



CONTRACT PURCHASE ORDER RELEASE  
COMMUNITY MENTAL HEALTH SYSTEM

PO NUMBER: DPHM13000157  
PO AMOUNT: \$6,103,059.00

TO: COMMUNITY AWARENESS & TREATMENT SVCS INC  
1171 MISSION STREET  
SAN FRANCISCO CA 94103

PO PRINT DATE: 09/13/2012  
CONTACT: ISABELLA F LYDON  
PHONE : 415-241-1184  
VENDOR ID: 04848

TERMS: NET  
FOB : DEST

ISSUE DATE : 07/26/2012

BPO # : BPHM11000036 <<  
EFF. DATE : 07/01/2010  
EXP. DATE : 12/31/2015

DELIVER TO: 1380 HOWARD ST 4TH FLOOR  
SAN FRANCISCO CA 94103-0000

AUTHORIZED SIGNATURE: \_\_\_\_\_

DATE : 9/13/2012  
PHONE: \_\_\_\_\_

ORIGINAL ORDER MUST BE SIGNED TO BE VALID

INVOICE TO: SUBSTANCE ABUSE & FORENSICS (HMI01)  
1380 HOWARD ST - RM 444  
SAN FRANCISCO CA 94103-0000

TERMS:

THIS CONTRACT PURCHASE ORDER AND THE ACCOMPANYING SIGNED CONTRACT  
AUTHORIZE YOU TO BEGIN PERFORMING THE CONTRACT AND INVOICING THE  
CITY. THIS IS SUBJECT TO THE TERMS AND CONDITIONS IN THE CONTRACT. ANY  
TERMS AND CONDITIONS ON THE REVERSE OF THIS DOCUMENT DO NOT APPLY.

YOU MUST INCLUDE THE CONTRACT PURCHASE ORDER NUMBER ON ALL INVOICES.

entire City, subject to any applicable notice and cure provisions set forth in this Agreement, to exercise any of the remedies provided for under this Agreement, under the LBE Ordinance or otherwise available at law or in equity, which remedies shall be cumulative unless this Agreement expressly provides that any remedy is exclusive. In addition, Contractor shall comply fully with all other applicable local, state and federal laws prohibiting discrimination and requiring equal opportunity in contracting, including subcontracting.

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

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

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

19. **Nondiscrimination; Penalties.** a. **Contractor Shall Not Discriminate.** In the performance of this contract, Contractor agrees not to discriminate on the basis of the fact or perception of a person's race, color, creed, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, domestic partner status, marital status, disability or Acquired Immune Deficiency Syndrome or HIV status (AIDS/HIV status) against any employee of, any City employee working with, or applicant for employment with Contractor, in any of Contractor's operations within the United States, or against any person seeking accommodations, advantages, facilities, privileges, services, or membership in all business, social, or other establishments or organizations operated by Contractor.

b. **Subcontracts.** Contractor shall incorporate by reference in all subcontracts the provisions of §12B.2(a), 12B.2(c)-(k), and 12C.1 of the S.F. Administrative Code and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this contract.

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

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

20. **MacBride Principles--Northern Ireland.** The City and County of San Francisco urges companies doing business in Northern Ireland to move towards resolving employment inequities, and encourages such companies to abide by the MacBride Principles. The City and County of San Francisco urges San Francisco companies to do business with corporations that abide by the MacBride Principles.

21. **Tropical Hardwoods.** The City urges contractors not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product. If this order is for wood products or a service involving wood products: (a) Chapter 8 of the S.F. Environment Code is incorporated herein and by reference made a part hereof as though fully set forth. (b) Except as expressly permitted by the application of Environment Code Secs. 802(b) and 803(b), Contractor shall not provide any items to the City in performance of this contract which are tropical hardwoods, tropical hardwood product, virgin redwood or virgin redwood product. Failure of Contractor to comply with any part of Chapter 8 of the Environment Code shall be deemed a material breach of contract.

22. **Resource Conservation.** Contractor agrees to comply fully with the San Francisco Environment Code, Chapter 5 ("Resource Conservation"), as amended from time to time. Said provisions are incorporated herein by reference and made a part of this contract as though fully set forth. Failure by Contractor to comply with any of the applicable requirements of Chapter 5 will be deemed a material breach of contract.

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

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

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

26. **Limitations on Contributions.** Through execution of this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services or for the furnishing of any material, supplies or equipment to the City, whenever such transaction would require approval by a City elective officer of the board on which that City elective officer serves, from making any campaign contribution to the officer at any time from the commencement of negotiations for the contract until the later of either (1) the termination of negotiations for such contract or (2) three months after the date the contract is approved by the City elective officer or the board on which that City elective officer serves.

27. **Minimum Compensation Ordinance ("MCO") -- Service Contracts only.**

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

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

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

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

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

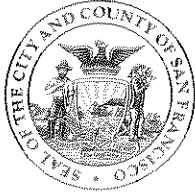
f. Contractor's commitment to provide the Minimum Compensation is a material element of the City's consideration for this Agreement. The City in its sole discretion shall determine whether such a breach has occurred. The City and the public will suffer actual damage that will be impractical or extremely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

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

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

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

28. **Health Care Accountability Ordinance (HCAO)** [Service contracts including agreements between a Tenant or Subtenant lasting 1 year or more only].



