** Proposals submitted by facsimile, telephone or electronic mail will not be accepted.**

C. LATE SUBMISSIONS

Submissions are due at Noon on the due date. Postmarks will not be considered in judging the timeliness of submissions. Submissions received after the noon deadline but before 12:01 P.M. the following day will be accepted due to extenuating circumstances at the sole discretion of the Director of Health. Organizations/agencies/firms/consultants that submit submissions within this grace period must provide a letter explaining the extenuating circumstances by 12:00 noon of the second day. Decisions of the Director of Health to accept or reject the submission during the grace period will not be appealable. Following the 24-hour grace period no late submissions will be accepted for any reason and there will be no appeal.

All submissions shall be firm offers and may not be withdrawn for a period of ninety (90) days following last day of acceptance.

D. FORMAT

All submission must be typewritten on standard recycled paper with an easy to read 12-point font such as Arial or Times New Roman and one-inch margins. Please print on double-sided pages to the maximum extent possible (note that one, double-sided page is the equivalent of two proposal pages when meeting program proposal page limits). Please bind your proposal with a binder clip or single staple. Please do not submit your proposal in a three-ring binder, do not bind your proposal with a spiral binding, glued binding, or anything similar that prevents easy duplication. You may use tabs or other separators within the proposal. Please number pages and include a Table of Contents. *(Applicants must follow the format and submission requirements with the required page limit – points will be subtracted if the submission guideline is not followed).*

For each level of care for which a proposal is being submitted for either the Adult/Older Adult Systems of Care or the Children, Youth and Family System of Care, please organize the Letter of Introduction and Proposal Content as follows: 1) Table of Contents; 2) Letter of Introduction; 3) Proposal Content (Proposal Submission Template/Priority System Needs Template); 4) Budget Forms, Budget Narrative and Fee Proposal; and 5) Appendices.

E. REQUIRED FORMS (Appendix A1-a)

1. RFP Form #1 - Solicitation and Offer
2. RFP Form # 2 - Contractual Record Form
3. Contract Monitoring Division - CMD Forms:
All proposals submitted must include the following:
 - a) Form 2A, CMD Contract Participation Form;
 - b) Form 3, CMD Non Discrimination Affidavit;
 - c) Form 4, CMD Joint Venture Form (if applicable); and
 - d) Form 5, CMD Employment Form.

If these forms are not returned with the proposal, the proposal may be determined to be non-responsive and may be rejected. The CMD forms should be placed in a separate, sealed envelope labeled CMD Forms. If you have any questions concerning the CMD Forms, you may call Contract Monitoring Division (415) 581-2310.

F. MINIMUM QUALIFICATIONS NARRATIVE

The Minimum Qualifications Narrative may be no more than five (5) pages total, excluding forms and other required attachments. The Minimum Qualifications Requirements should be clearly labeled and bound separately from program proposals. See Section II, page 13.

Using a half page or less for each item, please describe how your agency meets the following requirements as detailed in Section II, Minimum Agency Requirements:

1. Drug Medi-Cal Certification
2. Harm Reduction Requirements
3. Cultural & Linguistic Competency Requirements
4. Financial Management Capacity & Fiscal Integrity Requirements
5. Prior Performance Requirements
6. Priority Service Populations Requirements
7. Priority Geographic Service Areas Requirements
8. Americans with Disabilities Act and Access Requirements
9. Approved City Vendor

10. Compliance with City and County Policies, Laws, Rules and Regulations

Only one copy of the above is required for each agency regardless of the number of proposals submitted. Any proposal that does not demonstrate that the proposer meets these minimum requirements by the deadline for submittal of proposals will be considered non-responsive and will not be eligible for project proposal review or for award of a contract.

G. LETTER OF INTRODUCTION (no more than one (1) page)

A one-page letter signed by the person authorized to obligate the proposing agency stating that the proposing agency is willing and able to perform the commitments contained in the proposal.

H. PROPOSAL CONTENT

Proposers must use the “Proposal Submission Template” in preparing and submitting their proposals (page 60) for all proposals except for Recovery Track Residence Program services proposals which must use the “Recovery Track Resident Program Proposal Template”.

Information submitted for template sections that exceed the maximum page limits noted for each section of the template will not be considered by the review panels. Any proposal that does not include all of the information requested in the “Proposal Submission Template”, or the “Recovery Track Residence Program Submission Template” if a proposal is being submitted for recovery residence services, will be considered non-responsive and will not be eligible for proposal project review or for award of a contract.

Please note that for Level 1/Outpatient Services and Level 2.1/Intensive Outpatient Services, additional information has been requested under the “Treatment Program Narrative” section of the “Proposal Submission Template” for providers proposing to serve adolescents, aged 10-18. In addition, for Level 3.1, 3.3, and 3.5/Residential Services, additional information has been requested under the “Treatment Program Narrative” section of the “Proposal Submission Template” for providers proposing to serve pregnant and parenting women with children. Any proposal that does not include all of the information requested for the adolescent and pregnant/parenting women with children populations in the “Proposal Submission Template”, or for serving pregnant/parenting women with children under the “Recovery Track Residence Program Submission Template, will be considered non-responsive and will not be eligible for project proposal review or for award of a contract. The “Recovery Track Resident Program Submission Template” is included in the following pages.

For each SUD treatment level of care proposed to be provided, a complete “Proposal Submission Template” must be completed and submitted with the proposal.

For each System of Care for which SUD levels of care are proposed to be served (CYFOSC and A/OA SOC), a complete “Proposal Submission Template” must be completed and submitted with the proposal.

The “Proposal Submission Template for all services” and “Proposal Submission Template for Recovery Track Residence” follows on the next page.

Proposal Submission Template for All Services (except Recovery Track Residence)

1. Priority Service Populations Description (Up to 20 Points) – 3 Pages Maximum		
<p>A. Please check at least two (2) Priority Service Populations that are proposed to be served from the list to the right. (10 points)</p>	<p><input type="checkbox"/> Persons Who Are Black/African American</p> <p><input type="checkbox"/> Persons Who Are Homeless</p> <p><input type="checkbox"/> Persons Who Are Incarcerated or Involved with the Criminal/Juvenile Justice Systems/ Drug Court</p> <p><input type="checkbox"/> Adolescents, Aged 10-18</p>	<p><input type="checkbox"/> Persons Whose Primary Substance Is Alcohol</p> <p><input type="checkbox"/> Transition Age Youth, 18-24</p> <p><input type="checkbox"/> Persons Who Are Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Ally or Two-Spirit</p> <p><input type="checkbox"/> Pregnant or Parenting Women w/Children</p>
<p>B. Please describe at least five (5) years of specific organizational and staff knowledge, experience, and professional qualifications successfully engaging, treating, and transitioning Priority Service Populations proposed to be served. If adolescents are the service population, please describe staff knowledge of adolescent developmental stages and experience engaging adolescents in treatment. If pregnant women and/or parenting women with dependent children are the service population, please describe organizational capacity and staff knowledge, experience and professional qualifications to meet DHCS FY 2016-17 Perinatal Service Network Guidelines and meet the child development needs of dependent children. (10 points)</p>		
2. Priority Geographic Service Areas Description (Up to 20 Points) – 2 Pages Maximum		
<p>A. Please check at least one (1) of the Priority Geographic Services Areas proposed to be served from the list to the right. (10 points)</p>	<p><input type="checkbox"/> Hayes Valley/Tenderloin/North of Market/94102</p> <p><input type="checkbox"/> South of Market/94103</p> <p><input type="checkbox"/> Bernal Heights/Inner Mission/94110</p>	<p><input type="checkbox"/> Bayview-Hunter's Point/94124</p> <p><input type="checkbox"/> Southeast/Visitation Valley/Sunnydale/94134</p> <p><input type="checkbox"/> Other: _____</p>
<p>B. Please describe at least five (5) years of specific organizational and staff knowledge, experience, and professional qualifications successfully engaging, treating and transitioning Priority Service Populations in Proposed Geographic Services Areas. (6 points)</p>		
<p>C. Please list formal partnerships with other systems and service providers including housing, primary care, mental health, and the criminal and juvenile justice systems/Drug Court in each proposed Priority Geographic Service Area that will support patient recovery and include copies of written, signed MOUs that identifies specific roles and responsibilities of each partner in the Appendix. (4 points)</p>		

3. Treatment Program Narrative (Up to 70 Base Score Points Total) – 14 Pages Maximum		
<p>A. Please check the ASAM Level of Care proposed to be provided and whether the program is Drug Medi-Cal certified.</p>	<p><input type="checkbox"/> ASAM 1/Outpatient Services <input type="checkbox"/> Adult/Older Adult or <input type="checkbox"/> Adolescent <input type="checkbox"/> ASAM 1/Opioid Treatment Program <input type="checkbox"/> ASAM 2.1/Intensive Outpatient Services: <input type="checkbox"/> Adult/Older Adult or <input type="checkbox"/> Adolescent <input type="checkbox"/> ASAM 3.1/Residential <input type="checkbox"/> ASAM 3.1/Residential: Perinatal</p>	<p><input type="checkbox"/> ASAM 3.3/Residential <input type="checkbox"/> ASAM 3.3/Residential: Perinatal <input type="checkbox"/> ASAM 3.5/Residential <input type="checkbox"/> ASAM 3.5/Residential: Perinatal Drug Medi-Cal Certified Program? <input type="checkbox"/>Yes <input type="checkbox"/> No</p>
<p>B. Treatment Program (20 points) Describe the proposed treatment program approach and strategies and resources to meet The ASAM Criteria and requirements for the Level of Care identified above. Be sure to discuss each of the following level of care specific program components: a) required services (4 points); b) available supports (4 points); c) available therapies (4 points); d) admission/treatment plan review process (4 points); and e) co-occurring mental disorder enhancements (4 points). For Residential Services, include a description of onsite Incidental Medical Services programs.</p>		
<p>C. Patient Engagement & Peer Support (Up to 10 points) 1. Describe patient treatment engagement strategies and the rationale why these strategies will be successful for the proposed service population. (5 points) 2. Describe how peer support specialists will be integrated into patient engagement, treatment planning, treatment, and recovery. (5 points)</p>		
<p>D. Medication Assisted Treatment (Up to 10 points) Address all of the following: 1. Describe Medication Assisted Treatment services that are available for patients including, but not limited to, staffing and program capacity to prescribe, monitor, adjust, and manage MAT including methadone, buprenorphine, naloxone, disulfiram, injectable naltrexone and provide clinically necessary adjunctive services for patients with opioid and alcohol use disorders (4 points); 2. Describe strategies and the process for regular communication, consultation, and coordination between SUD treatment staff and patient physicians and mental health providers for patients that are prescribed medications (2 points); 3. Provide evidence of the provider’s success in achieving high levels of patient compliance with medication while in treatment including identifying patient medication management and support engagement strategies (4 points); and 4. List and provide copies in the proposal appendix of authorization agreements with other counties for MAT services to out-of-county patients (required information but no points awarded).</p>		

3. Treatment Program Narrative <i>Continued</i> (Up to 70 Points) – 14 Pages Maximum	
E. Withdrawal Management (Up to 10 points) 1) Please check the ASAM Level of Withdrawal Management (WM) that is proposed to be provided.	<input type="checkbox"/> Level 1-WM: Ambulatory Withdrawal Management without Extended On-Site Monitoring <input type="checkbox"/> Level 2-WM: Ambulatory Withdrawal Management with Extended On-Site Monitoring <input type="checkbox"/> Level 3.2-WM: Clinically Managed Residential Withdrawal Management
2) Describe how the following ASAM WM required staffing resources and services will be provided to patients in need of withdrawal/detoxification services: a. WM Supports (2 points); b. WM Staffing (2 points); c. WM Therapies (2 points); and d. WM Assessment/treatment plan review (2 points) e. WM Length of Service and Continued Service and Discharge Criteria (2 points)	
F. Case Management (Up to 10 points) Describe how the following case management services will be integrated into the treatment planning, treatment, transitions among levels of care, and discharge practices and processes: 1) Transitions to a higher or lower levels of care (2 points); 2) Communication, coordination, referral and related activities (2 points); 3) Monitoring service delivery to ensure patients access needed services and service delivery systems (2 points); 4) Monitoring patient progress including medication compliance in partnership with a patient’s medical home) (2 points); and 5) Patient advocacy, linkages to physical and mental health care, transportation, retention in primary care services, and other supports (2 points).	

3. Treatment Program Narrative *Continued* (Up to 70 Points) – 14 Pages Maximum

G. Recovery Services & Supports (Up to 10 Points)

Describe how the following recovery services and support will be integrated into the treatment planning, treatment, transitions among levels of care and discharge practices and processes:

- 1) Individual and Group Outpatient Counseling to stabilize clients and reassess if further care is needed;
- 2) Recovery Monitoring: recovery coaching, monitoring via telephone or internet;
- 3) Substance Abuse Assistance: peer-to-peer services and relapse prevention;
- 4) Education and Job Skills: linkages to life skills, employment services, job training and education services;
- 5) Family Support: linkages to childcare, parent education, child development support services, family/marriage education;
- 6) Support Groups: linkages to self-help and support, spiritual and faith-based support;
- 7) Ancillary Services: linkages to housing assistance, transportation, case management, individual services coordination;
- 8) Recovery Residence: [access to recovery services and supports necessary to prevent relapse delivered in transitional community housing.](#)

Treatment Program Narrative Additional Information for Proposals Serving Adolescents, Aged 10-18 – 2 Pages Maximum

Adolescent-Specific Considerations

For Outpatient Services or Intensive Outpatient Services proposals that serve adolescent describe adolescent-specific considerations that have been integrated into the treatment program using The ASAM Criteria. Please see below for Level of Care considerations.

Check one:

- ☐ For Outpatient Services, describe: a) staff knowledgeable about adolescent development and experience in working with and engaging adolescents; and b) ongoing services to support therapeutic gains made by adolescents including strategies to prevent relapse and strengthen protective factors such as parental supervision, school performance, and positive peer relationships.
- ☐ For Intensive Outpatient Services, describe: a) staff knowledge about adolescent development and experience in working with and engaging adolescents; b) assessment and treatment staff's experience in recognizing adolescent needs for specialty evaluation and treatment for intoxication or withdrawal and ability to arrange for these evaluation and treatment services in a timely manner; and c) strategies for engaging parents, caregivers or other significant other important resources to obtain information for patient assessment and treatment planning.

**Treatment Program Narrative Additional Information for Proposals Serving Pregnant and Women with Dependent Children –
4 Pages Maximum**

Pregnant Women and Women with Dependent Children Residential Treatment Requirements

For all levels of care, including Level 3/Residential Services, proposing to serve pregnant women and women with dependent children, special components must be integrated in treatment programs. Please describe how all of the following have been integrated into the treatment program:

1. Compliance with the state Fiscal Year 2016-17 Perinatal Services Network Guidelines
2. Primary medical care for women, including referral for prenatal care and child care while women are receiving such services;
3. Primary pediatric care, including immunization for children;
4. Gender specific substance use treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting, and child care for women receiving these services;
5. Therapeutic interventions for children in custody of women in treatment which address at a minimum their developmental needs, their issues of sexual and physical abuse, and neglect;
6. Sufficient case management and transportation to ensure that women and their children have access to services;
7. Assessments of child-parent relationship and needs of the child including facilitating access to age-appropriate treatment for the child;
8. Trained staff in child development and positive parenting, trauma-informed care, and gender-specific treatment and staff skills required to establish and maintain recovery while parenting;
9. Trained staff in couples and family therapy to support patients in their interaction with the other parent of the child and/or with their current partner including caregivers and any supportive family members;
10. Connections with supportive resources early in treatment to support patient recovery and transitions to other levels of care;
11. Engagement of patient family members including significant others; and
12. Collaborative partnerships with family and child serving agencies to put into place supports and services that support patient transitions and recovery, including Medi-Cal, TANF, vocational rehabilitation, and housing.

4. Evidence-Based Practices (up to 10 points) – 3 Pages Maximum	
<p>A. Please identify at least two (2) evidenced-based practices (EBPs) that will be offered in the proposed treatment program.</p>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Cognitive Behavioral Therapy</div> <div style="width: 50%;"><input type="checkbox"/> Relapse Prevention</div> <div style="width: 50%;"><input type="checkbox"/> Motivational Interviewing</div> <div style="width: 50%;"><input type="checkbox"/> Seeking Safety/Trauma Informed Treatment</div> <div style="width: 50%;"><input type="checkbox"/> Psycho-Education</div> </div>
<p>B. Describe how EBPs will be integrated within the proposed treatment program including all of the following:</p> <ol style="list-style-type: none"> 1) Describe the rationale for how the selected EBPs will support client recovery for the proposed service populations (2 points); 2) Identify staff that have been certified and trained to provide each of the EBPs (2 points); 3) Identify the process that the provider will use to ensure that each EBP is being offered to fidelity including available staff booster training, available coaching, support during staff supervision, and EBP developer support including any cultural adaptations made to EBPs (2 points); 4) Describe how the use of EBPs will be documented (e.g. progress notes) in a manner that is compliant for the purpose of external program reviews and audits (2 points); and 5) Describe provider evaluation capacity to collect and report outcome data for patients receiving EBPs including client satisfaction with proposed EBPs (2 points). <p>If EBPs will be offered that are not listed under 4 A, please list those here: _____</p> <p>_____</p>	
5. Policies & Regulations (up to 10 points) – Up to 3 Pages Maximum	
<p>All SUD treatment providers must comply with all federal, state, and City and County of San Francisco policies, rules and regulations that govern SUD treatment services, funding, and City and County of San Francisco contractors. An assurance must be included in the proposal that providers will comply. In addition, proposals must address the following policies, rules, and funding reimbursement areas:</p>	
<p>A. <u>Americans with Disabilities Act</u> (2 points)</p> <p>Describe provider policies, practices, procedures, and staff training to fully comply with the American with Disabilities Act requirements, including a description of policies, practices and procedures that both protect the patient ADA right to have companion animals within treatment settings and ensure the safety of all SUD treatment patients.</p>	
<p>B. <u>Cultural and Linguistic Competency</u> (2 points)</p> <p>Describe how provider cultural and linguistic competency policies, practices, procedures, and staff training fully comply with the DPH Cultural and Linguistically Appropriate Services Policy including a discussion about resources available to meet patient primary language needs.</p>	

5. Policies & Regulations <i>continued</i> (Up to 10 points) – Up to 3 Pages Maximum
<p>C. <u>Harm Reduction</u> (4 points) Describe how provider policies, practices, procedures, and staff training fully comply with the Health Commission Harm Reduction Policy and recent DPH policy enhancements described in this RFP.</p>
<p>D. <u>Patient Confidentiality</u> (2 points) Describe how provider policies, practices, procedures, and staff training comply with all patient confidentiality requirements including HIPAA requirements for mental health and medical/physical health treatment. Include a description of strategies to obtain patient consent for information sharing for multi-disciplinary treatment planning, case management, transfer among levels of care and discharge planning.</p>
<p>E. <u>County of Responsibility</u> (required information but no points awarded) List anticipated counties of responsibility for the proposed service populations and provide a written assurance that proposer will: 1) serve out-of-county patients in full compliance with the DMC-ODS Pilot county of responsibility requirement, including related requirements imposed on counties by the State at a future date; and 2) seek written agreements with counties of responsibility to serve out-of-county patients on or before June 1, 2017.</p>
6. Electronic Health Records & Data Systems (Up to 10 points) – 3 Pages Maximum
<p>A. Describe all of the following:</p> <ol style="list-style-type: none"> 1) How the provider’s protocols and strategies will support the timely and accurate entry and transmission of data for the State CalOMS Treatment data system, the State Drug and Alcohol Treatment Access Report data system, and the DPH Avatar data system (4 points); 2) How adequate staffing and resources will be available to support EHR, evaluation, and data system reporting requirements described in this RFP, including the process for monitoring and managing data entry and available training for staff on timely, accurate and compliant data entry and reporting (4 points); 3) How provider data collection systems or software will allow for timely submission/transmission (within 24 hours) of required DMC-ODS Pilot and DPH data and describe their compatibility with DPH data collection systems (2 points); and 4) How data entry and transmission policies, protocols and procedures fully comply with patient confidentiality requirements (required information, but no points awarded); and <p>B. Provide an assurance that the provider will meet future DPH electronic health record requirements (e.g. EPIC) and QI data collection and transmission requirements and will submit all data requested by DPH within 24 hours (assurance required but no points awarded).</p>

7. Evaluation & Quality Improvement (Up to 10 points) – 3 Pages Maximum

Provide the following information:

A. Evaluation & Quality Improvement

- 1) Describe and provide a flow chart (the flow chart does not count toward the maximum page limit) showing the provider's process for collecting, analyzing and integrating outcomes/evaluation and quality improvement data into treatment program planning, development, and implementation activities with the goal of improving patient experience (4 points);
- 2) Describe how the provider's evaluation and quality improvement protocol and policies are consistent with the DMC-ODS Pilot evaluation and quality improvement requirements and include a copy of the evaluation and quality improvement policy in the proposal appendix (4 points); and
- 3) Provide a Logic Model (the Logic Model does not count toward the maximum page limit) showing provider capacity, resources and key strategies to meet at a minimum the following DMC-ODS Pilot program and patient outcomes (2 points):
 - a) High patient engagement and participation;
 - b) Patient access to treatment services within 72 hours;
 - c) Patient treatment progress and recovery;
 - d) High patient compliance with medications/MAT use;
 - e) Appropriate patient utilization of services/ASAM assessments (level of care placements);
 - f) Successful care transitions and discharges;
 - g) Collaborative treatment planning with mental health and primary care;
 - h) Case management/navigation support for patients;
 - i) High patient perceptions of service access/quality; and
 - j) High accuracy/quality of client and program data (less than 5% error rate).

B. Staffing and Resources

- 1) Identify an evaluation and QI point of staff contact OR identify a dedicated evaluation and QI staff person/subcontractor (see scoring preference) that will be responsible for meeting all evaluation requirements (required information but no points awarded); and
- 2) Provide a certification that all staff will be trained on DMC-ODS Plot and DPH evaluation requirements and the provider will submit all required evaluation and QI data to DPH in a timely manner (required certification but no points awarded).

8. Workforce Development & Staffing (Up to 20 points) – 4 Pages Maximum

- A. In addition to providing a one (1) page organizational chart that shows proposed SUD outpatient treatment full-time equivalents (FTEs) by profession and where those FTEs report within the provider’s organization (the organizational chart does not count toward maximum page limit), address the following
- 1) Adequate number of qualified and experienced staff to serve proposed service populations included a staffing plan that includes proposed staff to patient ratios (staff patient caseloads), proposed clinical supervisor to staff ratios, and proposed number of peer support specialists (consumers with lived experience) to provide support to patients (10 points);
 - 2) A staff supervision model that support the role of supervisors in staff coaching, patient care, and QI and service utilization activities (2 points);
 - 3) An SUD treatment staff training plan for Fiscal Year 2016-17 that supports staff in meeting DMC-ODS Pilot and DPH requirements including how and which state supported training will be accessed (2 points); and
 - 4) A description of the provider’s process, policies and procedures for meeting all of the following professional licensure and workforce requirements (6 points):
 - a. Professional staff must be licensed, registered, certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Licensed Practitioner of the Healing Arts includes: Physician, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians;
 - b. Non-professional staff shall receive appropriate on-site orientation and training prior to performing assigned duties. Non-professional staff will be supervised by professional and/or administrative staff;
 - c. Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring; and
 - d. Registered and certified alcohol and other drug counselors must adhere to all requirements in the California Code of Regulations, Title 9, Chapter 8.
- B. An assurance that any vacant positions will be filled within 90 days of receiving a contract award to provide SUD treatment services (required information but no points awarded); and
- C. List of professional licensed and credentialed staff and include in the proposal appendix copies of all professional licenses for staff (required information but no points awarded).

9. Ancillary Treatment & Outreach Services Addendum - (Up to 5 Points) - **5** Pages Maximum

- A. For SUD treatment proposals that propose to provide ancillary SUD treatment and outreach services not described in this RFP as part of the proposed ASAM level of care treatment program, please identify and describe all of the following:
1. Proposed ancillary service(s) to be provided;
 2. At least two priority service populations that will receive the ancillary service(s) and the proposed annual unduplicated service count;
 3. The proposed service location(s) where the proposed ancillary service(s) will be provided;
 4. Organizational experience and capacity to offer the proposed ancillary services including staff capacity, knowledge, and experience providing the proposed ancillary service(s) to the proposed service populations;
 5. How the ASAM Criteria will be integrated within the assessment/treatment plan review process for patient need for the proposed ancillary service(s);
 6. Coordination of the proposed ancillary service(s) with the proposed ASAM level of care treatment services and other levels of care as patient needs require;
 7. Patient engagement strategies;
 8. Linkages to medical homes, mental health, recovery and support services through closely coordinated case management as the patient needs require;
 9. Formal partnerships with other systems and service providers in offering the proposed ancillary service(s);
 10. Patient outcomes for proposed ancillary service(s).
- B. Submit total annual cost and budget justification of the proposed ancillary service(s) including identification of leveraged funding or resources to support and sustain the proposed ancillary service(s). (Required information but no points awarded).

Priority System Needs Preference Points Proposal

Proposers must complete the following “Priority System Needs Template” to be considered for up to seventy (70) preference points. In completing the “Past Performance Chart” portion of the “Priority System Needs Template” on the next page, proposers must include the following along with their completed template:

- DPH contracted providers should include in the proposal appendix copies of FY 2014-15 and FY 2015-16 contractor monitoring reports from the DPH Business Office of Compliance and Contracts; **note: if FY 2015-16 reports are not available as of the submission deadline, submit the FY 2013-14 report with the FY 2014-15 report and indicate that the FY 2015-16 is not yet available;**
- Providers that did not contract with DPH in FY 2014-15 and/or FY 2015-16 to provide an SUD treatment service for which a proposal is being submitted, please include in the proposal appendix a copy of contractor/vendor monitoring reports from a California county in which the treatment service was provided in FY 2014-15 and FY 2015-16, including contact information for contract monitor(s) including name, title, email address and phone number to allow DPH to verify performance.

Priority System Needs Template

Treatment Component (Up to 50 Preference Points)	Provider Assurances and Response (complete only for Treatment Components for which a scoring preference is being requested)
<u>Cultural and Linguistic Competency</u> (10 points) For <u>each</u> primary language other than English, please identify the number of patients expected to be served annually by their primary language <u>and</u> the number of full-time equivalent (FTE) and names of addiction counselors who are fluent in the primary language and that will serve patients.	___ (#) patients in _____ (e.g. Spanish, Cantonese) ___ FTEs fluent in primary language noted: ___ FTEs as follows: _____ (addiction counselor name) _____ (addiction counselor name)
<u>Evaluation & QI Support</u> (10 points) Please indicate the number of FTEs and staff names dedicated to evaluation and quality improvement activities and/or the name of and # of committed hours by the subcontractor that will manage these activities. Please include a copy of executed contracts in the proposal appendix for the subcontractor.	___ FTEs (must be 0.5 FTE or greater annually to receive preference) Evaluation & QI Staff Name: _____ Support to be provided by: _____ (subcontractor name) ___ hours committed (must be 960 hours/annually or greater to receive preference) Contract included in proposal appendix?: ___ Yes ___ No
<u>Integrated Treatment</u> (10 points) Please indicate the integrated treatment model or approach that will be used to deliver integrated treatment services to SUD patients and which patient services will be available on-site.	Check one (3 points): ___ Behavioral Health Home Model OR ___ On-Site Multi-Disciplinary Team (Addiction, Mental Health and Medical Services) Patient services to be integrated on-site (check all that apply): ___ Mental Health Treatment (1 point) ___ Medical Care (1 point)

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Treatment Component <i>Continued</i>	Provider Assurances and Response (complete only for Treatment Components for which a scoring preference is being requested)
<u>Level 3.3/Residential Services On-Site Medical Monitoring</u> (10 points) Please indicate the number of qualified FTEs available to provide medical monitoring for patients to assess and treat co-occurring biomedical disorders and to monitor the administration of medications in accordance with a physician's prescription including nursing care and sufficient observation to meet patient needs.	____ FTEs to provide on-site medical monitoring services as follows: _____ (qualified medical staff name) _____ (qualified medical staff name) _____ (qualified medical staff name)
<u>Level 3.1, 3.3, 3.5/Residential Services Continuity of Care</u> (10 Points) Please indicate capacity to provide recovery living environments with ongoing Outpatient or Intensive Outpatient Services beyond the state imposed reimbursement limits for Residential Services.	____ Number of unreimbursed days per patient to be provided ____ Estimated number of patients to be provided recovery living environment after 90 days

Past Performance Chart

Past Performance Data (Up to 10 Preference Points – 2 point per data point met or exceeded)	FY 2014-15	FY 2015-16
1) Percentage of all SUD Services patients who were readmitted to psychiatric inpatient hospital services within 30 days or less after discharge from the hospital. <u>Benchmark</u> : No more than 15%.	____%	____%
2) Percentage of all SUD patients discharged who successfully completed treatment or left treatment before completion with satisfactory progress. <u>Benchmark</u> : 60% or more.	____%	____%
3) Percentage of all SUD patients in treatment for 60 or more days who maintained abstinence or showed a reduction in alcohol and other drug use. <u>Benchmark</u> : 60% or more.	____%	____%
4) Percentage of SUD patients in treatment who expressed satisfaction with their patient experience. <u>Benchmark</u> : 80% or higher.	____%	____%
5) Percentage of patients admitted to methadone maintenance treatment program who stayed in treatment 12 months or more. <u>Benchmark</u> : 70% or more.	____%	____%

**Proposal Submission Template for Recovery Track Housing Program Submission
Template**

1. Recovery Track Residence Program Priority Service Populations Description (Up to 20 Points) 3 Pages Maximum		
A. Please check at least two (2) Priority Service Populations that are proposed to be served from the list to the right. (10 points)	<input type="checkbox"/> Persons Who Are Black/African American <input type="checkbox"/> Persons Who Are Homeless <input type="checkbox"/> Persons Who Are Incarcerated or Involved with the Criminal/Juvenile Justice Systems/Drug Court	<input type="checkbox"/> Persons Whose Primary Substance Is Alcohol <input type="checkbox"/> Transition Age Youth, 18-24 <input type="checkbox"/> Persons Who Are Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Ally or Two-Spirit <input type="checkbox"/> Pregnant or Parenting Women w/Children
B. Please describe at least five (5) years of specific organizational and staff knowledge, experience, and professional qualifications successfully engaging, treating, and transitioning Priority Service Populations proposed to be served. If pregnant women and/or parenting women with dependent children are the service population, please describe organizational capacity and staff knowledge, experience and professional qualifications to meet DHCS FY 2016-17 Perinatal Service Network Guidelines and meet the child development needs of dependent children. (10 points)		

2. Recovery Track Residence Program Priority Geographic Service Areas Description (Up to 20 Points) 2 Pages Maximum		
A. Please check at least one (1) of the Priority Geographic Services Areas proposed to be served from the list to the right. (10 points)	<input type="checkbox"/> Hayes Valley/Tenderloin/North of Market/94102 <input type="checkbox"/> South of Market/94103 <input type="checkbox"/> Bernal Heights/Inner Mission/94110	<input type="checkbox"/> Bayview-Hunter's Point/94124 <input type="checkbox"/> Southeast/Visitation Valley/Sunnydale/94134 <input type="checkbox"/> Other: _____
B. Please describe at least five (5) years of specific organizational and staff knowledge, experience, and professional qualifications successfully engaging, treating and transitioning Priority Service Populations in Proposed Geographic Services Areas. (6 points)		
C. Please list formal partnerships with other systems and service providers including housing, primary care, mental health, and the criminal and juvenile justice systems/Drug Court in each proposed Priority Geographic Service Area that will support patient recovery and include copies of written, signed MOUs that identify specific roles and responsibilities of each partner in the Appendix. (4 points)		

3. Recovery Track Residence Program Narrative (Up to 70 Points)

14 Pages Maximum

A. Recovery and Support Services (25 points)

Describe how each of the following recovery services and supports will be integrated within the Recovery Track Residence Program:

1. Recovery Monitoring that includes recovery coaching (5 points);
2. Education and Job Skills that includes life skills, employment services, job training and education services (5 points);
3. Family Support which includes linkages to childcare, parent education, child development support services, family/marriage education (5 points);
4. Support Groups with linkages to self-help and support, spiritual and faith-based support (5 points); and
5. Ancillary Services such as linkages to housing assistance, transportation, case management, individual services coordination (5 points).

B. Patient Engagement and Peer Support (Up to 10 points)

1. Describe patient engagement strategies and the rationale why these strategies will be successful for the proposed service population(s). (5 points)
2. Describe how peer support specialists will be integrated into proposed recovery program including peer-to-peer services and relapse prevention (5 points)

C. Treatment Service Access (Up to 25 points)

Describe how the each of the following treatment service components will be provided either on-site or through closely coordinated community referrals:

1. Assessment and treatment planning consistent with The ASAM Criteria (5 points);
2. ASAM Level 1 Outpatient Services and ASAM Level 2.1 Intensive Outpatient Services Individual and Group Outpatient Counseling to stabilize patients and reassess patient if further care is needed (5 points);
3. Linkage to other ASAM level of care treatment services such as Residential Services as needed (5 points);
4. Linkage to Medication Assisted Treatment as needed (5 points);
5. Linkage to Withdrawal Management services as needed (5 points).

D. Case Management (Up to 10 points)

Describe how the following case management services will be integrated into the proposed recovery resident program:

1. Transitions to a higher or lower levels of care (2 points);
2. Communication, coordination, referral and related activities (2 points);
3. Monitoring service delivery to ensure patients access needed services and service delivery systems (2 points);
4. Monitoring patient progress including medication compliance in partnership with a patient's medical home) (2 points); and
5. Patient advocacy, linkages to physical and mental health care, transportation, retention in primary care services, and other supports (2 points).

Treatment Program Narrative Additional Information for Recovery Track Residence Proposals Serving Pregnant and Women with Dependent Children

3 Pages Maximum (information required but no points awarded)

For all levels of care proposing to serve pregnant women and women with dependent children, special components must be integrated in treatment programs. Please describe how all of the following have been integrated into the proposed recovery residence program:

1. Compliance with the state Fiscal Year 2016-17 Perinatal Services Network Guidelines
2. Primary medical care for women, including referral for prenatal care and child care while women are receiving such services;
3. Primary pediatric care, including immunization for children;
4. Gender specific substance use treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting, and child care for women receiving these services;
5. Therapeutic interventions for children in custody of women in treatment which address at a minimum their developmental needs, their issues of sexual and physical abuse, and neglect;
6. Sufficient case management and transportation to ensure that women and their children have access to services;
7. Assessments of child-parent relationship and needs of the child including facilitating access to age-appropriate treatment for the child;
8. Trained staff in child development and positive parenting, trauma-informed care, and gender-specific treatment and staff skills required to establish and maintain recovery while parenting;
9. Trained staff in couples and family therapy to support patients in their interaction with the other parent of the child and/or with their current partner including caregivers and any supportive family members;
10. Connections with supportive resources early in treatment to support patient recovery and transitions to other levels of care;
11. Engagement of patient family members including significant others; and
12. Collaborative partnerships with family and child serving agencies to put into place supports and services that support patient transitions and recovery, including Medi-Cal, TANF, vocational rehabilitation, and housing.

4. Recovery Track Residence Program Evidence-Based Practices (Up to 10 points) 3 Pages Maximum		
A. Please identify at least two (2) evidenced-based practices (EBPs) that will be offered in the proposed treatment program.	<input type="checkbox"/> Cognitive Behavioral Therapy <input type="checkbox"/> Motivational Interviewing <input type="checkbox"/> Psycho-Education	<input type="checkbox"/> Relapse Prevention <input type="checkbox"/> Seeking Safety/Trauma Informed Treatment
B. Describe how EBPs will be integrated within the proposed treatment program including all of the following: <ol style="list-style-type: none"> 1. Describe the rationale for how the selected EBPs will support client recovery for the proposed service populations (2 points); 2. Identify staff that have been certified and trained to provide each of the EBPs (2 points); 3. Identify the process that the provider will use to ensure that each EBP is being offered to fidelity including available staff booster training, available coaching, support during staff supervision, and EBP developer support including any cultural adaptations made to EBPs (2 points); 4. Describe how the use of EBPs will be documented (e.g. progress notes) in a manner that is compliant for the purpose of external program reviews and audits (2 points); and 5. Describe provider evaluation capacity to collect and report outcome data for patients receiving EBPs including client satisfaction with proposed EBPs (2 points). <p>If EBPs will be offered that are not listed under 4 A, please list those here:</p> <hr/> <hr/>		

<p>5. Recovery Track Residence Program Policies & Regulations (up to 10 points) 3 Pages Maximum</p>
<p>All SUD treatment providers must comply with all federal, state, and City and County of San Francisco policies, rules and regulations that govern SUD treatment services, funding, and City and County of San Francisco contractors. An assurance must be included in the proposal that providers will comply. In addition, proposals must address the following policies, rules, and funding reimbursement areas:</p>
<p>A. <u>Americans with Disabilities Act</u> (2 points) Describe provider policies, practices, procedures, and staff training to fully comply with the American with Disabilities Act requirements, including a description of policies, practices and procedures that both protect the patient ADA right to have companion animals within treatment settings and ensure the safety of all SUD treatment patients.</p>
<p>B. <u>Cultural and Linguistic Competency</u> (2 points) Describe how provider cultural and linguistic competency policies, practices, procedures, and staff training fully comply with the DPH Cultural and Linguistically Appropriate Services Policy including a discussion about resources available to meet patient primary language needs.</p>
<p>C. <u>Harm Reduction</u> (4 points) Describe how provider policies, practices, procedures, and staff training fully comply with the Health Commission Harm Reduction Policy and recent DPH policy enhancements described in this RFP.</p>
<p>D. <u>Patient Confidentiality</u> (2 points) Describe how provider policies, practices, procedures, and staff training comply with all patient confidentiality requirements including HIPAA requirements for mental health and medical/physical health treatment. Include a description of strategies to obtain patient consent for information sharing for multi-disciplinary treatment planning, case management, transfer among levels of care and discharge planning.</p>
<p>E. <u>County of Responsibility</u> (required information but no points awarded) List anticipated counties of responsibility for the proposed service populations and provide a written assurance that proposer will: 1) serve out-of-county patients in full compliance with the DMC-ODS Pilot county of responsibility requirement, including related requirements imposed on counties by the State at a future date; and 2) seek written agreements with counties of responsibility to serve out-of-county patients on or before June 1, 2017.</p>

6. Recovery Track Residence Program Electronic Health Records & Data Systems (Up to 10 points)
3 Pages Maximum

A. Describe all of the following:

- 1) How the provider's protocols and strategies will support the timely and accurate entry and transmission of data for the State CalOMS Treatment data system, the State Drug and Alcohol Treatment Access Report data system, and the DPH Avatar data system (4 points);
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- 3) How provider data collection systems or software will allow for timely submission/transmission (within 24 hours) of required DMC-ODS Pilot and DPH data and describe their compatibility with DPH data collection systems (2 points); and
- 4) How data entry and transmission policies, protocols and procedures fully comply with patient confidentiality requirements (required information, but no points awarded); and

B. Provide an assurance that the provider will meet future DPH electronic health record requirements (e.g. EPIC) and QI data collection and transmission requirements and will submit all data requested by DPH within 24 hours (assurance required but no points awarded).