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 PO AMOUNT: \$6,103,059.00

ITEM	COMMODITY ID	UOM	TAX	QUANTITY	UNIT PRICE	TOTAL PRICE
NAME/SPECS						
1	7400-18	EA	N	1.00	6,103,059.0000	6,103,059.00
SVC, MED/HLTH; SUBSTANCE ABUSE						

NEW CONTRACT FOR COMMUNITY AWARENESS AND TREATMENT SERVICES, INC. FOR THE PERIOD 07/01/2010 THROUGH 12/31/2015:

PREV. ENCUMB. FOR FY 2010-11 PER BPHM07000056	\$ 2,548,816.00
ADD'L. TO BE ENCUMBERED FOR FY 2010-11	3,084,205.00
TO BE ENCUMBERED FOR FY 2011-12	3,109,743.00
TO BE ENCUMBERED FOR FY 2012-13	719,992.00
TO BE ENCUMBERED FOR FY 2013-14	719,992.00
TO BE ENCUMBERED FOR FY 2014-15	586,465.00
TO BE ENCUMBERED FOR FY 2015-16	359,996.00
CONTINGENCY @ 12% X \$11,129,209.00	1,335,505.00
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TOTAL BLANKET AMOUNT 07/01/10-12/31/15	\$12,464,714.00
LESS: PREV. ENCUMB. FY10-11 PER BPHM07000056	2,548,816.00
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NET BLANKET AMOUNT 07/01/10-12/31/2015	- \$ 9,915,898.00
=====	

TOTAL ITEMS AMOUNT	\$6,103,059.00
SALES TAX	\$ .00
INVOICE AMOUNT	\$6,103,059.00

## A. Commercial Terms

- 1. Cash Discounts—Terms of Payment.** The discount period will start upon date of completion of delivery of all items on any Purchaser Order or other authorization certified by Controller, or upon date of receipt of properly prepared invoices covering such deliveries, whichever is later. Payment is deemed to be made, for the purpose of earning the discount, on the date of mailing the City warrant or check. It is understood and agreed that no additional charge shall accrue against City if City does not make payment within any time specified by bidder.
- 2. Place of Manufacture.** No article furnished hereunder shall have been made in prison or by convict labor, except articles purchased for use by City's detention facilities.
- 3. Electrical Products.** Articles and services must comply with applicable laws, ordinances and other legal requirements, including (among others) the Cal-OSHA regulations in Title 8 of the Code of Regulations and, for electrical products, Sections 110.2 and 110.3 (B) of the S.F. Electrical Code. In addition, if an electrical item has not been tested by a lab approved by City's Department of Building Inspection (DBI) or Department of Public Works (DPW), Contractor shall notify the requesting department before delivery by writing the department at the "Deliver to" address on the front of the Purchase Order. Approved testing labs are posted on Purchasing's website at <http://www.sfgov.org/ocaf>. When a non-tested item is delivered, the department will request approval from DPW. If the department is unable to obtain approval, City reserves the right to cancel the transaction and return the item to Contractor, at no charge to City.
- 4. Condition of Articles.** Articles offered and furnished must be new and previously unused, and of manufacturer's latest model, unless otherwise specified herein.
- 5. Inspection.** All articles supplied shall be subject to inspection and acceptance or rejection by Purchasing or any department official charged with such duty. Non-conforming or rejected goods may be subject to reasonable storage fees.
- 6. F.O.B. Point.** F.O.B destination in San Francisco, freight prepaid and allowed, unless otherwise specified.
- 7. Failure to Deliver.** If Contractor fails to deliver an article or service of the quality, in the manner or within the time called for by this contract, such article or service may be bought from any source by Purchasing and if a greater price than that named in the contract be paid for such article or service, the excess price will be charged to and collected from Contractor or sureties on its bond if bond has been required; or, the City may terminate the contract for default; or, the City may return deliveries already made and receive a refund.
- 8. Material Safety Data Sheets.** Where required by law, contractor will include Material Safety Data Sheets (MSDSs) with delivery for applicable items. Failure to include the MSDSs for such items will constitute a material breach of contract and may result in refusal to accept delivery.
- 9. Taxes.** City is exempt from federal taxes except on articles for resale. Contractor will enter state and local sales or use tax, and excise tax if applicable, on invoices.