7. Recovery Track Residence Program Evaluation & Quality Improvement (Up to 10 points)
3 Pages Maximum

Provide the following information:

A. Evaluation & Quality Improvement

- 1) Describe and provide a flow chart (the flow chart does not count toward the maximum page limit) showing the provider's process for collecting, analyzing and integrating outcomes/evaluation and quality improvement data into treatment program planning, development, and implementation activities with the goal of improving patient experience (4 points);
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- 3) Provide a Logic Model (the Logic Model does not count toward the maximum page limit) showing provider capacity, resources and key strategies to meet at a minimum the following DMC-ODS Pilot program and patient outcomes (2 points):
 - a. High patient engagement and participation;
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1. Identify an evaluation and QI point of staff contact OR identify a dedicated evaluation and QI staff person/subcontractor (see scoring preference) that will be responsible for meeting all evaluation requirements (required information but no points awarded); and
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<p>8. Recovery Track Residence Program Recovery Track Residence Program Workforce Development & Staffing (Up to 20 points) 4 Pages Maximum</p>
<p>A. In addition to providing a one (1) page organizational chart that shows proposed SUD outpatient treatment full-time equivalents (FTEs) by profession and where those FTEs report within the provider’s organization (the organizational chart does not count toward maximum page limit), address the following</p> <ol style="list-style-type: none"> 1. Adequate number of qualified and experienced staff to serve proposed service populations included a staffing plan that includes proposed staff to patient ratios (staff patient caseloads), proposed clinical supervisor to staff ratios, and proposed number of peer support specialists (consumers with lived experience) to provide support to patients (10 points); 2. A staff supervision model that support the role of supervisors in staff coaching, patient care, and QI and service utilization activities (2 points); 3. An SUD treatment staff training plan for Fiscal Year 2016-17 that supports staff in meeting DMC-ODS Pilot and DPH requirements including how and which state supported training will be accessed (2 points); and 4. A description of the provider’s process, policies and procedures for meeting all of the following professional licensure and workforce requirements (6 points): <ol style="list-style-type: none"> a. Professional staff must be licensed, registered, certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Licensed Practitioner of the Healing Arts includes: Physician, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians; b. Non-professional staff shall receive appropriate on-site orientation and training prior to performing assigned duties. Non-professional staff will be supervised by professional and/or administrative staff; c. Professional and non-professional staff are required to have appropriate experience and any necessary training at the time of hiring; and d. Registered and certified alcohol and other drug counselors must adhere to all requirements in the California Code of Regulations, Title 9, Chapter 8.
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Treatment Component (Up to 50 Preference Points)	Provider Assurances and Response (complete only for Treatment Components for which a scoring preference is being requested)
<u>Cultural and Linguistic Competency</u> (10 points) For <u>each</u> primary language other than English, please identify the number of patients expected to be served annually by their primary language <u>and</u> the number of full-time equivalent (FTE) and names of addiction counselors who are fluent in the primary language and that will serve patients.	___ (#) patients in _____ (e.g. Spanish, Cantonese) ___ FTEs fluent in primary language noted: ___ FTEs as follows: _____ (addiction counselor name) _____ (addiction counselor name)
<u>Evaluation & QI Support</u> (10 points) Please indicate the number of FTEs and staff names dedicated to evaluation and quality improvement activities and/or the name of and # of committed hours by the subcontractor that will manage these activities. Please include a copy of executed contracts in the proposal appendix for the subcontractor.	___ FTEs (must be 0.5 FTE or greater annually to receive preference) Evaluation & QI Staff Name: _____ Support to be provided by: _____ (subcontractor name) ___ hours committed (must be 960 hours/annually or greater to receive preference) Contract included in proposal appendix?: ___ Yes ___ No
<u>Integrated Treatment</u> (10 points) Please indicate the integrated treatment model or approach that will be used to deliver integrated treatment services to SUD patients and which patient services will be available on-site.	Check one (3 points): ___ Behavioral Health Home Model OR ___ On-Site Multi-Disciplinary Team (Addiction, Mental Health and Medical Services) Patient services to be integrated on-site (check all that apply): ___ Mental Health Treatment (1 point) ___ Medical Care (1 point)

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Treatment Component <i>Continued</i>	Provider Assurances and Response (complete only for Treatment Components for which a scoring preference is being requested)
<u>Level 3.3/Residential Services On-Site Medical Monitoring</u> (10 points) Please indicate the number of qualified FTEs available to provide medical monitoring for patients to assess and treat co-occurring biomedical disorders and to monitor the administration of medications in accordance with a physician's prescription including nursing care and sufficient observation to meet patient needs.	___ FTEs to provide on-site medical monitoring services as follows: _____ (qualified medical staff name) _____ (qualified medical staff name) _____ (qualified medical staff name)
<u>Level 3.1, 3.3, 3.5/Residential Services Continuity of Care</u> (10 Points) Please indicate capacity to provide recovery living environments with ongoing Outpatient or Intensive Outpatient Services beyond the state imposed reimbursement limits for Residential Services.	___ Number of unreimbursed days per patient to be provided ___ Estimated number of patients to be provided recovery living environment after 90 days

Past Performance Chart

Past Performance Data (Up to 10 Preference Points – 2 point per data point met or exceeded)	FY 2014-15	FY 2015-16
6) Percentage of all SUD Services patients who were readmitted to psychiatric inpatient hospital services within 30 days or less after discharge from the hospital. <u>Benchmark</u> : No more than 15%.	___%	___%
7) Percentage of all SUD patients discharged who successfully completed treatment or left treatment before completion with satisfactory progress. <u>Benchmark</u> : 60% or more.	___%	___%
8) Percentage of all SUD patients in treatment for 60 or more days who maintained abstinence or showed a reduction in alcohol and other drug use. <u>Benchmark</u> : 60% or more.	___%	___%
9) Percentage of SUD patients in treatment who expressed satisfaction with their patient experience. <u>Benchmark</u> : 80% or higher.	___%	___%
10) Percentage of patients admitted to methadone maintenance treatment program who stayed in treatment 12 months or more. <u>Benchmark</u> : 70% or more.	___%	___%

I. BUDGET

1. Budget Forms

Proposers must complete DPH Budget Forms (see **Appendix B**) OR using their own agency generated budget forms must demonstrate the detail costs associated with this RFP (if using your own forms, use DPH form as example and make sure your budget includes unit of service and unit rates, salaries and benefits, operating expense details, direct and indirect costs).

2. Budget Narrative (no more than two (2) pages)

- a. Demonstrate that the proposed budget is cost effective and reasonable for providing treatment services proposed under this RFP and consistent with the goals of the DMC-ODS Pilot AND that indirect costs specified are within the 12% City and County of San Francisco's guidelines for allowable indirect costs from DPH and federal or state grantors and provide sufficient overhead to manage the proposed program of which 12% may be billed to DPH;
- b. Justify the proposed budget using actual proposer cost data of providing similar or the same services for which a proposal is submitted under this RFP within the past 12 months; and
- c. Demonstrate that the proposed budget leverages Drug Medi-Cal, Medi-Cal, Medi-Cal/EPSTD and/or other funding and/or services.

3. Fee Proposal

The City and County intends to award contracts to agencies that it considers will provide the highest quality, accessible and cost effective services. The City and County reserves the right to accept other than the lowest price offer and to reject any proposals that are not responsive to this request.

J. EVALUATION AND SELECTION CRITERIA

For all proposals, the Minimum Qualification Requirements will be reviewed first; applications that do not submit complete documentation meeting the minimum requirements will not have the project proposal reviewed.

Project proposals meeting minimum agency qualification requirements will be evaluated and scored using the "Proposal Scoring Criteria" (see below) by a selection committee made up of individuals with expertise in the SUD level of care for which the proposal is submitted, quality improvement and evaluation staff, consumers of service and family members, and financial management staff.

The City and County intends to evaluate the proposals generally in accordance with the criteria itemized below.

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The City and County intends to award contracts to agencies that it considers will provide the most cost effective program services. The City and County reserves the right to accept other than the lowest price offer and to reject any proposals that are not responsive to this request.

K. PROPOSAL SCORING CRITERIA

- 1. Submission Guidelines **20 Points****
Does the applicant follow the submission requirement guidelines and format listed in section IV page 56? Are all submissions complete using the submission templates, are they within the page limits, using 12 point Times New Roman font, one inch margins, double spaced and on double sided, recycled pages?10 points
Does the applicant submit Appendix A-1a RFP Forms, CMD Attachment, Minimum Requirements, and follow the guidelines?..... 10 points
- 2. 2.1 SUD Treatment Program/Case Management Service **180 Points****
Priority Service Populations.....20 points
Priority Geographic Services Areas.....20 points
Treatment Program/Services Narrative.....Up to 70 points
Evidence-Based Practices.....10 points
Policies & Regulations.....10 points
Electronic Health Records & Data System Capacity.....10 points
Evaluation & Quality Improvement Capacity.....10 points
Workforce & Staffing.....20 points
Ancillary Services10 points
- 2. 2.2 Recovery Track Housing Program **180 Points****
Recovery Track Residence Program Priority Service Populations.....20 points
Recovery Track Residence Program Priority Geographic Services Areas.....20 points
Recovery Track Residence Program Narrative.....Up to 70 points
Recovery Track Residence Program Evidence-Based Practices.....10 points
Recovery Track Residence Program Policies & Regulations.....10 points
Recovery Track Residence Program EHR & Data System Capacity.....10 points
Recovery Track Residence Program Evaluation & QI Capacity.....10 points
Recovery Track Residence Program Workforce & Staffing.....20 points
Ancillary Services10 points

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3. Budget 30 Points

Proposer's budget is reasonable, cost effective and justified using actual costs of providing services.....20 points
 Proposer's budget leverages Medi-Cal or Medi-Cal EPSDT or other services and funding.....10 points

4. Financial Management Capacity and Fiscal Integrity 30 Points

Proposer's financial management and fiscal integrity as evidenced by citywide or DPH monitoring report, lack of corrective action plans, unqualified audit opinions, a reasonable level of cash reserves, cash flow statements and a list of financial management staff who will be supporting the services applied for.....30 points

TOTAL EVALUATION/SCORING CRITERIA POINTS POSSIBLE:	260Points
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Additional Points Available for Priority System Needs: 70 Points

Up to seventy (70) additional points may be awarded as follows for:

Priority System Needs	Maximum Number of Points Available
1) Cultural & Linguistic Competency: Dedicated Multi-Lingual Staff for Service Populations	10 Points
2) Evaluation & Quality Improvement: Dedicated Evaluation and Quality Improvement Staff	10 Points
3) Integrated Treatment Model: Behavioral Health Home or Integrated Substance Use Disorder Treatment, Mental Health Treatment & Primary Care Services On-Site	10 Points
4) Level 3.3/Residential Services On-Site Medical Monitoring	10 Points
5) Level 3.1, 3.3, 3.5/Residential Services Continuity of Services	10 Points
6) Past Performance	Up to 20 Points

The Contract Analyst will calculate any Priority System Needs points.

TOTAL POINTS POSSIBLE:	up to 330 Points
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V. EMAIL QUESTION PERIOD; BIDDER'S CONFERENCE AND CONTRACT AWARD

A. Email Question Period

All questions and requests for information must be received by electronic mail and will be answered few days after the end of the E-Question period, by electronic mail, to all parties who have requested and received a copy of the RFP. The questions will be answered by program staff. This is the only opportunity applicants can ask direct questions regarding the services mentioned in this RFP. All questions are to be directed to the following e-mail address:

Mahlet.Girma@sfdph.org, OR by electronic mail, fax and or US Mail to:

Mahlet Girma, Contract Analyst
San Francisco Department of Public Health
Office of Contracts Management & Compliance
1380 Howard St., 4th floor, #421
San Francisco, CA 94103
Phone (415) 255-3504 / Fax (415) 252-3088

E-questions may only be submitted from September 27, 2016 until 12:00 Noon October 14, 2016.

No questions or requests for interpretation will be accepted after 12:00 PM on **October 14, 2016**.

If you have further questions regarding the RFP, please contact Mahlet Girma at

Mahlet.Girma@sfdph.org.

B. Pre-Proposal Conference (Bidder's Conference)

Proposers are encouraged to attend a Pre-Proposal conference **on October 24, 2016 from 1:00 PM to 3:00 PM**, to be held at **25 Van Ness, Room # 610, San Francisco, CA**. Additional questions will be addressed at this conference and any available new information will be provided at that time. **Please read the email questions and answers before coming to the Bidder's Conference.**

The City will keep a record of all parties who request and receive copies of the RFP.

Any requests for information concerning the RFP whether submitted before or after the pre-proposal conference, must be in writing, and any substantive replies will be issued as written addenda to all parties who have requested and received a copy of the RFP from the Department of Public Health. Questions raised at the pre-proposal conference may be answered orally. If any substantive new information is provided in response to questions raised at the pre-proposal conference, it will also be memorialized in a written addendum to this RFP and will be distributed to all parties that received a copy of the RFP. No questions or requests for interpretation will be accepted after **3:00 PM on October 24, 2016**.

C. Contract Award

The Department of Public Health, will issue Notices of Intent to Award to the selected Proposer with whom DPH staff shall commence contract negotiations. The selection of any proposal shall not imply acceptance by the City of all terms of the Proposal, which may be subject to further

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negotiation and approvals before the City may be legally bound thereby. If a satisfactory contract cannot be negotiated in a reasonable time the Department in its sole discretion may terminate negotiations with the recommended Proposer and begin contract negotiations with the next recommended Proposer.

VI. TERMS AND CONDITIONS FOR RECEIPT OF PROPOSALS

A. Errors and Omissions in RFP

Proposers are responsible for reviewing all portions of this RFP. Proposers are to promptly notify the Department, in writing, if the proposer discovers any ambiguity, discrepancy, omission, or other error in the RFP. Any such notification should be directed to the Department promptly after discovery, but in no event later than five working days prior to the date for receipt of proposals. Modifications and clarifications will be made by addenda as provided below.

B. Inquiries Regarding RFP

Inquiries regarding the RFP and all oral notifications of an intent to request written modification or clarification of the RFP must be directed to:

Mahlet Girma, Contract Analyst
San Francisco Department of Public Health
Office of Contracts Management & Compliance
1380 Howard St., 4th Floor, #421
San Francisco, CA 94103
Phone (415) 255-3504/ Fax (415) 252-3088
E-mail: Mahlet.Girma@sfdph.org

C. Objections to RFP Terms

Should a proposer object on any ground to any provision or legal requirement set forth in this RFP, the proposer must, not more than ten calendar days after the RFP is issued, provide written notice to the Department setting forth with specificity the grounds for the objection. The failure of a proposer to object in the manner set forth in this paragraph shall constitute a complete and irrevocable waiver of any such objection.

D. Change Notices (Addenda)

The Department may modify the RFP, prior to the proposal due date, by issuing Change Notices, which will be posted on the website. The proposer shall be responsible for ensuring that its proposal reflects any and all Change Notices issued by the Department prior to the proposal due date regardless of when the proposal is submitted. Therefore, the City recommends that the proposer consult the website frequently, including shortly before the proposal due date, to determine if the proposer has downloaded all Change Notices.

E. Term of Proposal

Submission of a proposal signifies that the proposed services and prices are valid for 120 calendar days from the proposal due date and that the quoted prices are genuine and not the result of collusion or any other anti-competitive activity.

F. Revision of Proposal

A proposer may revise a proposal on the proposer's own initiative at any time before the deadline for submission of proposals. The proposer must submit the revised proposal in the same manner as the original. A revised proposal must be received on or before the proposal due date.

In no case will a statement of intent to submit a revised proposal, or commencement of a revision process, extend the proposal due date for any proposer.

At any time during the proposal evaluation process, the Department may require a proposer to provide oral or written clarification of its proposal. The Department reserves the right to make an award without further clarifications of proposals received.

G. Errors and Omissions in Proposal

Failure by the Department to object to an error, omission, or deviation in the proposal will in no way modify the RFP or excuse the vendor from full compliance with the specifications of the RFP or any contract awarded pursuant to the RFP.

H. Financial Responsibility

The City accepts no financial responsibility for any costs incurred by a firm in responding to this RFP. Submissions of the RFP will become the property of the City and may be used by the City in any way deemed appropriate.

I. Proposer's Obligations under the Campaign Reform Ordinance

Proposers must comply with Section 1.126 of the S.F. Campaign and Governmental Conduct Code, which states:

No person who contracts with the City and County of San Francisco for the rendition of personal services, for the furnishing of any material, supplies or equipment to the City, or for selling any land or building to the City, whenever such transaction would require approval by a City elective officer, or the board on which that City elective officer serves, shall make any contribution to such an officer, or candidates for such an office, or committee controlled by such officer or candidate at any time between commencement of negotiations and the later of either (1) the termination of negotiations for such contract, or (2) three months have elapsed from the date the contract is approved by the City elective officer or the board on which that City elective officer serves.

If a proposer is negotiating for a contract that must be approved by an elected local officer or the board on which that officer serves, during the negotiation period the proposer is prohibited from making contributions to:

- The officer's re-election campaign;
- A candidate for that officer's office;
- A committee controlled by the officer or candidate.

The negotiation period begins with the first point of contact, either by telephone, in person, or in writing, when a contractor approaches any city officer or employee about a particular contract, or a city officer or employee initiates communication with a potential contractor about a contract. The negotiation period ends when a contract is awarded or not awarded to the contractor. Examples of

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initial contacts include:

1. A vendor contacts a city officer or employee to promote himself or herself as a candidate for a contract; and
2. A city officer or employee contacts a contractor to propose that the contractor apply for a contract. Inquiries for information about a particular contract, requests for documents relating to a Request for Proposal, and requests to be placed on a mailing list do not constitute negotiations.

Violation of Section 1.126 may result in the following criminal, civil, or administrative penalties:

1. Criminal. Any person who knowingly or willfully violates section 1.126 is subject to a fine of up to \$5,000 and a jail term of not more than six months, or both.
2. Civil. Any person who intentionally or negligently violates section 1.126 may be held liable in a civil action brought by the civil prosecutor for an amount up to \$5,000.
3. Administrative. Any person who intentionally or negligently violates section 1.126 may be held liable in an administrative proceeding before the Ethics Commission held pursuant to the Charter for an amount up to \$5,000 for each violation.

For further information, proposers should contact the San Francisco Ethics Commission at (415) 581- 2300.

J. Sunshine Ordinance

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

K. Public Access to Meetings and Records

If a proposer is a non-profit entity that receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the S.F. Administrative Code, the proposer must comply with Chapter 12L. The proposer must include in its proposal (1) a statement describing its efforts to comply with the Chapter 12L provisions regarding public access to proposer's meetings and records, and (2) a summary of all complaints concerning the proposer's compliance with Chapter 12L that were filed with the City in the last two years and deemed by the City to be substantiated. The summary shall also describe the disposition of each complaint. If no such complaints were filed, the proposer shall include a statement to that effect. Failure to comply with the reporting requirements of Chapter 12L or material misrepresentation in proposer's Chapter 12L submissions shall be grounds for rejection of the proposal and/or termination of any subsequent Agreement reached on the basis of the proposal.

L. Reservations of Rights by the City

The issuance of this RFP does not constitute an agreement by the City that any contract will actually be entered into by the City. The City expressly reserves the right at any time to:

1. Waive or correct any defect or informality in any response, proposal, or proposal procedure;
2. Reject any or all proposals;
3. Reissue a Request for Proposals;
4. Prior to submission deadline for proposals, modify all or any portion of the selection procedures, including deadlines for accepting responses, the specifications or requirements for any materials, equipment or services to be provided under this RFP, or the requirements for contents or format of the proposals;
5. Procure any materials, equipment or services specified in this RFP by any other means; or
6. Determine that no project will be pursued.

M. No Waiver

No waiver by the City of any provision of this RFP shall be implied from any failure by the City to recognize or take action on account of any failure by a proposer to observe any provision of this RFP.

N. Local Business Enterprise (LBE) Goals and Outreach

The LBE Goal is deleted due to Federal Funds/State Funds being used in the funding mix for this RFP. **Department note on certified LBE's.** The City strongly encourages proposals from qualified and certified LBE's or the inclusion of certified LBE's in your project team. A list of certified LBE's can be found at: www.sfgsa.org. For information on becoming a certified LBE, visit www.sfgsa.org.

VII. CONTRACTS REQUIREMENTS

A. Standard Contract Provisions

The successful proposer will be required to enter into a contract substantially in the form of the Agreement for Professional Services or other applicable standard City agreement, contained in Appendix A-3. Failure to timely execute the contract, or to furnish any and all insurance certificates and policy endorsement, surety bonds or other materials required in the contract, shall be deemed an abandonment of a contract offer. The City, in its sole discretion, may select another firm and may proceed against the original selectee for damages.

Proposers are urged to pay special attention to the requirements of Administrative Code Chapters 12B and 12C, Nondiscrimination in Contracts and Benefits, (§Article 10.5 “Nondiscrimination; Penalties” in the Agreement); the Minimum Compensation Ordinance (§Article 10.7 “Requiring Minimum Compensation for Covered Employee” in the Agreement); the Health Care Accountability Ordinance (§Article 10.8 “Requiring Health Benefits for Covered Employees” in the Agreement); the First Source Hiring Program (§Article 10.9 “First Source Hiring Program” in the Agreement); and applicable conflict of interest laws (§Article 10.2 “Conflict of Interest” in the Agreement), as set forth in paragraphs B, C, D, E and F below.

B. Nondiscrimination in Contracts and Benefits

The successful proposer will be required to agree to comply fully with and be bound by the

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provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Generally, Chapter 12B prohibits the City and County of San Francisco from entering into contracts or leases with any entity that discriminates in the provision of benefits between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of employees. The Chapter 12C requires nondiscrimination in contracts in public accommodation. Additional information on Chapters 12B and 12C is available on the CMD's website at www.sfgsa.org.

C. Minimum Compensation Ordinance (MCO)

The successful proposer will be required to agree to comply fully with and be bound by the provisions of the Minimum Compensation Ordinance (MCO), as set forth in S.F. Administrative Code Chapter 12P. Generally, this Ordinance requires contractors to provide employees covered by the Ordinance who do work funded under the contract with hourly gross compensation and paid and unpaid time off that meet certain minimum requirements. For the contractual requirements of the MCO, see §43 in the Agreement. For the amount of hourly gross compensation currently required under the MCO, see www.sfgov.org/olse/mco. Note that this hourly rate may increase on January 1 of each year and that contractors will be required to pay any such increases to covered employees during the term of the contract.

Additional information regarding the MCO is available on the web at www.sfgov.org/olse/mco

D. Health Care Accountability Ordinance (HCAO)

The successful proposer will be required to agree to comply fully with and be bound by the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in S.F. Administrative Code Chapter 12Q. Contractors should consult the San Francisco Administrative Code to determine their compliance obligations under this chapter. Additional information regarding the HCAO is available on the web at www.sfgov.org/olse/hcao

E. First Source Hiring Program (FSHP)

If the contract is for more than \$50,000, then the First Source Hiring Program (Admin. Code Chapter 83) may apply. Generally, this ordinance requires contractors to notify the First Source Hiring Program of available entry-level jobs and provide the Workforce Development System with the first opportunity to refer qualified individuals for employment.

Contractors should consult the San Francisco Administrative Code to determine their compliance obligations under this chapter. Additional information regarding the FSHP is available on the web at <http://www.workforcedevelopmentsf.org/> and from the First Source Hiring Administrator, (415) 701-4857.

F. Conflicts of Interest

The successful proposer will be required to agree to comply fully with and be bound by the applicable provisions of state and local laws related to conflicts of interest, including Section 15.103 of the City's Charter, Article III, Chapter 2 of City's Campaign and Governmental Conduct Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California. The successful proposer will be required to acknowledge that it is familiar with these laws; certify that it does not know of any facts that constitute a violation of said provisions; and agree to immediately notify the City if it becomes aware of any such fact during the term of the Agreement.

Individuals who will perform work for the City on behalf of the successful proposer might be

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deemed consultants under state and local conflict of interest laws. If so, such individuals will be required to submit a Statement of Economic Interests, California Fair Political Practices Commission Form 700, to the City within ten calendar days of the City notifying the successful proposer that the City has selected the proposer.

G. Healthcare Insurance Portability and Accountability Act of 1996 (HIPAA)

The parties acknowledge that City is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that Contractor may be defined as one of the following definitions under the HIPAA regulations:

- A Covered Entity subject to HIPAA and the Privacy Rule contained therein;¹
- A Business Associate subject to the terms set forth in Appendix A-3 "HIPAA for Business Associates Exhibit";²
- Not Applicable, Contractor will not have access to Protected Health Information.

H. Insurance Requirements

Upon award of contract, Contractor shall furnish to the City a Certificate of Insurance and Additional Insured Endorsements stating that there is insurance presently in effect for Contractor with limits of not less than those established by the City. (Requirements are listed in Appendix A-3 and are available for download at the Departments RFP/Q center

<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts/default.asp>

I. Notes on Chapter 12B: Nondiscrimination in Contracts (Equal Benefits or Domestic Partners Ordinance)

Effective June 1, 1997, the City and County of San Francisco added to its Nondiscrimination in Contracts ordinance the requirement that all Contractors that enter into an agreement with the City must extend the same benefits to domestic partners of employees that are extended to spouses of employees. It is recommended that you thoroughly understand this requirement. Questions regarding this requirement can be directed to the person indicated in Section VI, item B, or visit the Contract Monitoring Divisions website at www.sfgsa.org.

J. Vendor Credentialing at Zuckerberg San Francisco General Hospital.

It is the policy of Zuckerberg San Francisco General Hospital to provide quality patient care and trauma services with compassion and respect, while maintaining patient privacy and safety. SFGH is committed to providing reasonable opportunities for Health Care Industry Representatives (HCIRs), external representatives/vendors, to present and demonstrate their products and/or services to the appropriate SFGH personnel. However, the primary objective of SFGH is patient care and it is therefore necessary for all HCIRs to follow guidelines that protect patient rights and the vendor relationship. Therefore, all HCIR's that will come onto the campus of San Francisco General Hospital must comply with Hospital Policy 16.27 "PRODUCT EVALUATION AND

¹"Covered Entity" shall mean an entity that receives reimbursement for direct services from insurance companies or authorities and thus must comply with HIPAA.

²"Business Associate" shall mean an entity that has an agreement with CITY and may have access to private information, and does not receive reimbursement for direct health services from insurance companies or authorities and thus is not a Covered Entity as defined by HIPAA.

PHARMACEUTICAL SERVICES: GUIDELINES FOR SALES PERSONNEL, HEALTHCARE INDUSTRY REPRESENTATIVES, AND PHARMACEUTICAL COMPANY REPRESENTATIVES".

Before visiting any SFGH facilities, it is required that a HCIR create a profile with "VendorMate." VendorMate is the company that manages the credentialing process of policy 16.27 for SFGH. For questions, or to register as a HCIR please contact the Director of Materials Management, or designee (during normal business hours) at (415) 206-5315 or sign on to <https://sfdph.vendormate.com> for details.

VIII. PROTEST PROCEDURES

A. Protest of Non-Responsiveness Determination

Within five working days of the City's issuance of a notice of non-responsiveness, any firm that has submitted a proposal and believes that the City has incorrectly determined that its proposal is non-responsive may submit a written notice of protest. Such notice of protest must be received by the City on or before the fifth working day following the City's issuance of the notice of non-responsiveness. The notice of protest must include a written statement specifying in detail each and every one of the grounds asserted for the protest. The protest must be signed by an individual authorized to represent the proposer, and must cite the law, rule, local ordinance, procedure or RFP provision on which the protest is based. In addition, the protestor must specify facts and evidence sufficient for the City to determine the validity of the protest.

B. Protest of Contract Award

Within five working days of the City's issuance of a notice of intent to award the contract, any firm that has submitted a responsive proposal and believes that the City has incorrectly selected another proposer for award may submit a written notice of protest. Such notice of protest must be received by the City on or before the fifth working day after the City's issuance of the notice of intent to award.

The notice of protest must include a written statement specifying in detail each and every one of the grounds asserted for the protest. The protest must be signed by an individual authorized to represent the proposer, and must cite the law, rule, local ordinance, procedure or RFP provision on which the protest is based. In addition, the protestor must specify facts and evidence sufficient for the City to determine the validity of the protest.

C. Delivery of Protests

All protests must be received by the due date. If a protest is mailed, the protestor bears the risk of non-delivery within the deadlines specified herein. Protests should be transmitted by a means that will objectively establish the date the City received the protest. Protests or notice of protests made orally (e.g., by telephone) will not be considered. Protests must be delivered to:

Director of Contract Management and Compliance
101 Grove Street, Room 307
San Francisco, CA 94102
Fax number: (415) 554-2555

ATTACHMENT 1

The following forms must be completed in order for proposals to be considered:

- ☐ **Appendix A1-a: DPH Forms:**
 - 1. RFP Form 1 Solicitation & Offer
 - 2. RFP Form 2 Contractual Record Form
 - 3. CMD Attachment 2 Contract Monitoring Division Forms
- ☐ **Appendix A1-b: Letter of Intent Form** (Due October 25, 2016, at or before 12:00 p.m.)
- ☐ **Appendix B: DPH Budget Forms and Instructions**
(*optional to use DPH Budget Forms or your own agency generated budget forms*)

Amended & Re-Issued 8/23/2017

RFP 8-2017 Mental Health Outpatient Programs for Adult/Older Adult System of Care

AMENDED & RE-ISSUED

RFP 8 - 2017

Mental Health Outpatient Programs for Adult/ Older Adult System of Care

DEPARTMENT OF PUBLIC HEALTH

Behavioral Health Services (BHS) or
San Francisco Health Network (SFHN)



Request for Proposals (RFP) - 8 – 2017 AMENDED & RE-ISSUED

DEPARTMENT OF PUBLIC HEALTH

OFFICE OF CONTRACT MANAGEMENT AND COMPLIANCE

1380 HOWARD STREET, SUITE 419

SAN FRANCISCO, CA 94103

CONTACT

MAHLET GIRMA

CONTRACT ANALYST

(415) 255-3504

Date **Amended & Re-issued:** **August 23, 2017**
Email Questions Begin: August 17, 2017
Email Questions End: August 28, 2017
Pre-Proposal Conference **1:00 p.m. – 2:30 p.m., August 31, 2017**
Laguna Honda Hospital
375 Laguna Honda Boulevard, Moran Hall (in the Old Building) 3rd Floor

Letter of Intent Due: 12:00 p.m., September 15, 2017
Proposals Due: 12:00 p.m., September 21, 2017

RFP 8 - 2017 Mental Health Outpatient Programs for Adult/ Older Adult System of Care**Table of Contents**

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The following appendices (A-1, A-2, A-3) are available in three separate folders in the zip file attachment available for download at: the Department of Public Health RFP/Q Center located at <http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts/default.asp>. Click on **RFP 8-2017** and follow the instructions.

A-1. THESE FORMS MUST BE COMPLETED IN ORDER FOR PROPOSALS TO BE CONSIDERED.

- [Appendix A1-a – Agency Cover Sheet](#) (please use this form only as your cover)
- [Appendix A1-a – RFP Form 1 Solicitation and Offer](#) and [RFP Form 2 Contractual Record Form](#) and [CMD Attachment 2](#) this contains the required CMD forms (Form 3)
- [Appendix A1-b – Budget Forms & Instructions](#) (please use this form)
- [Appendix A1-c – Letter of Intent](#) (please use this form to submit your Letter of Intent)

A-2. Forms the qualified firm must submit within 5 working days after the notification of an award. If the qualified firm is a current vendor with the City you may not need to submit these forms.

- [MCO Dec.pdf](#) - Declaration for the Minimum Compensation Ordinance
- [HCAO Dec.pdf](#) - Declaration for the Health Care Accountability Ordinance
- [Vendor Profile.pdf](#) - Vendor Profile Application
- [Biztax.pdf](#) - Business Tax Application Form (P-25)
- [Fw9.pdf](#) - Federal W-9
- [Employer Projection of Entry Level Positions rev7-11.doc](#) - First Source Hiring Program
- [12b101.pdf](#)

How to do business with the City <http://sfqgov.org/oca/qualify-do-business>

A-3. For Information Only

- [Standard Professional Services.pdf](#) – The City Standard Professional Services Agreement (P-600)
- [Insurance Requirements.pdf](#) - Department of Public Health Insurance Requirements
- [Insurance Sample.pdf](#) -Sample Insurance certificate and Endorsement
- [HIPAA for Business Associates Exhibit.pdf](#) - Standard DPH HIPAA Business Associates Exhibit
- [Quickref.pdf](#) Also visit: <http://sfgsa.org/index.aspx?page=6125>
Quick Reference Guide to Chapter 12B

I. INTRODUCTION, CONTRACT TERM, FUNDING AND SCHEDULE

A. General

BHS funding is available to be contracted out for the provision of **Mental Health Outpatient Modality Services** described below, starting Fiscal Year 2017-18.

These monies to be contracted out are not new monies, but continuation of funding for services that need to be re-RFPd. Several programs will be funded from this RFP.

This is a Request for Proposals to provide Mental Health Outpatient Modality services described in the next Scope of Work –Section II below, under the mental health Adult/Older Adult (A/OA) Systems of Care of Behavioral Health Services, Department of Public Health, City and County of San Francisco. This RFP is seeking qualified providers of *regular* mental health outpatient services. *Regular* outpatient mental health services are differentiated from non-regular outpatient *Mental Health Intensive Case Management Services* which are being solicited in a separate RFP.

The Mental Health A/OA funds mental health outpatient, intensive case management, crisis stabilization, residential treatment services, supportive housing and other adjunct services (such as representative payee and income assistance advocacy) to residents of the city and county of San Francisco who have serious mental illness and resulting significant functional impairments. About 21,000 unduplicated individuals are served annually by the BHS Adult/Older Adult, Systems of Care ages 18 and over, for serious mood, schizophrenic/psychotic, anxiety, adjustment and other mental disorders, including with co-occurring substance use disorders, and significant primary care, functional impairment and quality-of-life issues. Separate RFPs are being issued to solicit providers for the other service modalities (intensive case management, residential treatment, supportive housing and other adjunct services) within the BHS Adult/Older Adult, Systems of Care.

(Note: BHS funding for behavioral health programs that are *dedicated to specifically serving only transitional youth aged clients* are being solicited in a *separate RFP* solicitation. However, all BHS services being solicited *in this RFP* are *also* meant to be able to serve transition age youth clients ages 18-24, as part of serving all adult clients over 18.)

Services provided under the BHS A/OA are funded via a combination of Medi-Cal, county general fund, state realignment, Mental Health Services Act, Medicare, grants and other revenues dedicated to mental health. Clients eligible to be served are those who meet Medi-Cal medical necessity criteria for specialty mental health services, which requires the client to have an *included* mental health disorder diagnosis and significant functional impairment resulting from that diagnosis. BHS has a single standard of care, providing equivalent care to individuals without private health insurance coverage, including indigent or undocumented individuals.

Services funded and provided by BHS A/OA SOC are guided by the following overarching principles:

- **Wellness & Recovery**

BHS subscribes to a Wellness & Recovery approach to providing mental health services, and to working in partnership with clients to attain treatment plan objectives. Services assist clients in overcoming impairments resulting from their mental health diagnosis, and in order for them to achieve life goals. Belief is cultivated in clients' ability to recover from their mental illness and succeed in their endeavors. Providers become involved in a partnership with clients to identify and harness clients' strengths toward desired outcomes.

Clients are not identified by their diagnosis and resulting impairments, but by their individual strengths and aspirations. Services should promote recovery and resiliency by allowing clients and consumers to participate in defining their own goals so they can live fulfilling and productive lives. BHS encourages confidence in clients' success.

Clients are also valued by BHS in their ability to help fellow clients. Roles for peers to provide assistance to other peers are incorporated into program design and service delivery, including employing clients in the paraprofessional role of peer counselor.

- **Client Satisfaction**

BHS A/OA SOC is committed to improving clients' experience-of-care, including quality and satisfaction. Services are client-centered, proceed from client choice and informed consent, and involve a partnership between the BHS provider and the client in the provision and receipt of mental health services to help the client achieve personal goals.

In compliance with federal managed care regulations that protect clients' rights – given the Medicaid Section 1915(b) Waiver which carved-out Medi-Cal specialty mental health benefits (and given BHS's single standard of care for all clients) – all BHS clients have the right to timely access to care, grievance and appeals process, choice of provider within the BHS provider network, second medical opinion, privacy of health information and access to their medical records, among other rights, as detailed by regulations. All BHS programs have to comply with these managed care regulations.

Services should engage clients, significant others and families in the provision of their care, as well as in all aspects of the mental health system, including planning, policy development, service delivery, and evaluation.

- **Staff and Satisfaction**

BHS values its relationships with its network of providers, both contracted and civil-service-operated programs. Providers are considered important partners in delivering quality services to clients. BHS promotes effective communication, problem-solving, involvement in decision-making, and thoroughgoing support of staff and providers.

- **Client-Outcomes Oriented**

BHS is committed to measurably improving clients' well-being, functioning and quality of life. BHS A/OA SOC utilizes the Adult Needs & Strengths Assessment, and other data sets derived

from the Avatar electronic health record, to assess, plan and track for favorable client outcomes. Effectiveness is supported, not only at the client-level, but also at the clinician, program and system-of-care levels, through supervision, continuous quality improvement initiatives and employment of effective clinical practices.

- **Cultural and Linguistic Competence**

Services should reflect the values, customs, beliefs, and languages of the populations served and eliminate disparities in service access.

- **Trauma-Informed System of Care**

BHS subscribes to the principles of a trauma-informed system of care that starts with an understanding of trauma and stress and leads to compassionate interactions, dependable and trustworthy relationships, informed steps toward wellness, safety and stability, collaboration and empowerment, cultural humility and responsiveness, and resilience and recovery – for both clients and staff.