## B. General Contract Conditions

- 10. Budget and Fiscal Provisions.** This contract is subject to the budget and fiscal provisions of City's Charter. Charges will accrue only after prior written authorization certified by City's Controller and 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 section shall control against any and all other provisions of this contract.
- 11. Guaranteed Maximum Costs.** The City's obligation hereunder shall not at any time exceed the amount certified by the Controller for the purpose and period stated in such certification. Except as may be provided by laws governing emergency procedures, officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Commodities or Services beyond the agreed upon contract scope unless the changed scope is authorized by amendment and approved as required by law. Officers and employees of the City are not authorized to offer or promise, nor is the City required to honor, any offered or promised additional funding in excess of the maximum amount of funding for which the contract is certified without certification of the additional amount by the Controller. The Controller is not authorized to make payments on any contract for which funds have not been certified as available in the budget or by supplemental appropriation.
- 12. Submitting False Claims; Monetary Penalties.** Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at <http://www.municode.com/Library/clientCodePage.aspx?clientID=4201>. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.
- 13. Hold Harmless and Indemnification.** Contractor shall indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and

all loss, cost, damage, injury, liability, and claims thereof for injury to or death of a person, or loss of or damage to property, resulting directly or indirectly from contractor's performance of this contract, 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 willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on contractor, its subcontractors or either's agent or employee. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City. In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter. Contractor shall indemnify and hold City harmless from all loss and liability, including attorney's 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 of any person or persons in consequence of the use by City, or any of its officers or agents, of articles or services to the supplied in the performance of this contract.

**14. Liability of City.** CITY'S PAYMENT OBLIGATIONS UNDER THE AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED UNDER THIS CONTRACT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT.

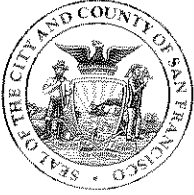
**15. Termination and Termination for Convenience.** In the event Contractor fails to perform any of its obligations under this contract, in addition to any other remedies available to City, this contract may be terminated and all of Contractor's rights hereunder ended. Termination will be effective after ten days' written notice to Contractor. No new work will be undertaken, and no new deliveries will be made, after the date of receipt of any notice of termination, or five days after the date of the notice, whichever is earlier. In the event of such termination, Contractor will be paid for those services performed, or deliveries made, under this contract to the satisfaction of the City, up to the date of termination. However, City may offset from any such amounts due Contractor any liquidated damages or other costs City has or will incur due to Contractor's nonperformance. Any such offset by City will not constitute a waiver of any other remedies City may have against Contractor for financial injury or otherwise. City may terminate this Contract for City's convenience and without cause at any time by giving Contractor thirty days' written notice of such termination. In the event of such termination, Contractor will be paid for those services performed, or deliveries made, pursuant to this contract, to the satisfaction of the City up to the date of termination. In no event will City be liable for costs incurred by Contractor after receipt of a notice of termination. Such nonrecoverable costs include, but are not limited to, anticipated profits on this contract, post-termination employee salaries, post-termination administrative expenses, or any other cost which is not reasonable or authorized under this section.

This section shall not prevent Contractor from recovering costs necessarily incurred in discontinuing further work, or canceling further deliveries, under the contract after receipt of the termination notice.

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

**17. Earned Income Credit (EIC) Forms.** Administrative Code Chapter 120 requires that employers provide their employees with IRS Form W-3 (The Earned Income Credit Advance Payment Certificate) and the IRS EIC Schedule, as set forth below. Employers can locate these forms at the IRS Office, on the Internet, or anywhere that Federal Tax Forms can be found. Contractor shall provide the Earned Income Credit (EIC) Forms to each Eligible Employee at each of the following times: (i) within thirty days following the date on which the applicable Contract or Contract Amendment becomes effective (unless Contractor has already provided such EIC Forms at least once during the calendar year in question); (ii) promptly after any Eligible Employee is hired by Contractor; and (iii) annually between January 1 and January 31 of each calendar year during the term of the Contract. Failure to comply with the foregoing requirement shall constitute a material breach by Contractor of the terms of the Contract. If within 30 days after the Contractor receives written notice of such a breach, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of thirty days, Contractor fails to commence efforts to cure within such period, or thereafter fails to diligently pursue such cure to completion, the City may pursue any rights or remedies available under the terms of the Contract or under applicable law.

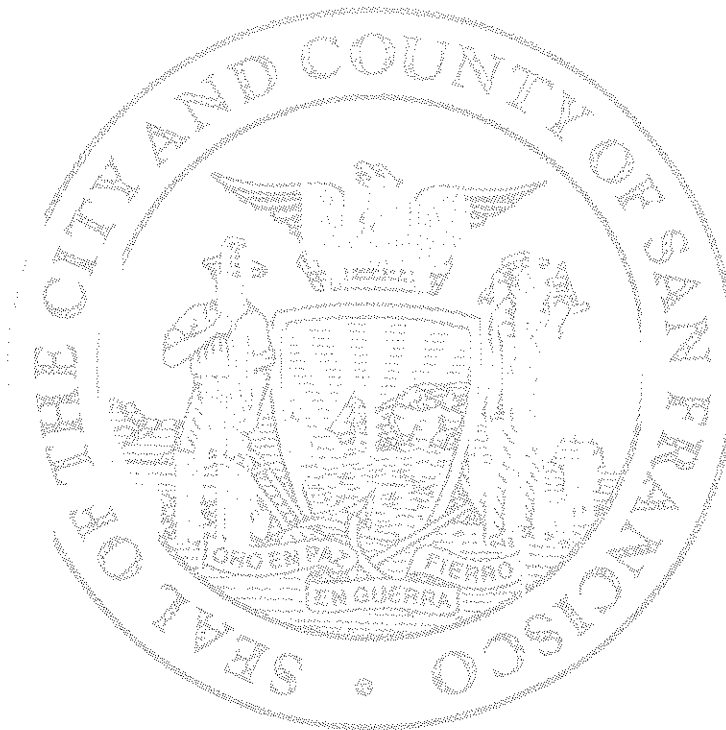
**18. Local Business Enterprise Utilization; Liquidated Damages.** a. The LBE Ordinance. Contractor, shall comply with all the requirements of the Local Business Enterprise and Non-Discrimination in Contracting Ordinance set forth in Chapter 14B of the San Francisco Administrative Code as it now exists or as it may be amended in the future (collectively the "LBE Ordinance"), provided such amendments do not materially increase Contractor's obligations or liabilities, or materially diminish Contractor's rights, under this Agreement. Such provisions of the LBE Ordinance are incorporated by reference and made a part of this Agreement as though fully set forth in this section. Contractor's willful failure to comply with any applicable provision of the LBE Ordinance is a material breach of Contractor's obligations under this Agreement and shall