- **Integrated Care**

BHS recognizes the necessity of attending to clients' overall health, to include not just mental health, but physical health and co-occurring substance use disorder. Chronic mental health conditions have resulted in poorer health and shorter life expectancy for individuals with serious mental illness. Substance use disorder compounds mental health problems. Overall health functioning is impaired by mental disorders and is an important focus of mental health treatment and rehabilitation services. This includes connecting clients to primary care and substance abuse treatment services as necessary, and assisting clients toward overall wellness.

- **Access to Services**

In line with BHS' designation as the provider of specialty mental health services in San Francisco county to individuals and families on Medi-Cal, BHS promotes unhindered access to care to clients whose mental health condition and impairment meet medical necessity criteria for services. Clients' right to receive care, and in a timely fashion, are protected by beneficiary grievance and appeals processes, and promoted by BHS policies, such as the advanced access policy that requires clients requesting appointments to be seen within 24-28 hours. The right to access care extends to poor, uninsured and undocumented individuals covered by the county's safety net of health services.

- **Priority to Individuals with Serious Mental Illness**

BHS' Medi-Cal specialty mental health services are designated for moderate to serious mental health conditions that meet medical necessity for services that cannot be provided by primary care providers. To the extent that resources are available, BHS prioritizes serving individuals and families with the most serious and chronic mental illnesses, who have experienced the most adverse impairments in functioning and reduction in quality of life, such as homelessness, incarceration and institutionalization, due to their mental illness.

- **Clinical Case Management**

BHS A/OA mental health services involve not just treating mental health symptoms but improving clients' quality of life and achievement of personal aspirations through overcoming barriers from serious mental illness. BHS services employ a whole person approach that address clients individual in their psychosocial environment – taking into account not only their psychiatric condition, but also the effects of this condition on their: ability to function in the community; housing situation; family life; social relations and environment; physical health; employment and/or education; income; socio-economic status; legal and criminal justice involvement; and their safety and potential for exploitation. Clinical case management includes not only assessment, therapy, rehabilitation, collateral contacts, and medication support services, but also intensive outreach and follow-up in the community, and case management brokerage services to link client to resources.

- **Collaborations and Transitions across Levels-of- Care**

BHS clients are often high users of multiple health and human services, including of behavioral health services across different levels of care (crisis, inpatient, jail, residential treatment, long-term care) within the BHS mental health and substance abuse systems-of-care. BHS requires that providers collaborate effectively in the transitions of clients across different modalities of healthcare (such as from psychiatric inpatient to outpatient care) to facilitate an effective, seamless and coordinated continuity of care.

- **Harm Reduction**

BHS abides by the harm reduction philosophy adopted by the San Francisco Health Commission, which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals and their community. Harm reduction methods and treatment goals are free of judgment or blame and directly involve the client in setting their own goals.

- **Continuous Quality Improvement**

BHS supports continuous quality improvement in patient experience, client outcomes, clinical quality and provider satisfaction. Initiatives that improve the quality of practices at the service delivery team, program, agency and system-of-care levels are encouraged. These include the use of evidence-based practices and practice-based knowledge.

- **Cost Containment**

BHS supports clients' wellness and recovery in the community, and in the most independent and least restrictive settings. Toward this end, BHS providers work with clients to stabilize periods of acute crisis and disability, and to reduce expensive incidences of psychiatric emergency, inpatient, locked and institutional care.

- **Utilization Management**

As required by Medi-Cal regulations, BHS has a set of policies and procedures for utilization management that evaluates the appropriateness and medical need for different modalities and levels-of-care of mental health services (such as outpatient, intensive case management, inpatient, day and residential treatment), and that authorizes service utilization.

- **Medi-Cal Compliance**

BHS providers must adhere to Medi-Cal regulations governing site and staff certifications, program and staff practices, including billing compliance, and clinical chart documentation standards.

- **Privacy**

BHS providers must comply with the Privacy-related policies of the San Francisco Department of Public Health (DPH) developed to comply with the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996, and with other federal, state, and DPH-specific rules and regulations pertaining to patient confidentiality.

- **Meaningful Use of Electronic Health Record**

BHS requires its mental health providers to use the certified NetSmart Avatar electronic health record (EHR), and to have an in-house informaticist to oversee the accurate, effective and meaningful use of EHR to improve quality, safety and efficiency; ensure regulatory compliance; engage with clients and families; improve care coordination; maintain privacy and security of patient health information; improve client population health; and liaison and work in partnership with BHS IT to ensure consistent and reliable data outcome reporting.

- **Accessibility of Services (Americans with Disability Act)**

BHS providers must comply with Title II of the Americans with Disabilities Act, as well as with all other laws and regulations that require all programs offered through state and local governments to be accessible and usable to people with disabilities.

The specific Mental Health Outpatient modality services for which this RFP is seeking providers are described in Section II, Scope of Work, of this RFP.

B. Contract Term and Funding

Contracts awarded under this RFP/Q shall have an initial term of one and a half (1.5) years. At the end of the initial term, it is anticipated that the contract term will be extended by another three and a half years (3.5) years, for a maximum term of five (5) years.

Subsequent extensions to the contract terms may extend the contract for an additional five (5) years, subject to annual availability of funds and annual satisfactory contractor performance and the needs of the SFHN-BHS system. The City has the sole, absolute discretion to exercise these options

The maximum term for the contracts awarded under this RFP/Q may not exceed ten (10) years.

RFP/Q Authority	Contract Term	# Years	Term Begin	Term End
	Initial term	1.5 years	January 1, 2018	June 30, 2019
	Option 1	3.5 years	July 1, 2019	December 31, 2022
	Option 2	5.0 years	January 1, 2023	December 31, 2027
No more than 10 years	Total Contract Term	10.0 years	January 1, 2018	December 31, 2027

An estimated annual amount of **\$24,600,000** is available under this RFP for Regular Mental Health Outpatient programs. From within this above total annual amount, specific amounts have been set-aside to fund the following sets below of *specialized* mental health outpatient programming that bidders can specifically submit proposals to provide. These specialized programs, as well as the overarching regular programming for mental health outpatient programs, are described in the later Scope of Work section of this RFP.

1. **Broderick St. Mental Health Outpatient Program** – A final budget to be determined. An estimated budget is **\$1,680,000**.
2. **Deaf and Hard-of-Hearing Mental Health Outpatient Programming** – A final budget to be determined. An estimated budget is \$450,000.
3. **Supportive Housing Mental Health Outpatient Services** – A final budget to be determined. An estimated budget is **\$10,000,000**.
4. **COVER Mental Health Outpatient Program for Homeless Veterans** – A final budget to be determined. An estimated budget is \$195,000.
5. **Older Adult Mental Health Outpatient Programs** – A final budget to be determined. An estimated budget is \$2,300,000.
6. **NOVA Criminal Offenders Mental Health Outpatient Program** \$226,000.
7. **Mental Health Crisis & Urgent Care Clinic** \$1,500,000.

The estimated budget may increase or decrease depending on funding availability. Projected funding is dependent on available funds and DPH/BHS reserves its sole right to award all or a portion of funds available. DPH/BHS will award a contract to the top scoring qualified applicant of each service category. Upon the sole discretion of DPH/BHS, DPH/BHS may award multiple top scoring qualified applicants of a specific service category, depending upon the needs of the community and the needs of the project.

C. Schedule

The anticipated schedule for selecting a contractor is:

<u>Application Phase</u>	<u>Time</u>	<u>Date</u>
RFP notice emailed		August 16, 2017
RFP is issued by the City		August 17, 2017
Email Questions begin	12:00 Noon	August 17, 2017
RFP Amended & Re-Issued		August 23, 2017
Email Questions end	12:00 Noon	August 28, 2017
Pre-Proposal Conference	1:00pm – 2:30pm	August 31, 2017
<i>Laguna Honda Hospital- 375 Laguna Honda Boulevard, Moran Hall (in the Old Building) 3rd Floor</i>		
Non-Binding Letter of Intent due	12:00 Noon	September 15, 2017
Proposals Due	12:00 Noon	September 21, 2017
<u>Estimated Dates</u>		
Technical Review Panel	October 2017	
Selection and Negotiations	November 2017	
Contract Development & Processing	November – December 2017	
Service Start Date	January 1, 2018	

II. SCOPE OF WORK

This section describes in detail the Mental Health Outpatient Modality Services that are going to be contracted for.

This Scope of Work is to be used as a general guide, and is not intended to be a complete list of all work necessary to complete the project.

The following are work tasks assumed necessary to provide Mental Health Outpatient Modality Services. Proposing teams may suggest specific scope of work in their proposal.

1. Outpatient Mental Health Modality Overview
2. Modes of Service Definitions
3. Guiding Service Delivery Principles for Outpatient Modality
4. Funding Specifications
5. Outpatient Set Asides

1. Outpatient Mental Health Modality Description

The Mental Health Outpatient modality is the mainstay of the BHS Mental Health System of Care, the level-of-care where majority of clients are served. It is where ongoing treatment and ultimate recovery in the community takes place over time.

All BHS mental health outpatient programs function in collaboration with the other BHS providers in other service modalities and other levels-of-care within a larger BHS system of behavioral health care – accepting referrals from other parts of the system (i.e. emergency, inpatient, institutional, residential, etc.) and exiting clients when clinically appropriate.

Mental Health Outpatient services include services designed to treat and provide intervention for clients experiencing serious psychiatric distress and resulting functional impairments. Services must be designed to address the needs of individuals with serious mental illness, the acuity, severity and chronicity of which varies by client and over time. The priority population is composed of those individuals with serious mental illness who have multiple and severe functional impairments and psychiatric symptoms that require ongoing mental health, rehabilitative and clinical case management services. Services are intended to reach the most disenfranchised, poor and indigent populations who would not otherwise have access to mental health care. Their behavioral health problems may come with co-occurring disorders, repeated use of emergency services, homelessness, institutional care, involvement with the criminal justice system, grave disability or severe risk to self or others. Providers are expected to implement a treatment process by which client acuity and risk, treatment plan progress, and therapeutic interventions are continually assessed. Service plans must clearly address impairments and risks resulting from the client's psychiatric condition, and outline goals, objectives and interventions toward positive outcomes and recovery.

Outpatient services are to be delivered in a clinical case management service delivery model, which looks at the client as a whole-person in their psychosocial environment, taking into account not only their psychiatric condition, but also the effects of this condition on their: ability to function in the community; housing situation; family life; social relations and environment; physical health; employment; education; finances; socio-economic situation; legal and criminal justice involvement; and their safety and potential for exploitation. Therefore, this clinical case management service delivery model provides not only assessment, therapy, rehabilitation services and collateral contacts, but also outreach and case management/brokerage services to link the client with necessary community resources and services such as housing and/or healthcare which are necessary to address the client's psychiatric condition, improvement in functioning and their overall recovery. Given that BHS serves individuals with the most serious mental illness, there will be times when outpatient services are expected to provide intensive outreach and follow-up in the community.

Outpatient Mental Health programs are to be located in the various neighborhoods and diverse communities throughout San Francisco, and must be sensitive and responsive to the needs of the diverse populations served: all age groups from Transitional Youth (ages 18-24) to Adults and Older Adults, all races and ethnicities (including populations with languages other than English), sexual preferences and gender identities.

Outpatient programs are expected to accomplish this by utilizing the following service functions.

2. Outpatient Modes of Service Definitions

Definitions of mental health billable service unit(s) from the California Code of Regulations, Title IX are as follows:

Assessment

“Assessment” means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures.

Plan Development

“Plan Development” means a service activity which consists of development of client plans, approval of client plans, and / or monitoring of a beneficiary's progress.

Mental Health Services

“Mental Health Services” means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral.

Therapy

“Therapy” means a service activity which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present.

Rehabilitation

“Rehabilitation” means a service activity which includes assistance in improving, maintaining, or restoring a beneficiary’s or group of beneficiaries’ functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and / or medication education.

Collateral

“Collateral” means a service activity to a significant support person in a beneficiary’s life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.

Case Management

“Targeted Case Management” (Case Management / Brokerage) means services that assist a beneficiary to access need medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are or limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary’s progress; and plan development.

Crisis Intervention

“Crisis Intervention” means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition which requires more timely response than a regularly scheduled visit. Service activities may include but are not limited to assessment, collateral and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who are not eligible to deliver crisis stabilization or who are eligible, but deliver the service at a site other than a provider site that has been certified by the department or a Mental Health Plan to provide crisis stabilization.

Medication Support Services

“Medication Support Services” means those services which include prescribing, administering, dispensing and monitoring of psychiatric medications of biologicals which are necessary to alleviate the symptoms of mental illness. The series may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and / or assessment of the beneficiary.

Mode 45

Services to unregistered clients.

Mode 60/78

Wrap around services, including, for example, supportive housing, housing-related services in client-bed-day units of services.

3. Guiding Service Delivery Principles for Mental Health Outpatient Modality

Along with the general principles described in the above Introduction General Section I of this RFP, that govern all mental health services provided by under the BHS Adult/Older-Adult Systems-of-Care, the specific principles described below additionally govern BHS Mental Health Outpatient Modality services.

In addition to the following Section I-described BHS A/OA SOC general principles of:

- *Wellness & Recovery*
- *Client Satisfaction*
- *Staff and Provider Satisfaction*
- *Client-Outcomes Oriented*
- *Cultural and Linguistic Competence*
- *Trauma-Informed System of Care*
- *Integrated Care*
- *Access to Services*
- *Priority to Individuals with Serious Mental Illness*
- *Clinical Case Management*
- *Collaborations and Transitions across Levels-of- Care*
- *Harm Reduction*
- *Continuous Quality Improvement*
- *Cost Containment*
- *Utilization Management*
- *Medi-Cal Compliance*
- *Privacy*
- *Meaningful Use of Electronic Health Record*
- *Accessibility of Services (Americans with Disability Act)*

BHS mental health outpatient services must additionally subscribe to the following outpatient-modality specific principles:

- **Availability of Medication Support Services**

Qualified providers of mental health outpatient services under contract with BHS must show adequate capacity to provide, and/or ability to link clients, to psychiatric medication support services, which are essential component services needed for the treatment of individuals with serious mental illnesses.

- **Program Utilization Review and Quality Committee**

Providers will be delegated by BHS the function of authorizing outpatient mental health services to beneficiaries by assessing if potential clients meet medical necessity criteria for Medi-Cal specialty mental health services, defined as having an included DSM5 mental health diagnosis, significant functional impairment resulting from the mental health condition, and need for treatment and rehabilitation services unable to be provided in primary care. Providers must establish a Program Utilization Review and Quality Committee to regularly perform this delegated utilization authorization function, following BHS policy and procedures..

- **Advanced Access**

BHS mental health outpatient programs are required to implement Advanced Access by providing same-day, walk-in initial appointments for clients, during office hours from Monday through Friday. Outpatient programs shall match daily appointment availability with client demand at the front door. At the initial appointments, clients' needs are assessed, urgent or crisis care is provided when indicated, and follow-up treatment arranged if needed.

- **Ability to Conduct Outreach to Clients**

Outpatient mental health programs must have the capacity to conduct outreach outside of the program site to assess and re-engage into treatment clients who are in acute or psychiatric crisis, needing and benefitting from such outreach, as appropriate.

- **Gold Card Access for Clients Referred from Psychiatric Hospitalization**

Mental health outpatient programs must be able to immediately assign a case manager for clients being discharged from a psychiatric inpatient hospital, and provide the client an appointment with the assigned case manager within five calendar days of discharge.

4. Funding Specifications:

Submission to this RFP must indicate cost efficiency in service delivery by clearly delineating the number, type and rates of services to be provided, as well as the number of unduplicated clients.

All programs funded through this program will be expected to bill Medi-Cal specialty mental health federal participation for provision of covered services to the extent that the target population includes Medi-Cal eligible clients. Programs certified or able-to-be-certified for Mental Health Short-Doyle Medi-Cal or EPSDT will receive funding priority.

5. Set Aside Outpatient Funding:

In addition, included in this modality section are solicitations for distinct proposals to provide specialized outpatient programming for the following services below.

Applicants to this RFP must indicate in their application if they are bidding to provide any of these specialized outpatient programming services below.

- a. Broderick St. Mental Health Outpatient Program
- b. Deaf and Hard of Hearing Mental Health Outpatient Programming

- c. Supportive Housing Mental Health Outpatient Services
- d. COVER Mental Health Outpatient Program for Homeless Veterans
- e. Older Adult Mental Health Outpatient Programs
- f. NOVA Criminal Offenders Mental Health Outpatient Program
- g. Mental Health Crisis & Urgent Care Clinic

And aside from the above bulleted list of specialized mental health outpatient programming (each described in detail below) for which RFP responders can indicate in their applications that they are specifically bidding to provide, all general bidders to this mental health outpatient RFP must demonstrate in their applications their ability to serve diverse client populations, across all ages (18 and older), ethnicities, languages, genders, and sexual preferences, and including target populations impacted severely by mental illness, such as individuals with mental illness who are psychiatrically hospitalized, institutionalized, rendered homeless or involved with the criminal justice system as a result of their mental illness. Mental health outpatient programs will also be funded in various neighborhoods in the city.

Funding Set-Asides:

Broderick Street Mental Health Outpatient Program

Behavioral Health Services has set aside funding to provide an outpatient mental health service to 33 residents who are being served at the Broderick Street Adult Residential Facility, a board and care facility funded through the San Francisco Department of Public Health. This facility provided permanent housing 24-hours a day, 7 days a week to 33 residents with psychiatrically and medically complex conditions.

To help ensure the safety, care, and stability of Broderick Street residents in the community, BHS has set aside funds to support a residential-based mental health services component for Broderick Street. This component includes outpatient mental health services provided on-site at Broderick Street, including, but not limited to, assessment, medication evaluation, psychiatry visits, counseling and therapy, case management, group therapy, crisis intervention, and adjunct medical support services such as nursing and medication support.

The residential mental health and medical service component provided on-site is not similar in structure and frequency to those that would typically be provided at other BHS outpatient clinics. Broderick Street services are more intensive; the counselor's caseload is lower; there are several nurses working on-site; and services are provided Monday through Sunday, mornings to evenings. Providing the mental health and medical support services empowers consumers to transition from inpatient, locked and/or long-term facilities to Broderick Street and live safely in the community.

Behavioral Health Services will fund one provider to serve Broderick Street residents.

Therefore, the costs of providing the medical, as well as the board-and-care and housing-operations related staffing and expenses, are to be included in program proposals put forward under this Broderick Street Mental Health Outpatient Program. The board-and-care housing and the medical services provided, separate from the mental health outpatient

services provided, can be claimed via client-bed-day units of services. The proposed budgets submitted under this Broderick Street set-aside will include any board-and-care housing-related and medical service costs claimable via client-bed-day units, or other via other non-mental-health outpatient units of services

Proposers must meet all proposal requirements for mental health outpatient services outlined in this section.

Deaf and Hard of Hearing Mental Health Outpatient Programming

Behavioral Health Services is setting aside funding toward culturally-sensitive and language-accessible, integrated mental health and substance abuse outpatient treatment services for deaf, hard of hearing, and late deafened individuals and their family members/significant others residing in San Francisco County.

Supportive Housing Mental Health Outpatient Services

BHS is setting aside funding to provide mental health services on site at the supportive housing programs to assist clients to maintain their housing. These mental health services can be provided at SROs, master leased buildings, buildings owned by providers or leased independent cooperative living apartments. **The costs of providing rental/housing subsidies, housing-milieu case management services (including to Avatar-unregistered clients of the supportive housing programs), and housing-operations related staffing and expenses, are to be included in program proposals put forward under this Supportive Housing Mental Health Outpatient Services funding set-aside, in recognition of providers proposing to provide a comprehensive supportive housing service, that includes actual provision of housing, within which the supportive housing mental health outpatient services are based. Housing services provided, separate from mental health outpatient programs, can be claimed via client-bed-day units of services. The proposed budgets submitted under this set-aside will include any housing-related service costs claimable via client-bed-day units.**

COVER Mental Health Outpatient Program for Homeless Veterans

BHS is setting aside funding from the Sheriff's Department to provide outreach and short-term mental health services to homeless veterans while they are housed at the San Francisco County Jail #5 and upon discharge. The COVER Program delivers case management services to assist incarcerated veterans with access to housing transition, treatment, medical, educational, social, prevocational, vocational, rehabilitative, or other community services. Individual and group therapies and interventions provided while clients are in custody are designed to reduce recidivism and mental disability. Services should focus on improving the functioning of clients consistent with the program goals of independent living and enhanced self-sufficiency.

Older Adult Mental Health Outpatient Programs

Via set-aside funding, BHS seeks proposals to provide mental health outpatient services for BHS *older-adult clients* living in the older-adult BHS *service catchment areas* 2, 4 and 5. These service-catchments cover the following respective areas:

- Catchment 2: Western Addition/area bounded by Geary-Gough-Market-Stanyan-Marina-Presidio
Catchment 4: North of Market/Tenderloin/South of Market
Catchment 5: Richmond and Sunset Districts

NOVA Criminal Offenders Mental Health Outpatient Program

Funding in this RFP has been set-aside to provide mental health outpatient services to individuals involved in the criminal justice system as a result of their mental health conditions. The target population is the mentally ill offender population which makes up approximately 18% of the average daily jail population. This special mental health outpatient programming will collaborate with NOVA case management programs, the Sheriff's Department, Behavioral Health Court, Jail Psychiatric Services, and other collateral agencies. Proposers must include supported employment programming that addresses that help clients with the discrimination they face for their mental health issues and criminal justice histories, by promoting recovery through employment, in collaboration with the state Department of Rehabilitation. This program must be able to serve both males and females, including addressing the needs of an ever-increasing female mentally ill offender population

Mental Health Crisis & Urgent Care Clinic

Set-aside funding is available for the provision of psychiatric crisis and urgent care services to San Francisco residents, via a mental health crisis clinic. This program will serve clients needing urgent interim or stabilization medications prior to beginning services at regular outpatient mental health clinics. The program is to accept community referrals and walk-ins. Services are also designed to prevent unnecessary hospitalization. Crisis contacts are 90-day services, allowing for symptom stabilization, appropriate transitional care and linkage to outpatient and other community services.

III. PROPOSAL SUBMISSION REQUIREMENTS

Failure to provide any of the following information or forms may result in a proposal being disqualified.

A. Minimum Agency Requirement

Any proposal that does not demonstrate that the proposer meets these minimum requirements by the deadline for submittal of proposals will be considered non-responsive and will not be eligible for project proposal review or for award of a contract.

Proposers must submit up to **three (3)** pages summarizing how they meet the requirements detailed on pages 13-14 of this RFP. Requested documents such as financial documents and monitoring reports are not counted toward the five-page limit.

For All Medi-Cal and or Medicare Services

- a. Current Mental Health Medi-Cal and/or Medicare provider, or evidence of ability to obtain mental health Medi-Cal certification and/or become a Medicare provider

(including availability of required licensed staff, knowledge of billing and documentation requirements). Proof of submission for Medi-Cal certification

This documentation does not count against the *Minimum Requirements Narrative* three-page limit.

- b. At least three years of experience providing behavioral health services (i.e., mental health and/or substance abuse services) including treatment services to dually diagnosed clients (substance abuse/mental or emotional disorder) to target population, including working collaboratively with families, support systems, other agencies/providers on and off site to ensure continuity and coordination of care, and with high-risk clients, using strategies to help clients discharged from hospitals and long term care to engage with needed services and where applicable, providing wrap-around services.
- c. Verifiable experience in documentation of mental health services meeting State and local documentation requirements.
- d. Working site control or ability to obtain certifiable site in timely manner.
- e. Possession of appropriate facility license or evidence of ability to obtain in a timely manner such licenses as required to operate program. No contracts for programs requiring licensure can be awarded without the required licensure.

Specifically for Mental Health Outpatient Services

1. At least three years of verifiable experience providing a range of outpatient mental health services, including in caseload management, development of exit strategies, and utilization management systems.
2. Staff qualified, experienced and able to operate outpatient services and provide mental health services including assessments, individual and group therapy, brief treatment, collateral services, etc, medication support services individually and in groups, intensive case management services, and crisis intervention services. For adults/older adults, such outpatient service provision will support client recovery.
3. Demonstrated knowledge in providing requested service to target population with specialty focus.

Financial Documents (Attachment only)

Proposers must provide one copy of the organization's two (2) most recent financial audits (FY 13-14 and FY 14-15 or FY 14-15 and FY 15-16). If there are any adverse or qualified opinions, a proposer may be subject to further reviews of past audits to determine status of recommendations or any corrective actions taken at the sole, absolute discretion of the City. The Department will refer to and consider current Corrective Action Plans for existing Department Contractors.

These requested fiscal documents will not count toward the *Minimum Requirements Narrative* three-page limit.

To insure overall fairness, the Department will send all submitted proposals for proposal review. This does not waive minimum requirements for winning proposers. Rather, all proposers tentatively selected for an award will be required to demonstrate compliance with the minimum requirements prior to related contracts negotiations.

B. Non-Binding Letter of Intent

Prospective proposers are required to submit a Letter of Intent (LOI) on their agency's letterhead stationery to the DPH Office of Contracts Management and Compliance by 12:00 p.m., on **September 15, 2017, 2017**, to indicate their interest in submitting a proposal under this RFP. Such a letter of intent is non-binding and will not prevent acceptance of an agency's proposal and neither commits and agency to submitting a proposal. See [Appendix A1-c](#).

Letter of Intent can be emailed to sfdphcontractsoffice@sfdph.org or mailed at the address below.

C. Time and Place for Submission of Qualifications

Applications must be received by **12:00 p.m., on September 21, 2017**. Postmarks will not be considered in judging the timeliness of submissions. Applications may be delivered in person and left with SF DPH Office of Contracts Management, or mailed to:

**Mahlet Girma, Contract Analyst
San Francisco Department of Public Health
Office of Contracts Management
1380 Howard St. Rm. 421
San Francisco, CA 94103**

Applicants shall submit **one (1) original** and **six (6)** copies of the application, and one (1) copy, separately bound, of required CMD Forms in a sealed envelope clearly marked **“RFP 8-2017 – Mental Health Outpatient Programs (Regular Programs)”** to the above location. The original copy of the proposal must be clearly marked as **“ORIGINAL”** and emailed to the contracts office at sfdphcontractsoffice@sfdph.org. Applications that are submitted by facsimile, telephone or electronic mail (besides the original proposal) will not be accepted. Late submissions will not be considered.

D. Late Submissions

Submissions are due at 12:00 P.M. on the due date. Postmarks will not be considered in judging the timeliness of submissions. Submissions received after the 12:00 P.M. deadline but before 12:01 P.M. the following day may be accepted due to extenuating circumstances at the sole discretion of the Director of Health. Organizations/agencies/firms/consultants that submit submissions within this grace period must provide a letter explaining the extenuating circumstances by 12:00 P.M. of the second day. Decisions of the Director of Health to accept or reject the submission during the grace period will not be appealable. Following the 24-hour grace period no late submissions will be accepted for any reason and there will be no appeal. All submissions shall be firm offers and may not be withdrawn for a period of ninety (90) days following last day of acceptance.

E. Format

All submission must be typewritten on standard recycled paper with an easy to read 12-point font such as *Arial* or *Times New Roman* and one-inch margins. Please print on double-sided pages to the maximum extent possible (note that one, double-sided page is the equivalent of two proposal pages when meeting program proposal page limits). Please bind your proposal with a binder clip or single staple. Please do not submit your proposal in a three-ring binder or bind your proposal with a spiral binding, glued binding, or anything similar that prevents easy duplication. You may use tabs or other separators within the proposal. Please number pages and include a Table of Contents. Only requested attachments are accepted. Do not add additional attachments/documents that the RFP did not request.

Note: Proposals over the page limit will be declared non-responsive and will not be forwarded to the review committee. Please make sure you adhere to the page limits.

Please organize your proposal content as follows:

One copy – separately bound:

1. Cover page ([Appendix A-1a](#))
2. Minimum Agency Requirement – 3 pages. See Section A, pages 13-14 including Financial Documents
3. Contract Monitoring Division – [Appendix A-1a](#) CMD Form # 3 only (Non-Discrimination Affidavit). If this form is not returned with the proposal, the proposal maybe determined to be non-responsive and may be rejected. The forms should be placed in a separate, sealed envelope labeled CMD Forms. If you have any questions concerning the CMD Forms, you may call Contract Monitoring Division (415) 581-2310.

1 original + 6 copies:

1. Agency Cover page ([Appendix A-1a](#))
2. Table of Contents (optional)
3. RFP Form # 1 – Solicitation and Offer Form (filled and signed) [Appendix A-1a](#)
4. RFP Form # 2 – Contractual Record Form (filled) [Appendix A-1a](#)
5. Introduction and Executive Summary – 1 page;
6. Program Qualification – up to 5 pages
7. Project Approach (Description of MH Outpatient Programming) – up to 10 pages
8. Performance Management – up to 2 pages
9. Budget Forms [Appendix A-1b](#) and Budget Narrative up to 2 pages and;
10. Prior Performance (monitoring reports, attachment only)

F. Proposal Content

Failure to provide any of this information or forms may result in a proposal being disqualified.

Agencies interested in responding to this RFP must complete the required forms and describe how it meets the Minimum Agency Requirement and provide the required information using the proposal content below:

1. Required Forms *Appendix A1-a*

- i. RFP Form#1-Solicitation and Offer & RFP Form # 2 Contractual Record Form
- ii. CMD Form 3: Contract Monitoring Division – *Appendix A-1a* CMD Form # 3 only (Non-Discrimination Affidavit). If this form is not returned with the proposal, the proposal maybe determined to be non-responsive and may be rejected. The forms should be placed in a separate, sealed envelope labeled CMD Forms. If you have any questions concerning the CMD Forms, you may call Contract Monitoring Division (415) 581-2310.

2. Introduction and Executive Summary (up to 1 page)

Submit a letter of introduction and executive summary of the proposal. The letter must be signed by a person authorized by your firm to obligate your firm to perform the commitments contained in the proposal. Submission of the letter will constitute a representation by your firm that your firm is willing and able to perform the commitments contained in the proposal.

3. Program Qualification (up to 5 pages)

Proposers must describe the following program qualification in their proposal using the outline below:

- a. Describe your agency's experience providing a range of *outpatient* mental health services, including in caseload management, development of exit strategies, and utilization management systems. If applying for specialty focus, demonstrated knowledge in providing requested service to target population with specialty focus.
- b. Describe your agency's experience providing behavioral health services in general (i.e., mental health and/or substance abuse services), including treatment services to individuals with serious mental illness, including to dually diagnosed clients (substance abuse/mental or emotional disorder), and including working collaboratively with families, support systems, other agencies/providers on and off site to ensure continuity and coordination of care, and with high-risk clients, using strategies to help clients discharged from hospitals and long term care, who are homeless, involved in the criminal justice system due to their mental illness, and cycling through acute and emergency health services, to successfully engage such clients with needed services.
- c. Describe your agency's experience of being a current Mental Health Medi-Cal and/or Medicare provider, or evidence of ability to obtain mental health Medi-Cal certification and/or become a Medicare provider.
- d. Describe your agency's experience in documentation of mental health services meeting State and local documentation requirements.
- e. Describe your agency's qualification. How your staff are qualified, experienced and able to operate outpatient services and provide mental health services including assessments, individual and group therapy, brief treatment, collateral services, etc., medication support services individually and in groups, intensive case management services, and crisis intervention services. For adults/older adults, such outpatient service provision will support client recovery.

4. Project Approach -Description of Mental Health Outpatient Programming
(up to 10 pages)

Describe the services and activities that your firm proposes to provide to the department using the outline below:

- f.** Describe your agency's treatment approach, continuum of services, and service strategies, including adherence to Wellness-Recovery and service delivery principles of BHS A/OA SOC.
- g.** Describe your agency's programming, how it meets the high level of treatment and service needs of the target population with severe and chronic mental illness adults/older adults with co-morbid conditions and resultant significant functional impairments.
- h.** Describe your agency's client outreach and engagement strategies, including excellence in customer service, agency capacity to stay open to see and effectively serve clients are part of county public safety net.
- i.** Describe your agency's program's client triaging, clinical decision making, flow through treatment, and discharge planning to assist clients in stepping-up or stepping-down throughout the service spectrum.
- j.** Describe your agency's program's ability, and strategies employed, to access the supportive services that consumers may need to achieve plan of care goals, as outlined in this RFP (e.g., substance abuse treatment, primary care, housing, income generation), including any collaborative partnerships with other health and human services agencies.

Please make sure that you include the following information in your description:

- i. Description of services to be delivered;
- ii. How the Wellness/Recovery approach will be implemented in the program;
- iii. How the program will be client-outcomes oriented
- iv. How the program will engage with clients successfully
- v. How the program will deliver client-centered and welcoming services.
- vi. How integrated healthcare will be provided (to include substance abuse and primary care issues)
- vii. How the program will ensure that clients are able to receive psychiatric medication evaluation and services as needed
- viii. How the program will ensure timely access to services
- ix. How the program will collaborate with other behavioral health programs to facilitate level-of-care transitions, such as to and from the hospital or jail
- x. How the program will implement continuous quality improvement
- xi. How the program will conduct utilization management
- xii. How the program will ensure client chart documentation and other regulatory compliance

5. Performance management (up to 2 pages)

Describe the following:

- k.** Program quality improvement practices
- l.** Use of Adult Needs & Strengths Assessment, and other outcomes measurement data, to monitor effectiveness of service delivery at the client and program-wide levels.
- m.** Identified performance outcome benchmarks and targets. Goal-setting toward improvement.

6. Budget Forms and Budget Narrative

Please complete the attached DPH Budget Forms to detail costs associated with this RFP. Please submit a 12 months budget using these forms. (See attachment [Appendix A-1b](#)).

Please include a separate Budget Narrative (no more than two (2) pages):

- i. Demonstrating that the proposed budget is cost effective and reasonable for providing services proposed under this RFP and that indirect costs specified are within the 15% City and County of San Francisco's guidelines for allowable indirect costs from DPH and federal or state grantors and provide sufficient overhead to manage the proposed program of which 15% may be billed to DPH;
- ii. Justifying the proposed budget and detailing out the costs, what the number in the budget forms represent and how you arrived at them, what it will accomplish. The detailed your budget narrative is, the easier is to understand the budget spreadsheet.

The City intends to award this contract to the firm that it considers will provide the best overall program services. The City reserves the right to accept other than the lowest priced offer and to reject any applications that are not responsive to this request.

7. Prior Performance (Attachment)

Proposers must demonstrate that they have a record of consistent quality service delivery for five (5) prior fiscal years in providing mental health outpatient treatment services or specialized mental health outpatient programming. Proposers must provide the organization's two (2) most recent monitoring reports or copies of actual contracts (for non DPH providers). If an agency has a Corrective Action Plan, copies of the most recent Corrective Action Plan must be submitted.

Note: The Department will refer to current Corrective Action Plans on file and will consider any related correspondence in regards to Corrective Action Plans for existing DPH contractors in making funding awards.

IV. EVALUATION AND SELECTION CRITERIA

For all proposals, the Minimum Agency Requirements will be reviewed first; applications that do not submit complete documentation meeting the minimum requirements may not have their application forwarded for review. The department may request for additional clarification or may determine the application as non-responsive.

Project proposals meeting minimum agency requirements will be evaluated and scored using the “Proposal Scoring Criteria” (see next page) by a selection committee made up of individuals with expertise in the mental health outpatient treatment services for which the proposal is submitted, as well as quality improvement and evaluation staff, consumers of service and family members, and financial management staff.

The City and County intends to evaluate the proposals generally in accordance with the criteria itemized below.

A. Selection Criteria

Total Points Available from Written Proposal: 220 Points

Written Proposal Evaluation Criteria Scoring:

1. **Submission Guidelines – 5 Points**
2. **Program Qualifications – 55 Points**
3. **Description of Mental Health Outpatient Programming – 50 Points**
4. **Performance Management – 30 Points**
5. **Budget – 20 Points**
6. **Financial Management Capacity and Fiscal Integrity – 30 Points**
7. **Prior Performance – 30 Points**

PROPOSAL SCORING CRITERIA

1. Submission Guidelines **5 Points**

Did the applicant follow the submission requirement guidelines and format listed in section III page 14 - 17? Are all submissions complete using the submission templates, are they within the page limits, using 12 point Times New Roman font, one inch margins, double spaced and on double sided, recycled pages?

2. Mental Health Outpatient Program Qualifications **55 Points**

Does the applicant demonstrate the following?

- a. Experience providing a range of *outpatient* mental health services, including in caseload management, development of exit strategies, and utilization management systems. If applying for specialty focus, demonstrated knowledge in providing requested service to target population with specialty focus. **(15 points)**
- b. Experience providing behavioral health services in general (i.e., mental health and/or substance abuse services), including treatment services to individuals with serious

mental illness, including to dually diagnosed clients (substance abuse/mental or emotional disorder), and including working collaboratively with families, support systems, other agencies/providers on and off site to ensure continuity and coordination of care, and with high-risk clients, using strategies to help clients discharged from hospitals and long term care, who are homeless, involved in the criminal justice system due to their mental illness, and cycling through acute and emergency health services, to successfully engage such clients with needed services. **(5 points)**

- c. Experience of being a current Mental Health Medi-Cal and/or Medicare provider, or evidence of ability to obtain mental health Medi-Cal certification and/or become a Medicare provider. **(10 points)**
- d. Experience in documentation of mental health services meeting State and local documentation requirements. **(15 points)**
- e. Staff qualified, experienced and able to operate outpatient services and provide mental health services including assessments, individual and group therapy, brief treatment, collateral services, etc., medication support services individually and in groups, intensive case management services, and crisis intervention services. For adults/older adults, such outpatient service provision will support client recovery. **(10 points)**

3. Description of Mental Health Outpatient Programming **50 Points**

- a. Treatment approach, continuum of services, and service strategies, including adherence to Wellness-Recovery and service delivery principles of BHS A/OA SOC. **(10 points)**
- b. Programming meets the high level of treatment and service needs of the target population with severe and chronic mental illness adults/older adults with co-morbid conditions and resultant significant functional impairments. **(10 points)**
- c. Client outreach and engagement strategies, including excellence in customer service, agency capacity to stay open to see and effectively serve clients are part of county public safety net. **(10 points)**
- d. Program's client triaging, clinical decision making, flow through treatment, and discharge planning to assist clients in stepping-up or stepping-down throughout the service spectrum. **(10 points)**
- e. Program's ability, and strategies employed, to access the supportive services that consumers may need to achieve plan of care goals, as outlined in this RFP (e.g., substance abuse treatment, primary care, housing, income generation), including any collaborative partnerships with other health and human services agencies. **(10 points)**

4. Performance Management **30 Points**

- a. Program quality improvement practices **(10 points)**
- b. Use of Adult Needs & Strengths Assessment, and other outcomes measurement data, to monitor effectiveness of service delivery at the client and program-wide levels. **(10 points)**
- c. Identified performance outcome benchmarks and targets. Goal-setting toward improvement. **(10 points)**

5. Budget 20 Points

- a. Is the proposed budget is cost effective and reasonable for providing services proposed under this RFP and that indirect costs specified are within the 15% City and County of San Francisco's guidelines for allowable indirect costs from DPH and federal or state grantors and provide sufficient overhead to manage the proposed program of which 15% may be billed to DPH) ?
- b. Does the Budget Narrative include justification of proposed budget detailing out the costs, what the number in the budget forms represent and how you arrived at them, what it will accomplish?