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 COMMUNITY MENTAL HEALTH SYSTEM

PO NUMBER: DPHM13000157  
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SFX INDEX	SUBOBJ USERCODE	PROJCT PRJDTL	GRANT	GRNTDTL	AMOUNT
01	HMHSCCRES227	02789			6,103,059.00
					-----
					6,103,059.00



Chapter 12Q of the S.F. Admin. Code is incorporated herein by reference, and Contractor agrees to comply with the HCAO in performing this contract. The text of the HCAO is available on the Living Wage/Living Health Division website at [www.sfgov.org/olse](http://www.sfgov.org/olse). The following is a general description of Contractor's responsibilities for providing health coverage to covered employees. See Chapter 12Q for specific requirements, exemptions, other obligations, etc.

a. For covered employees who live in San Francisco, or who provide covered services in San Francisco or at the S.F. Airport or at the San Bruno Jail, Contractor must do one of the following: (1) Offer health plan benefits that meet minimum standards set by the City; (2) Pay the City \$1.50 for each hour a covered employee works on this contract, not to exceed \$60 per week; (3) Participate in a health benefits program developed by the City.

b. For covered employees who do not live in San Francisco and who provide covered services outside of San Francisco, not at the S.F. Airport, and not at the San Bruno Jail, Contractor must do either of the following: (1) Offer health plan benefits that meet minimum standards set by the City; (2) Pay the covered employee \$1.50 for each hour a covered employee works on this contract, not to exceed \$60 per week.

29. **First Source Hiring Program** [if contract is greater than \$50,000 and if Contractor has an office in Alameda, San Francisco or San Mateo counties] a. **Incorporation of Administrative Code Provisions by Reference.** The provisions of Chapter 83 of the San Francisco Administrative Code ("this Chapter") are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with, and be bound by, all of the provisions that apply to this Agreement under such Chapter, including but not limited to the remedies provided therein. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 83.

b. **First Source Hiring Agreement.** As an essential term of, and consideration for, any contract or property contract with the City, not exempted by the FSHA, the Contractor shall enter into a first source hiring agreement ("agreement") with the City, on or before the effective date of the contract or property contract. The First Source Hiring agreement will set appropriate job notification and hiring goals for entry-level positions that occur at Contractor's local sites.

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

d. **Liquidated Damages.** Contractor agrees:

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

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

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

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

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

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

(B) In 2004, the retention rate of adults placed in employment programs funded under the Workforce Investment Act for at least the first six months of employment was 84.4%. Since qualified individuals under the First Source program face far fewer barriers to employment than their counterparts in programs funded by the Workforce Investment Act, it is reasonable to conclude that the average length of employment for an individual whom the First Source Program refers to an employer and who is hired in an entry level position is at least one year; therefore, liquidated damages that total \$5,000 for first violations and \$10,000 for subsequent violations as determined by FSHA constitute a fair, reasonable, and conservative attempt to quantify the harm caused to the City by the failure of a contractor to comply with its first source referral contractual obligations.

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

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

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

30. **Prohibition on Political Activity with City Funds.** In accordance with San Francisco Administrative Code Chapter 12.G, Contractor may not participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure (collectively, "Political Activity") in the performance of the services provided under this contract. Contractor agrees to comply with San Francisco Administrative Code Chapter 12.G and any implementing rules and regulations promulgated by the City's Controller. The terms and provisions of Chapter 12.G are incorporated herein by this reference. In the event Contractor violates the provisions of this

section, the City may, in addition to any other rights or remedies available hereunder, (i) terminate this contract, and (ii) prohibit Contractor from bidding on or receiving any new City contract for a period of two years.

31. **Preservative-Treated Wood Containing Arsenic.** Contractor may not purchase preservative-treated wood products containing arsenic in the performance of this contract unless an exemption from the requirements of Chapter 21G is obtained from the Department of Environment under Section 21G.5 of the Administrative Code. The term "preservative-treated wood containing arsenic" shall mean wood treated with a preservative that contains arsenic, elemental arsenic or an arsenic copper combination, including, but not limited to, chromated copper arsenate preservative, ammoniacal copper zinc arsenate preservative, or ammoniacal copper arsenate preservative. Contractor may purchase preservative-treated wood products on the list of environmentally preferable alternatives prepared and adopted by the Department of the Environment. This provision does not preclude Contractor from purchasing preservative-treated wood containing arsenic for saltwater immersion. The term "saltwater immersion" shall mean a pressure-treated wood that is used for construction purposes or facilities that are partially or totally immersed in saltwater.

32. **Use of City Opinion.** Contractor shall not quote, paraphrase, or otherwise refer to or use any opinion of City, its officers or agents, regarding Contractor or Contractor's performance under this contract without prior written permission of Purchasing.

33. **Contract Interpretation; Choice of Law/Venue; Assignment.** Should any questions arise as to the meaning and intent of the contract, the matter shall be referred to Purchasing, who shall decide the true meaning and intent of the contract. This contract shall be deemed to be made in, and shall be construed in accordance with the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this contract shall be in San Francisco. This contract may be assigned only with the written approval of Purchasing.

34. **Proposal, Quotation and Attachments.** This contract incorporates by reference the provisions of any related bid request issued by City, any bid submitted by contractor, or both. This contract incorporates by reference the provision of any attachments.

35. **Provisions Controlling.** Contractor agrees that in the event of conflicting language between this contract and Contractor's printed form, the provisions of this contract shall take precedence. This section shall supersede any language in the contractor's terms and conditions attempting to nullify City terms and conditions or to resolve language conflicts in favor of the contractor's terms and conditions.

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

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

38. **Slavery Era Disclosure.** [This paragraph applies if this contract is for financial services, insurance, or textiles.] a. Contractor acknowledges that this contract shall not be binding upon the City until the Director receives the affidavit required by the San Francisco Administrative Code's Chapter 12Y, "San Francisco Slavery Era Disclosure Ordinance."

b. In the event the Director finds that Contractor has failed to file an affidavit as required by Section 12Y.4(a) and this contract, or has willfully filed a false affidavit, the Contractor shall be liable for liquidated damages in an amount equal to the Contractor's net profit on the Contract, 10% of the total amount of the Contract, or \$1,000, whichever is greatest, as determined by the Director. Contractor acknowledges and agrees that the liquidated damages assessed shall be payable to the City upon demand and may be set off against any monies due to the Contractor from any Contract with the City.

c. Contractor shall maintain records necessary for monitoring its compliance with this provision.

<b>ADPICS/FAMIS - FY 12-13</b> <b>CITY/COUNTY OF SAN FRANCISCO</b> <b>CONTRACT PURCHASE ORDER INPUT FORM</b>		Original <input type="checkbox"/> Modification-Increase <input checked="" type="checkbox"/> -Decrease <input type="checkbox"/> Encumbrance Only <input type="checkbox"/>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%; height:20px;"> </td><td style="width:50%; text-align: center;">X</td></tr> <tr><td style="height:20px;"> </td><td style="text-align: center;"> </td></tr> <tr><td style="height:20px;"> </td><td style="text-align: center;"> </td></tr> <tr><td style="height:20px;"> </td><td style="text-align: center;"> </td></tr> </table>			X							DOCUMENT NUMBER <b>BPHM11000036</b> <b>BPHM13000157</b>		DEPARTMENT: <b>82 Community Behavioral Health Services</b> DEPARTMENT CONTROL NO.: <b>HM-1-7000-CBHS</b>																																																																	
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Complete for Contract Order type Agreements and Contracts AMOUNT OF THIS ENCUMBRANCE \$ <b>6,303,350</b>		TOTAL APPROVED CONTRACT \$ <b>35,699,175</b>		DATE: <b>8/22/12</b> PAGE: <b>1</b> OF <b>1</b>		ORIGINAL CONTRACT NUMBER: <b>BPHM11000036</b> PERIOD COVERED: <b>07/01/12</b> <b>06/30/13</b>																																																																											
OTHER DEPARTMENT INFORMATION (FIELD) <b>CMS #7000</b>		LOCAL SERVICE RESOLUTION NO.: <b>4154 09/10</b>		CONTRACTOR: <b>Community Awareness and Treatment Services</b> ADDRESS: <b>1171 Mission Street San Francisco, CA 94103</b>		VENDOR NO: <b>04848</b> SUFFIX: <b>01</b> DELIVER TO: <b>Same</b>		SEND INVOICES BY COURIER DATE TO: <b>(Inter-Office)</b> <b>PH&amp;P Accounting Office</b> <b>1380 Howard St., Rm. 447</b> <b>San Francisco, CA 94103</b>																																																																									
PERIOD OF PAYMENT: <b>Monthly</b>		RETAINAGE REQUIRED, IF YES, AMOUNT OR %		YES/NO: <b>NO</b>		INSURANCE REQUIRED:		EXPIRATION DATE:																																																																									
COMMODITY OR SERVICE CODE # <b>7400-18</b> <b>7400-20</b> <b>PROFSERV -- BID</b>		DETAILED DESCRIPTION OF SERVICES AND PRODUCTS: <b>FY 2012-13</b> <b>First Amendment to increase Contract amount above \$10M, Board of Supervisors approved 7/31/12.</b> <b>Resolution #315-12</b>						WORKER'S COMP: \$1,000,000 04/01/2013 <input checked="" type="checkbox"/>																																																																									
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								ATTACHMENTS - Please Identify by title or description: <b>FNM# dated 8/21/12</b> <input checked="" type="checkbox"/>																																																																									
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PREPARED BY (Print) <b>Carolyn McKenney</b> Senior Administrative Analyst Phone # <b>255-3508</b> Fax # <b>252-3088</b>																																																																																	
APPROVED BY (Signature) <b>Mitchell H. Katz, MD</b> (Print Name)		BOARD OR COMMISSION		REAL PROPERTY LEASES & RENT - DIRECTOR OF PROPERTY		MATERIALS, SUPPLIES, & SERVICES - PURCHASER		CONTROLLER																																																																									
Line 1 Document Number: <b>6403059</b>		Amount: <b>\$ 5,424,914</b>		Index Code: <b>HMHSCCRES227</b>		Project: <b>0000</b>		Grant:																																																																									
No. <b>1</b> Number <b>6403059</b> Suffix <b>00</b>		Amount <b>\$ 5,424,914</b>		Index Code <b>HMHSCCRES227</b>		sub-object <b>0000</b>		User Code <b>LS 8/24/12</b>																																																																									
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ADPICS/FAMIS - FY 12-13  
CITY/COUNTY OF SAN FRANCISCO  
CONTRACT PURCHASE ORDER INPUT FORM