6. Financial Management Capacity and Fiscal Integrity 30 Points

Proposer's Financial Management and Fiscal Integrity (as evidenced by citywide or DPH monitoring report, corrective action plans, unqualified audit opinions,)

7. Prior Performance 30 Points

Proposer's Prior Performance (as evidenced by DPH monitoring report, corrective action plans, and contractual record).

TOTAL EVALUATION/SCORING CRITERIA POINTS POSSIBLE: 220 points

**V. EMAIL QUESTION PERIOD, PRE-PROPOSAL CONFERENCE
AND CONTRACT AWARD**

A. Email Question Period

All questions and requests for information must be received by electronic mail and will be answered few days after the end of the E-Question period, by electronic mail, to all parties who have requested and received a copy of the RFP. The questions will be answered by program staff. This is the only opportunity applicants can ask direct questions regarding the services mentioned

in this RFP. All questions are to be directed to the following e-mail address:

sfdphcontractsoffice@sfdph.org

E-mailed questions may only be submitted from August 17, 2017 until 12:00 P.M. August 28, 2017. Follow up questions or requests for interpretation will be only be accepted at the Pre-Proposal Conference in person. Additional questions will not be accepted via email after 12:00 PM on **August 31, 2017**. If you have further questions regarding the RFP, please attend the pre-proposal conference.

B. Pre-Proposal Conference

Proposers are encouraged to attend a Pre-Proposal conference on:

Date: Thursday, August 31, 2017
Time: 1:00 p.m. to 2:30 p.m.
Location: Laguna Honda Hospital and Rehabilitation Center
375 Laguna Honda Boulevard, San Francisco, CA 94116
Moran Hall (in the Old Building) 3rd Floor
Please note: parking is very limited

Follow up questions will be addressed at this conference and any available new information will be provided at that time. If you have further questions regarding the RFP, please email the contracts office at sfdphcontractsoffice@sfdph.org.

The City will keep a record of all parties who request and receive copies of the RFP.

Any requests for information concerning the RFP whether submitted before or after the pre-proposal conference, must be in writing, and any substantive replies will be issued as written addenda to all parties who have requested and received a copy of the RFP from the Department of Public Health. Questions raised at the pre-proposal conference may be answered orally. If any substantive new information is provided in response to questions raised at the pre-proposal conference, it will also be memorialized in a written addendum to this RFP and will be distributed to all parties that received a copy of the RFP. No questions or requests for interpretation will be accepted after 3:30pm August 30, 2016.

C. Contract Award

The Department of Public Health, will issue Notices of Intent to Award to the selected Proposer with whom DPH staff shall commence contract negotiations. The selection of any proposal shall not imply acceptance by the City of all terms of the Proposal, which may be subject to further negotiation and approvals before the City may be legally bound thereby. If a satisfactory contract cannot be negotiated in a reasonable time the Department in its sole discretion may terminate negotiations with the recommended Proposer and begin contract negotiations with the next recommended Proposer.

The City and County intends to award contracts to agencies that it considers will provide the most cost effective program services. The City and County reserves the right to accept other than the lowest price offer and to reject any proposals that are not responsive to this request.

VI. TERMS AND CONDITIONS FOR RECEIPT OF PROPOSALS

A. Errors and Omissions in RFP

Proposers are responsible for reviewing all portions of this RFP. Proposers are to promptly notify the Department, in writing, if the proposer discovers any ambiguity, discrepancy, omission, or other error in the RFP. Any such notification should be directed to the Department promptly after discovery, but in no event later than five working days prior to the date for receipt of proposals. Modifications and clarifications will be made by addenda as provided below.

B. Inquiries Regarding RFP

Inquiries regarding the RFP and all oral notifications of an intent to request written modification or clarification of the RFP must be directed to:

Mahlet Girma, Contract Analyst
San Francisco Department of Public Health
Office of Contracts Management & Compliance
1380 Howard St. 4th Floor, # 421
San Francisco, CA 94103
Phone (415) 255-3504
Email: sfdphcontractsoffice@sfdph.org

C. Objections to RFP Terms

Should a proposer object on any ground to any provision or legal requirement set forth in this RFP, the proposer must, not more than ten calendar days after the RFP is issued, provide written notice to the Department setting forth with specificity the grounds for the objection. The failure of a proposer to object in the manner set forth in this paragraph shall constitute a complete and irrevocable waiver of any such objection.

D. Change Notices (Addenda)

The Department may modify the RFP, prior to the proposal due date, by issuing Change Notices, which will be posted on the website. The proposer shall be responsible for ensuring that its proposal reflects any and all Change Notices issued by the Department prior to the proposal due date regardless of when the proposal is submitted. Therefore, the City recommends that the proposer consult the website frequently, including shortly before the proposal due date, to determine if the proposer has downloaded all Change Notices.

E. Term of Proposal

Submission of a proposal signifies that the proposed services and prices are valid for 120 calendar days from the proposal due date and that the quoted prices are genuine and not the result of collusion or any other anti-competitive activity.

F. Revision of Proposal

A proposer may revise a proposal on the proposer's own initiative at any time before the deadline for submission of proposals. The proposer must submit the revised proposal in the same manner as the original. A revised proposal must be received on or before the proposal due date.

In no case will a statement of intent to submit a revised proposal or commencement of a revision process extend the proposal due date for any proposer.

At any time during the proposal evaluation process, the Department may require a proposer to provide oral or written clarification of its proposal. The Department reserves the right to make an award without further clarifications of proposals received.

G. Errors and Omissions in Proposal

Failure by the Department to object to an error, omission, or deviation in the proposal will in no way modify the RFP or excuse the vendor from full compliance with the specifications of the RFP or any contract awarded pursuant to the RFP.

H. Financial Responsibility

The City accepts no financial responsibility for any costs incurred by a firm in responding to this RFP. Submissions of the RFP will become the property of the City and may be used by the City in any way deemed appropriate.

I. Proposer's Obligations under the Campaign Reform Ordinance

Proposers must comply with Section 1.126 of the S.F. Campaign and Governmental Conduct Code, which states:

No person who contracts with the City and County of San Francisco for the rendition of personal services, for the furnishing of any material, supplies or equipment to the City, or for selling any land or building to the City, whenever such transaction would require approval by a City elective officer, or the board on which that City elective officer serves, shall make any contribution to such an officer, or candidates for such an office, or committee controlled by such officer or candidate at any time between commencement of negotiations and the later of either (1) the termination of negotiations for such contract, or (2) three months have elapsed from the date the contract is approved by the City elective officer or the board on which that City elective officer serves.

If a proposer is negotiating for a contract that must be approved by an elected local officer or the board on which that officer serves, during the negotiation period the proposer is prohibited from making contributions to:

- The officer's re-election campaign;
- A candidate for that officer's office;
- A committee controlled by the officer or candidate.

The negotiation period begins with the first point of contact, either by telephone, in person, or in writing, when a contractor approaches any city officer or employee about a particular contract, or a city officer or employee initiates communication with a potential contractor about a contract. The negotiation period ends when a contract is awarded or not awarded to the contractor. Examples of initial contacts include:

- A vendor contacts a city officer or employee to promote himself or herself as a candidate for a contract; and
- A city officer or employee contacts a contractor to propose that the contractor apply for a contract. Inquiries for information about a particular contract, requests for documents relating to a Request for Proposal, and requests to be placed on a mailing list do not constitute negotiations.

Violation of Section 1.126 may result in the following criminal, civil, or administrative penalties:

- Criminal. Any person who knowingly or willfully violates section 1.126 is subject to a fine of up to \$5,000 and a jail term of not more than six months, or both.
- Civil. Any person who intentionally or negligently violates section 1.126 may be held liable in a civil action brought by the civil prosecutor for an amount up to \$5,000.
- Administrative. Any person who intentionally or negligently violates section 1.126 may be held liable in an administrative proceeding before the Ethics Commission held pursuant to the Charter for an amount up to \$5,000 for each violation.

For further information, proposers should contact the San Francisco Ethics Commission at (415) 581- 2300.

J. Sunshine Ordinance

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

K. Public Access to Meetings and Records

If a proposer is a non-profit entity that receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the S.F. Administrative Code, the proposer must comply with Chapter 12L. The proposer must include in its proposal (1) a statement describing its efforts to comply with the Chapter 12L provisions regarding public access to proposer's meetings and records, and (2) a summary of all complaints concerning the proposer's compliance with Chapter 12L that were filed with the City in the last two years and deemed by the City to be substantiated. The summary shall also describe the disposition of each complaint. If no such complaints were filed, the proposer shall include a statement to that effect. Failure to comply with the reporting requirements of Chapter 12L or material misrepresentation in proposer's Chapter 12L submissions shall be grounds for rejection of the proposal and/or termination of any subsequent Agreement reached on the basis of the proposal.

L. Reservations of Rights by the City

The issuance of this RFP does not constitute an agreement by the City that any contract will actually be entered into by the City. The City expressly reserves the right at any time to:

1. Waive or correct any defect or informality in any response, proposal, or proposal procedure;
2. Reject any or all proposals;
3. Reissue a Request for Proposals;
4. Prior to submission deadline for proposals, modify all or any portion of the selection procedures, including deadlines for accepting responses, the specifications or requirements for any materials, equipment or services to be provided under this RFP, or the requirements for contents or format of the proposals;
5. Procure any materials, equipment or services specified in this RFP by any other means; or
6. Determine that no project will be pursued.

M. No Waiver

No waiver by the City of any provision of this RFP shall be implied from any failure by the City to recognize or take action on account of any failure by a proposer to observe any provision of this RFP.

N. Local Business Enterprise (LBE) Goals and Outreach

The LBE Goal is deleted due to Federal Funds/State Funds being used in the funding mix for this RFP. Department note on certified LBE's. The City strongly encourages proposals from qualified and certified LBE's or the inclusion of certified LBE's in your project team. A list of certified LBE's can be found at: www.sfgsa.org. For information on becoming a certified LBE, visit www.sfgsa.org.

VII. CONTRACTS REQUIREMENTS

A. Standard Contract Provisions

The successful proposer will be required to enter into a contract substantially in the form of the Agreement for Professional Services or other applicable standard City agreement, contained in [Appendix A-3](#). Failure to timely execute the contract, or to furnish any and all insurance certificates and policy endorsement, surety bonds or other materials required in the contract, shall be deemed an abandonment of a contract offer. The City, in its sole discretion, may select another firm and may proceed against the original selectee for damages.

Proposers are urged to pay special attention to the requirements of Administrative Code Chapters 12B and 12C, Nondiscrimination in Contracts and Benefits, (§Article 10.5 "Nondiscrimination; Penalties" in the Agreement); the Minimum Compensation Ordinance (§Article 10.7 "Requiring Minimum Compensation for Covered Employee" in the Agreement); the Health Care Accountability Ordinance (§Article 10.8 "Requiring Health Benefits for Covered Employees" in the Agreement); the First Source Hiring Program (§Article 10.9 "First Source Hiring Program" in the Agreement); and applicable conflict of interest laws (§Article 10.2 "Conflict of Interest" in the Agreement), as set forth in paragraphs B, C, D, E and F below.

B. Nondiscrimination in Contracts and Benefits

The successful proposer will be required to agree to comply fully with and be bound by the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Generally, Chapter 12B prohibits the City and County of San Francisco from entering into contracts or leases with any entity that discriminates in the provision of benefits between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of employees. The Chapter 12C requires nondiscrimination in contracts in public accommodation. Additional information on Chapters 12B and 12C is available on the CMD's website at www.sfgsa.org.

C. Minimum Compensation Ordinance (MCO)

The successful proposer will be required to agree to comply fully with and be bound by the provisions of the Minimum Compensation Ordinance (MCO), as set forth in S.F. Administrative Code Chapter 12P. Generally, this Ordinance requires contractors to provide employees covered by the Ordinance who do work funded under the contract with hourly gross compensation and paid and unpaid time off that meet certain minimum requirements. For the contractual requirements of the MCO, see §43 in the Agreement. For the amount of hourly gross compensation currently required under the MCO, see www.sfgov.org/olse/mco. Note that this hourly rate may increase on January 1 of each year and that contractors will be required to pay any such increases to covered employees during the term of the contract.

Additional information regarding the MCO is available on the web at www.sfgov.org/olse/mco

D. Health Care Accountability Ordinance (HCAO)

The successful proposer will be required to agree to comply fully with and be bound by the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in S.F. Administrative Code Chapter 12Q. Contractors should consult the San Francisco Administrative Code to determine their compliance obligations under this chapter. Additional information regarding the HCAO is available on the web at www.sfgov.org/olse/hcao

E. First Source Hiring Program (FSHP)

If the contract is for more than \$50,000, then the First Source Hiring Program (Admin. Code Chapter 83) may apply. Generally, this ordinance requires contractors to notify the First Source Hiring Program of available entry-level jobs and provide the Workforce Development System with the first opportunity to refer qualified individuals for employment. Contractors should consult the San Francisco Administrative Code to determine their compliance obligations under this chapter. Additional information regarding the FSHP is available on the web at <http://www.workforcedevelopmentsf.org/> and from the First Source Hiring Administrator, (415) 701-4857.

F. Conflicts of Interest

The successful proposer will be required to agree to comply fully with and be bound by the applicable provisions of state and local laws related to conflicts of interest, including Section 15.103 of the City's Charter, Article III, Chapter 2 of City's Campaign and Governmental Conduct

Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California. The successful proposer will be required to acknowledge that it is familiar with these laws; certify that it does not know of any facts that constitute a violation of said provisions; and agree to immediately notify the City if it becomes aware of any such fact during the term of the Agreement.

Individuals who will perform work for the City on behalf of the successful proposer might be deemed consultants under state and local conflict of interest laws. If so, such individuals will be required to submit a Statement of Economic Interests, California Fair Political Practices Commission Form 700, to the City within ten calendar days of the City notifying the successful proposer that the City has selected the proposer.

G. Healthcare Insurance Portability and Accountability Act of 1996 (HIPAA)

The parties acknowledge that City is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that Contractor may be defined as one of the following definitions under the HIPAA regulations:

1. A Covered Entity subject to HIPAA and the Privacy Rule contained therein; *
2. A Business Associate subject to the terms set forth in Appendix A-3 "HIPAA for Business Associates Exhibit";†
3. Not Applicable, Contractor will not have access to Protected Health Information.

H. Insurance Requirements

Upon award of contract, Contractor shall furnish to the City a Certificate of Insurance and Additional Insured Endorsements stating that there is insurance presently in effect for Contractor with limits of not less than those established by the City. (Requirements are listed in Appendix A-3 and are available for download at the Departments RFP/Q center

<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts/default.asp>

I. Notes on Chapter 12B: Nondiscrimination in Contracts (Equal Benefits or Domestic Partners Ordinance)

Effective June 1, 1997, the City and County of San Francisco added to its Nondiscrimination in Contracts ordinance the requirement that all Contractors that enter into an agreement with the City must extend the same benefits to domestic partners of employees that are extended to spouses of employees. It is recommended that you thoroughly understand this requirement. Questions regarding this requirement can be directed to the person indicated in Section VI, item

1 "Covered Entity" shall mean an entity that receives reimbursement for direct services from insurance companies or authorities and thus must comply with HIPAA.

2 "Business Associate" shall mean an entity that has an agreement with CITY and may have access to private information, and does not receive reimbursement for direct health services from insurance companies or authorities and thus is not a Covered Entity as defined by HIPAA.

B, or visit the Contract Monitoring Divisions website at www.sfgsa.org.

J. Vendor Credentialing at Zuckerberg San Francisco General Hospital.

It is the policy of Zuckerberg San Francisco General Hospital to provide quality client care and trauma services with compassion and respect, while maintaining client privacy and safety. SFGH is committed to providing reasonable opportunities for Health Care Industry Representatives (HCIRs), external representatives/vendors, to present and demonstrate their products and/or services to the appropriate SFGH personnel. However, the primary objective of SFGH is client care and it is therefore necessary for all HCIRs to follow guidelines that protect client rights and the vendor relationship. Therefore, all HCIR's that will come onto the campus of San Francisco General Hospital must comply with Hospital Policy 16.27 "PRODUCT EVALUATION AND PHARMACEUTICAL SERVICES: GUIDELINES FOR SALES PERSONNEL, HEALTHCARE INDUSTRY REPRESENTATIVES, AND PHARMACEUTICAL COMPANY REPRESENTATIVES".

Before visiting any SFGH facilities, it is required that a HCIR create a profile with "VendorMate." VendorMate is the company that manages the credentialing process of policy 16.27 for SFGH. For questions, or to register as a HCIR please contact the Director of Materials Management, or designee (during normal business hours) at (415) 206-5315 or sign on to <https://sfdph.vendormate.com> for details.

VIII. PROTEST PROCEDURES

A. Protest of Non-Responsiveness Determination

Within five working days of the City's issuance of a notice of non-responsiveness, any firm that has submitted a proposal and believes that the City has incorrectly determined that its proposal is non-responsive may submit a written notice of protest. Such notice of protest must be received by the City on or before the fifth working day following the City's issuance of the notice of non-responsiveness. The notice of protest must include a written statement specifying in detail each and every one of the grounds asserted for the protest. The protest must be signed by an individual authorized to represent the proposer, and must cite the law, rule, local ordinance, procedure or RFP provision on which the protest is based. In addition, the protestor must specify facts and evidence sufficient for the City to determine the validity of the protest.

B. Protest of Contract Award

Within five working days of the City's issuance of a notice of intent to award the contract, any firm that has submitted a responsive proposal and believes that the City has incorrectly selected another proposer for award may submit a written notice of protest. Such notice of protest must be received by the City on or before the fifth working day after the City's issuance of the notice of intent to award.

The notice of protest must include a written statement specifying in detail each and every one of the grounds asserted for the protest. The protest must be signed by an individual authorized to represent the proposer, and must cite the law, rule, local ordinance, procedure or RFP provision

on which the protest is based. In addition, the protestor must specify facts and evidence sufficient for the City to determine the validity of the protest.