Original   
Modification Increase   
Decrease   
Encumbrance Only

DOCUMENT NUMBER  
**BPHM13000157**

DEPARTMENT 82 Community Behavioral Health Services  
DEPARTMENT CONTROL NO HM-1-7000-CBHS  
DATE 8/23/12 PAGE 1 OF 1

Complete for Contract Order type Agreements and Contracts

AMOUNT OF THIS ENCUMBRANCE \$ 5,625,205  
TOTAL APPROVED CONTRACT \$ 35,699,175  
ORIGINAL CONTRACT NUMBER BPHM11000036  
PERIOD COVERED FROM 07/01/12 TO 06/30/13  
CMS #7000 4154 09/10

CONTRACTOR Community Awareness and Treatment Services  
Address 1171 Mission Street San Francisco, CA 94103  
VENDOR ID 04848 SUFFIX 01  
FEDRESN NO 94-2335626  
Phone # (415) 241-1199

DELIVER TO Same  
SEND INVOICE/COMPLIANCE TO (Inter-Office)  
PH&P Accounting Office  
1380 Howard St., Rm. 447  
San Francisco, CA 94103

TERMS OF PAYMENT Monthly  
RETAINAGE REQUIRED, IF YES, AMOUNT OR % YES: NO

INSURANCE	REQUIRED	AMOUNT	EXPIRATION DATE	ATTACH
WORKER'S COMP		\$1,000,000	04/01/2013	<input checked="" type="checkbox"/>
COMP GEN LIABILITY		\$1,000,000	07/01/2013	<input checked="" type="checkbox"/>
AUTOMOBILE		\$1,000,000	07/01/2013	<input checked="" type="checkbox"/>
UMBRELLA				<input type="checkbox"/>

COMMODITY OR SERVICE CODE #  
7400-18  
7400-20  
PROFSERV -- BID

DETAILED DESCRIPTION OF SERVICES AND PRODUCTS:  
FY 2012-13  
First Amendment to Increase Contract amount above \$10M, Board of Supervisors approved 7/31/12.  
Resolution #315-12

Contract Term:	Original Award:	Contingency Approved	Contingency Used	Encumb. Total	Contingency Still Avail.	Blanket Total
07/01/11-12/31/15	\$ 5,633,021			5,633,021		
10/11 Previously Encumb	\$ 5,831,387		199,477	5,831,387		
11/12 Previously Encumb	\$ 678,145	5,424,914		678,145		
12/13 This Encumb	\$ 6,103,059		950,831	6,103,059		
13/14 to be Encumb	\$ 6,031,678					
14/15 to be Encumb	\$ 5,831,387					
14/15 to be encumb 6 mos	\$ 2,915,694					
<b>Total contract</b>	<b>\$ 33,024,371</b>	<b>\$ 3,824,912</b>	<b>\$ 1,150,108</b>	<b>18,245,612</b>	<b>\$ 2,674,804</b>	<b>\$ 35,699,175</b>

FIDELITY BOND/ (= initial pmt amt)

COMM BLANKET \$1,200,000 07/01/2013

OTHER Prof. Liab. \$1,000,000 07/01/2013

ATTACHMENTS - Please identify by title or description  
FN#1 dated 8/21/12

PREPARED BY (Print)  
Carolyn McKenney  
Senior Administrative Analyst  
Phone # 255-3508 Fax # 252-3088

APPROVED BY (Signature) (Print Name)  
Mitchell H. Katz, MD

BOARD OR COMMISSION  
MATERIALS, SUPPLIES & SERVICES - PURCHASE  
REAL PROPERTY LEASES & RENT - (DIRECTION OF PROPERTY)  
CONTROLLER

Line No.	Document Number	Amount	Index Code	sub-object	User Code	Project	Grant	ADDENDUM ATTACHED
1		\$ 5,424,914	00	HMHSCCRES227	See Approval - Attached			<input type="checkbox"/>
		\$ <del>200,291</del>	00	HCHPDHIVSVGR	TO BE ENCUMB 3-1-13			
	Total	\$ 5,625,205	00					



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

First Amendment

THIS AMENDMENT (this "Amendment") is made as of April 17, 2012, in San Francisco, California, by and between Community Awareness and Treatment Services, Inc. ("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;

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 4154-09/10 on 6/21/2010;

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

1. **Definitions.** The following definitions shall apply to this Amendment:

a. **Agreement.** The term "Agreement" shall mean the Agreement dated July 1, 2010 to December 31, 2015 from RFP 23-2009, dated October 4, 2010, Contract Numbers BPHM11000036, BPHM07000056 and DPHM11000274 between Contractor and City, as amended by this First Amendment:

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

2. **Modifications to the Agreement.** The Agreement is hereby modified as follows:

2a. **Section 2. Term of the Agreement** is provided for reference only.

2. **Term of the Agreement**

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

2b. **Section 5. Compensation of the Agreement** currently reads as follows:

5. **Compensation**

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Twelve Million Four Hundred Sixty Four Thousand Seven Hundred Fourteen Dollars (\$12,464,714)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by The Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor

P-550 (7-11) CMS #7000	1 of 3	Community Awareness and Treatment Services, Inc. July 1, 2012
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in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

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

5. Compensation

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Thirty Five Million Six Hundred Ninety Nine Thousand One Hundred Seventy Five Dollars (\$35,699,175)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by The Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

P-550 (7-11) CMS #7000	2 of 3	Community Awareness and Treatment Services, Inc. July 1, 2012
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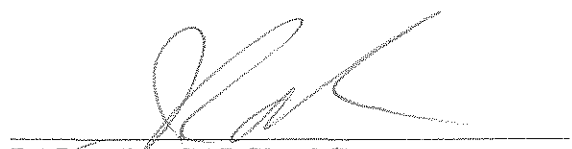
IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.


CITY

CONTRACTOR

Recommended by:

Community Awareness and Treatment Services, Inc.


  
BARBARA GARCIA, MPA  
Director of Health  
Department of Public Health

  
JANET GOJ  
Executive Director  
1171 Mission Street, 2<sup>nd</sup> Floor  
San Francisco, CA 94103

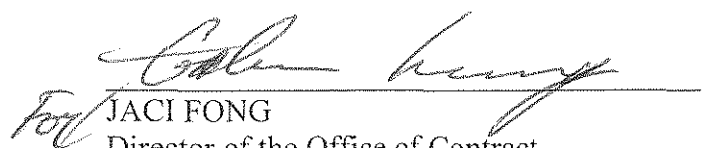
Approved as to Form:

City vendor number: 04848

Dennis J. Herrera  
City Attorney

By:  5/29/12  
Kathy Murphy  
Deputy City Attorney

Approved:

  
JACI FONG  
Director of the Office of Contract Administration, and Purchaser

P-550 (7-11) CMS #7000	3 of 3	Community Awareness and Treatment Services, Inc. July 1, 2012
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RECEIVED  
PURCHASING DEPARTMENT  
12 SEP -4 AM 9:49

## 1. Program Identification

San Francisco Medical Respite & Sobering Center  
1171 Mission St.  
San Francisco, CA 94103  
Telephone: 415-241-1199  
Fax: 415-241-1176

## 2. Nature of Document

New  Renewal  Modification

## 3. Goal Statement

The San Francisco Medical Respite & Sobering Center program with approximately 60 respite beds (co-located with a 12 bed sobering center), will provide temporary housing with medically-orientated supportive services for medically frail homeless persons leaving the hospital or the Emergency Department.

Community Awareness and Treatment Services will provide quality supportive service for the Medical Respite clients and staff, including, but not limited to, one-to-one support for clients, transportation, client social and educational activities, janitorial and laundry services. On- site kitchen provides meals.

## 4. Target Population

Homeless persons who are hospitalized on medical-surgical units will be the targeted population. While clients with psychiatric co-morbidities will be accepted, the Respite will not accept clients whose primary reason for hospitalization is psychiatric. No one requiring acute hospitalization or skilled nursing will be accepted.

## 5. Modalities/Interventions

The Service modality is client and staff supportive services at the DPH Medical Respite Services. CATS provides only support services to the medical program which is totally provided by DPH medical staff. Specifically, CATS provides food services, assisting patients in daily living i.e. dressing, toileting, showering, janitorial services, and transportation. CATS does not chart in the patient's record (as this is the total responsibility of the DPH medical staff) nor does CATS provide any social services (as this is the domain of the DPH social work staff). CATS has no control over the number of clients or the number of contacts since the DPH owns this responsibility. Therefore, the tracking of unduplicated clients

(UDC) is not applicable. This is a cost reimbursement contract and the UOS is based upon the number of staff hours of Program Support.