C. Delivery of Protests

All protests must be received by the due date. If a protest is mailed, the protestor bears the risk of non-delivery within the deadlines specified herein. Protests should be transmitted by a means that will objectively establish the date the City received the protest. Protests or notice of protests made orally (e.g., by telephone) will not be considered. Protests must be delivered to:

Director of Contract Management and Compliance
101 Grove Street, Room 307
San Francisco, CA 94102
Fax number: (415) 554-2555

PERSONAL SERVICES CONTRACT SUMMARY ("PSC FORM 1")

Department: PUBLIC HEALTHDept. Code: DPHType of Request: ☐ Initial ☒ Modification of an existing PSC (PSC # 40587 - 17/18)Type of Approval: ☐ Expedited ☒ Regular ☐ Annual ☐ Continuing ☐ (Omit Posting)Type of Service: Behavioral Health Services - OutpatientFunding Source: General Fund, Medi-CalPSC Original Approved Amount: \$137,760,000 PSC Original Approved Duration: 01/01/18 - 12/31/22 (5 years)PSC Mod#1 Amount: \$154,291,200 PSC Mod#1 Duration: 01/01/23-12/31/27 (5 years 1 day)PSC Mod#2 Amount: \$146,000,000 PSC Mod#2 Duration: 09/01/23-12/31/28 (1 year 1 day)PSC Mod#3 Amount: no amount added PSC Mod#3 Duration: 01/01/29-12/31/30 (2 years)PSC Cumulative Amount Proposed: \$438,051,200 PSC Cumulative Duration Proposed: 13 years 2 days**1. Description of Work****A. Scope of Work/Services to be Contracted Out:**

Contractors will provide services as part of the City's Adult/Older Adult Systems Of Care, including mental health outpatient, intensive case management, crisis stabilization, residential treatment services, supportive housing and other adjunct services (such as representative payee and income assistance advocacy) to the approximately 21,000 San Francisco residents who have serious mental illness and resulting significant functional impairments, including serious mood, schizophrenic/psychotic, anxiety, adjustment and other mental disorders, which may co-occur with substance use disorders and significant primary care, functional impairment and quality of life issues. In partnership with civil service staff, services provided by contractors provide flexible, integrated, seamless services based on the level and type of needs of the client, and responding as clients' needs change over time.

B. Explain why this service is necessary and the consequence of denial:

Without these services, transitional age youth, adults and older adults will be exposed to increased levels of addiction, anxiety, depression, post-traumatic stress disorder, violence, trauma, post-trauma, and other symptoms. There will also be a generalized sense of increased collective helplessness throughout the community as related to untreated mental illness, leading to communities to feel besieged and victimized. Not providing the services may result in increased lawsuits and related costs, as well as disallowance of State and Federal funding for failing to expend funds within regulatory guidelines.

C. Has this service been provided in the past? If so, how? If the service was provided under a previous PSC, attach copy of the most recently approved PSC.

Services have been provided in the past through earlier PSC request. See 40587 - 17/18

D. Will the contract(s) be renewed?

Yes, as the need continues and funding is available.

E. If this is a request for a new PSC in excess of five years, or if your request is to extend (modify) an existing PSC by another five years, please explain why:

The Department expects the need for these services to continue.

2. Reason(s) for the Request**A. Display all that apply**

☒ Services that require resources that the City lacks (e.g., office space, facilities or equipment with an operator).

Explain the qualifying circumstances:

These services are provided by community-based behavioral health non-profit organizations/service providers which are able to provide a broad range of cultural expertise and linkages unavailable through Civil Service classifications alone. Due to their ability to provide a greater array of diversity and expertise, they are able to work in partnership with Civil Service staff, thereby increasing the value of their output, as well enabling the City to provide the highest quality, most accessible mental health and substance abuse treatment services to its residents as is possible.

B. Reason for the request for modification:

To extend the duration to align with the anticipated contract term.

3. Description of Required Skills/Expertise

- A. Specify required skills and/or expertise: Contractors must be Mental Health Medi-Cal and/or Medicare providers with proper licenses and service facilities, appropriately trained licensed and certified staff and facilities which comply with applicable State laws and regulations, as well have experience in providing the needed services to the identified target population(s), including working collaboratively with families, support systems, and other agencies/providers on- and off- site to ensure continuity and coordination of care, and with high-risk clients, using strategies to help clients discharged from hospitals and long-term care to engage with needed services, and, where applicable, providing wrap-around services.
- B. Which, if any, civil service class(es) normally perform(s) this work? 2110, Medical Records Clerk; 2230, Physician Specialist; 2232, Senior Physician Specialist; 2305, Psychiatric Technician; 2320, Registered Nurse; 2328, Nurse Practitioner; 2552, Dir of Act, Therapy & Vol Svcs; 2574, Clinical Psychologist; 2589, Health Program Coordinator 1; 2591, Health Program Coordinator 2; 2593, Health Program Coordinator 3; 2706, Housekeeper/Food Service Clnr; 2822, Health Educator; 2908, Hospital Eligibility Worker; 2910, Social Worker; 2913, Program Specialist; 2915, Program Specialist Supervisor; 2920, Medical Social Worker; 2930, Psychiatric Social Worker; 2935, Sr Marriage, Fam & Cld Cnslr;
- C. Will contractor provide facilities and/or equipment not currently possessed by the City? If so, explain: Yes. Contractor will maintain appropriate community facilities that are licensed and otherwise compliant with external funding and regulatory requirements for provision of contracted services.

4. If applicable, what efforts has the department made to obtain these services through available resources within the City?

Not Applicable

5. Why Civil Service Employees Cannot Perform the Services to be Contracted Out

- A. Explain why civil service classes are not applicable.
Community-based behavioral health contractors provide cultural expertise and linkages otherwise unavailable through Civil Service classifications. Civil Service staff work in partnership with contractors, which are non-profit organizations, and through these collaborations the City is able to offer more quality, accessible mental health and substance abuse treatment services to its residents than it would be able to do alone. These collaborative mental health and substance abuse treatment services are best provided by community-based service providers which have the required expertise, often specific to the target population they serve, and who have the trust of and credibility in the community, as well as linkages and resources unavailable to the City at a comparable level. They are able to operate the small, flexible, community-based programs required by State law and found to be most effective in treatment residents who are mentally ill.
- B. If there is no civil service class that could perform the work, would it be practical and/or feasible to adopt a new civil service class to perform this work? Explain: No. Existing classifications currently perform this work. However, demand exceeds the capacity at City facilities to provide these services so that City uses contractors to meet as many of the client's needs as possible.

6. Additional Information

- A. Will the contractor directly supervise City and County employee? If so, please include an explanation.
No.

- B. Will the contractor train City and County employees and/or is there a transfer of knowledge component that will be included in the contract? If so, please explain what that will entail; if not, explain why not.
While the primary purpose of the services under this PSC is not to provide formal training to civil service staff, knowledge transfer may occur as civil service staff work closely in partnership with contractor staff.
- C. Are there legal mandates requiring the use of contractual services?
No.
- D. Are there federal or state grant requirements regarding the use of contractual services? If so, please explain and include an excerpt or copy of any such applicable requirement.
No.
- E. Has a board or commission determined that contracting is the most effective way to provide this service? If so, please explain and include a copy of the board or commission action.
No.
- F. Will the proposed work be completed by a contractor that has a current PSC contract with your department?
If so, please explain.
No.

7. Union Notification: On 12/01/23, the Department notified the following employee organizations of this PSC/RFP request:
SEIU, Local 1021 (Staff Nurse & Per Diem Nurse); SEIU 1021 Miscellaneous; Professional & Tech Engrs, Local 21; Physicians and Dentists - 8CC;

☒ I CERTIFY ON BEHALF OF THE DEPARTMENT THAT THE INFORMATION CONTAINED IN AND ATTACHED TO THIS FORM IS COMPLETE AND ACCURATE:

Name: Reanna Albert Phone: 628-271-6178 Email: reanna.albert@sfdph.org

Address: 101 Grove Street, Room 405, San Francisco, CA 94102

FOR DEPARTMENT OF HUMAN RESOURCES USE

PSC# 40587 - 17/18

DHR Analysis/Recommendation:

Commission Approval Not Required

Approved by DHR on 02/05/2024

PERSONAL SERVICES CONTRACT SUMMARY ("PSC FORM 1")

Department: PUBLIC HEALTHDept. Code: DPH

Type of Request: ☐ Initial ☒ Modification of an existing PSC (PSC # 48652 - 16/17)

Type of Approval: ☐ Expedited ☒ Regular ☐ Annual ☐ Continuing ☐ (Omit Posting)

Type of Service: Substance Use Disorder (SUD) Treatment ServicesFunding Source: State Drug MediCal, General Fund

PSC Original Approved Amount: \$192,080,000 PSC Original Approved Duration: 07/01/17 - 06/30/22 (5 years)

PSC Mod#1 Amount: \$175,800,000 PSC Mod#1 Duration: 07/01/22-06/30/27 (5 years 1 day)

PSC Cumulative Amount Proposed: \$367,880,000 PSC Cumulative Duration Proposed: 10 years 1 day

1. Description of Work**A. Scope of Work/Services to be Contracted Out:**

These services will be provided by contractors responding to a new RFP to create a Drug Medi-Cal Organized Delivery System (DMC-ODS) pilot, which tests a new paradigm for the organized delivery of health care services for Medicaid eligible individuals with a substance use disorder. Its purpose is to demonstrate how such a system will increase the success of DMC beneficiaries while decreasing other system health care costs. Critical elements include:

--Providing a continuum of care modeled after the American Society of Addiction Medicine (ASAM) Criteria for Substance Use Disorder (SUD) treatment services, which describes specific service levels within Opioid Treatment, Intensive Outpatient, and Residential SUD services;

--Increasing local control and accountability, creating utilization controls, and increasing program oversight and integrity;

--Requiring evidence-based practices and increasing coordination with other systems of care, including primary care and mental health;

--Expanding the SUD treatment workforce by including Licensed Practitioners of Healing Arts; and

--Providing more intensive services for the criminal justice population.

Services will:

--Prioritize services to specific populations, including persons who are Black/African American, homeless, incarcerated or involved with the criminal/juvenile justice systems/Drug Court, adolescents aged 10-18 years old, Transitional Aged Youth (TAY) aged 18-24 years old, Lesbian/Gay/Bisexual/Transgender/Queer/Questioning/Intersex/Ally/Two-Spirit, Pregnant/Parenting women with children, and/or whose primary substance is alcohol.

--Prioritize services in specific geographic areas, including Hayes Valley/Tenderloin/North of Market,

South of Market, Bernal Heights/Inner Mission/94110, Bayview Hunter's Point/94124, and Southeast/Visitation Valley/Sunnydale/94134

--Include patient engagement and peer support, medication assisted treatment, withdrawal management, case management, and recovery services and supports, with appropriate integration of adolescent-specific considerations, pregnant women and women with dependent children residential treatment requirements, evidence-based practices, DMC-ODS compliant policies and regulations, electronic health records and data systems, evaluation and quality improvement, workforce development and staffing, ancillary treatment and outreach services.

B. Explain why this service is necessary and the consequence of denial:

The State funding that San Francisco receives for Substance Use Disorder treatment is now the result of California's Medi-Cal waiver, which received Federal approval August 2015 and was rolled out to counties in steps throughout 2016. This waiver allows counties to support a much wider range of options to people with low incomes who are on Medi-Cal. Without this funding, San Francisco's funding for SUD treatment would be severely limited and people needing these services would likely be untreated and/or require significant increases in repetitive primary care and mental health treatment, experiencing worsening symptoms, requiring more expensive treatment, and escalating mortality rates.

C. Has this service been provided in the past? If so, how? If the service was provided under a previous PSC, attach copy of the most recently approved PSC.

Services have been provided in the past through earlier PSC request. See 48652 - 16/17

D. Will the contract(s) be renewed?

Yes, as funding is available.

E. If this is a request for a new PSC in excess of five years, or if your request is to extend (modify) an existing PSC by another five years, please explain why:

The Department expects the need for the services to continue.

2. Reason(s) for the Request

A. Display all that apply

☒ Services that require resources that the City lacks (e.g., office space, facilities or equipment with an operator).

Explain the qualifying circumstances:

The City does not have the facilities (including buildings for residential services) or capacity to provide these services, which provide an integral part of the City's system of care for people with substance abuse disorder diagnoses.

B. Reason for the request for modification:

To extend the PSC duration with a corresponding increase in amount to enable the continuation of services.

3. Description of Required Skills/Expertise

- A. Specify required skills and/or expertise: Contractors must provide services responsive to the requirements and goals of the new DMC-ODS pilot founded on values of a trauma-informed system of care, the practice of cultural humility and of whole person care, utilizing multi-dimensional assessments as specified by the American Society of Addiction Medicine (ASAM) criteria and an evidence-based, clinically/outcomes-driven treatment model that is person-centered, based on the person's illness and level of functioning, operating within the broad and flexible continuum of care, providing individualized treatment that can be stepped up or down to different care levels, and implemented with an interdisciplinary team approach in collaboration with the person's medical home, behavioral health clinics, and other services providers. All providers must also meet State and City requirements for Drug Medi-Cal certification, harm reduction, cultural and linguistic competency, Americans with Disabilities Act and other access requirements, as well as have the ability to serve priority service populations and geographic service areas.
- B. Which, if any, civil service class(es) normally perform(s) this work? 2110, Medical Records Clerk; 2305, Psychiatric Technician; 2320, Registered Nurse; 2328, Nurse Practitioner; 2552, Dir of Act, Therapy & Vol Svcs; 2574, Clinical Psychologist; 2585, Health Worker 1; 2586, Health Worker 2; 2587, Health Worker 3; 2588, Health Worker 4; 2589, Health Program Coordinator 1; 2591, Health Program Coordinator 2; 2593, Health Program Coordinator 3; 2822, Health Educator; 2908, Hospital Eligibility Worker; 2910, Social Worker; 2913, Program Specialist; 2915, Program Specialist Supervisor; 2920, Medical Social Worker; 2930, Psychiatric Social Worker; 2935, Sr Marriage, Fam & Cld Cnslr;
- C. Will contractor provide facilities and/or equipment not currently possessed by the City? If so, explain: Yes, contractors will provide their own treatment and office space, including buildings for residential treatment, as licensed/required by the State.

4. If applicable, what efforts has the department made to obtain these services through available resources within the City?

Not Applicable

5. Why Civil Service Employees Cannot Perform the Services to be Contracted Out

- A. Explain why civil service classes are not applicable.
Existing civil service classes are already overburdened with the current maximum level of delivery of local government-based services which can be provided by the City and County. The remainder of the substance use disorder treatment services within the City's system of care must be based in and often is best performed by community based organizations with the experience, focus, and often the trust of and credibility in the community, who are able to operate the flexible, grassroots-oriented programs.
- B. If there is no civil service class that could perform the work, would it be practical and/or feasible to adopt a new civil service class to perform this work? Explain: No, there are existing classifications performing this work, however, the demand for services exceeds the capacity of City facilities to provide them, so the City uses contractors to meet as many of the clients' needs as possible.

6. Additional Information

- A. Will the contractor directly supervise City and County employee? If so, please include an explanation.
No.

- B. Will the contractor train City and County employees and/or is there a transfer of knowledge component that will be included in the contract? If so, please explain what that will entail; if not, explain why not.

The purpose of the services is does not include formal training of civil service staff, however, there may be transfer of knowledge through City staff's close coordination and collaboration with providers.

- C. Are there legal mandates requiring the use of contractual services?
No.

- D. Are there federal or state grant requirements regarding the use of contractual services? If so, please explain and include an excerpt or copy of any such applicable requirement.
No.

- E. Has a board or commission determined that contracting is the most effective way to provide this service? If so, please explain and include a copy of the board or commission action.
No.

- F. Will the proposed work be completed by a contractor that has a current PSC contract with your department? If so, please explain.
Please see attached list of current contractors.

7. Union Notification: On 09/13/19, the Department notified the following employee organizations of this PSC/RFP request:

SEIU Local 1021; SEIU 1021 Miscellaneous; Professional & Tech Engrs, SFAPP; Professional & Tech Engrs, Local 21; Prof & Tech Eng, Local 21; Management & Superv Local 21; Architect & Engineers, Local 21;

☒ I CERTIFY ON BEHALF OF THE DEPARTMENT THAT THE INFORMATION CONTAINED IN AND ATTACHED TO THIS FORM IS COMPLETE AND ACCURATE:

Name: Jacquie Hale Phone: (415) 554-2609 Email: jacquie.hale@sfdph.org

Address: 101 Grove Street, Room 307, San Francisco, CA 94103

FOR DEPARTMENT OF HUMAN RESOURCES USE

PSC# 48652 - 16/17

DHR Analysis/Recommendation:

12/16/2019

Commission Approval Required
conditions

Approved by Civil Service Commission with

12/16/2019 DHR Approved for 12/16/2019

From: [Francine Lofrano](#)
To: [Jalipa, Brent \(BOS\)](#)
Subject: April 30, 2025 Regular Meeting of the Budget & Finance Committee
Date: Tuesday, April 29, 2025 9:20:00 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

I am writing to submit public comment on Items 5, 9 and 10 on the Budget & Finance Committee's regular meeting agenda tomorrow, April 30, 2025. These three agenda items (items 5,9,10) all involve extending contracts and pouring *even more millions of taxpayer* dollars into NGO's bottomless pit services for homelessness, mental health and substance abuse. This hasn't worked, it's not working, and it will never work! The City has proven to be unfit stewards of taxpayer money. Everyone has been watching a re-run of waste, failures, broken promises and both government & NGO unaccountability for decades. I am completely opposed to this abject abuse and continued waste of taxpayer money. Enough!

Sincerely,
Francine Lofrano



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 250339

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

1. FILING INFORMATION

TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Reanna Albert	628-271-6178
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	reanna.albert@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR HealthRight 360	TELEPHONE NUMBER 415-845-8195
STREET ADDRESS (including City, State and Zip Code) 1563 Mission Street, San Francisco, CA 94103	EMAIL contracts@healthright360.org

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250339
DESCRIPTION OF AMOUNT OF CONTRACT NTE \$305,358,044		
NATURE OF THE CONTRACT (Please describe) Provide substance abuse and mental health services.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Eisen	Vitka	CEO
2	Duong	Tony	CFO
3	Valdes	Ana	Other Principal Officer
4	Anandasakaran	Jegan	COO
5	Nawabi	Nilab	Other Principal Officer
6	Pierluissi	Talia	Board of Directors
7	Beaulieu	Natalie	Board of Directors
8	Huhn	Kristina	Board of Directors
9	Binder	Daniel	Board of Directors
10	Balan	Yener	Board of Directors
11	Holmes	Kathryn	Board of Directors
12	Ireland	Diane	Board of Directors
13	Lusk	Lawrence	Board of Directors
14	Mello	Rodrigo	Board of Directors
15	Pointer	Karen	Board of Directors
16	Pugh	Alex	Board of Directors
17	Thomas	Ahmad	Board of Directors
18	Torres	Timothy	Board of Directors
19	Venkatraman	Sankar	Board of Directors

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK

DATE SIGNED

BOS Clerk of the Board



City and County of San Francisco
Daniel Lurie, Mayor

San Francisco Department of Public Health

Daniel Tsai
Director of Health

April 7, 2025

Angela Calvillo, Clerk of the Board
Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689

Dear Ms. Calvillo:

Please find attached a proposed resolution for Board of Supervisors approval of an amendment to the agreement between the Department of Public Health and HealthRight 360, in the amount of \$305,358,044.

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

The following is a list of accompanying documents:

- Proposed Resolution
- Proposed Amendment 2
- Original Agreement
- Amendment 1
- Form SFEC-126

For questions on this matter, please contact me at (628) 271-6178, reanna.albert@sfdph.org.

Thank you for your time and consideration.

Sincerely,

Reanna Albert

Reanna Albert
Senior Contracts Analyst
Office of Contracts Management and Compliance
DPH Business Office

cc: Daniel Tsai, Director of Health
Jenny Louie, Chief Operating Officer
Michelle Ruggels, Director, DPH Business Office

The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.

We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~

~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~

reanna.albert@SFDPH.org – office 621-271-6178 – fax 415 252-3088

1380 Howard Street, Room 419D, San Francisco, CA 94103