## 6. Methodology

- A. Assist patients in Activities of Daily Living.
- B. Provide transportation to and from appointments and other essential services.
- C. Assist patients to and from bathroom.
- D. Laundering of client belongings.
- E. Help patients take showers.
- F. Assist with meals, heating and serving meals.
- G. Assist other health providers with navigation of client to be seen by NP/PA/MD.
- H. Cleanup after patients (vomiting due to radiation therapy, etc.)
- I. Light maintenance of facility
- J. Light cleaning of facility.

CATS program staff will work with the Medical Respite clinical staff to better coordinate transportation services for program clients to attend necessary medical or social service appointments. The most vulnerable clients will be prioritized for the program's van transportation.

## 7. Objectives and Measurements

### B. Individualized Program Objectives

1. **During FY11/12, CATS staff will receive a minimum of 6 hours of relevant training to improve staff's ability to employ strategies that improve client care and interactions.**

The Program Director will ensure that all staff funded under this contract will receive a minimum of 6 hrs training. Program Review Measurement: Staff must complete a sign-in indicating the date on which they completed the training. Verification of training will be provided by sign-in sheets collected and or certificates of completion.

CATS Supportive service Program Director will assure that CATS supportive staff are trained, supervised, and evaluated to deliver services in a quality manner as measured by documents that outline plans and implementations or recruitment, training, supervision, scheduling, and routine performance appraisals.

2. **By September 30, 2011, a schedule of quarterly meetings between DPH Medical Respite Administrative Staff and CATS administrative staff to monitor & address program issues/accomplishments will be established.**



Meetings to be attended by DPH Medical Program Director, CATS Medical Program Director, CATS Executive Director, CATS Director of Finance and other relevant staff as deemed appropriate.

**8. Continuous Quality Assurance and Improvement:**

The CATS SF Medical Respite Support Services Continuous Quality Assurance and Improvement activities will be outlined as directed in the FY 11-12 Declaration of Compliance.

The quality of the program will be monitored by the Medical Respite Support Services Program Director and CATS' Executive Director with feed back from DPH's medical staff. Trainings and orientations are provided to staff to improve the quality of service and included Harm Reduction, CPR-First Aid, Management of Assaultive Behavior; Sexual Harassment, Professionalism, Ethics and Boundaries, Working with Difficult Clients, Cultural Competency, and for the driver Safe and Defensive Driving, and for the cooks Food and Sanitation.

There are also quarterly safety meetings and TB screenings for all staff. In addition, the medical respite support staff have a complaint procedure in place for patients. Complaints are referred to the Medical Respite Support Services Program Director for review. All complaints are investigated and the resolution is documented. Staff also complete Incident Reports when needed.

All staff participate in an annual CATS cultural competency training. The program establishes annual cultural competency goals specific to their supportive role of the Medical Respite program. Staff also attend other cultural competency trainings offered by the City as appropriate.

The program is in compliance with all applicable policies of the Health Commission, local, state, federal and funding source policies, and requirements of Harm Reduction, DPH Privacy Policy, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency and Client Satisfaction. These policies are reviewed on a regular basis and include monthly, quarterly and biannual reports on progress and continuous services in their respective areas.

1. **Program Name:**  
San Francisco Homeless Outreach Team (SF HOT)  
Located at:

SFHOT  
1060 Howard Street 3<sup>rd</sup> floor  
San Francisco, CA 94103  
Tele: (415) 865-5200  
FAX: (415) 863-4867

Mission Mental Health Clinic  
2712 Mission Street  
San Francisco, CA 94110  
Tele:(415) 401-2660  
FAX: (415) 401-2671

2. **Nature of Document**

New  Renewal  Modification

3. **Goal Statement**

The goals of the San Francisco Homeless Outreach Team are to engage, place, and stabilize chronically homeless people living on the streets of San Francisco by moving them into permanent housing and improving their health outcomes.

SF HOT is collaboration between the Department of Public Health (DPH), the Human Services Agency (HSA) and CATS, and consists of staff from all three agencies.

4. **Target Population**

SF HOT serves persons of all ethnicities/races, languages, sexual orientations and genders who are age 16 and above living on the streets of San Francisco. Participant's economic status is low or no income, generally on public assistance and/or unemployed.

The primary focus of SF HOT is to serve the chronically homeless, as defined by the City and County of San Francisco as an individual or family who has been continuously homeless for at least one year, or has been homeless on at least four separate occasions in the last three years.

Priorities identified within this population include individuals with one or more of the following conditions:

1. Substance-related disorders:
2. Mental Health disorders:
3. Medical conditions (especially those with mobility- and pain-related illnesses)
4. Co-occurring disorders: and/or
5. History of (a) Childhood trauma or homelessness; (b) Exposure to war/armed conflict, including veterans, refugees and victims of torture; (c) History of institutionalization, including long term hospitalization and incarceration; and (d) Transitional age youth 16-24 years of age, especially those with involvement with the mental health system of care and/or those aging out of the foster care system.

Additional priorities for SF HOT are homeless individuals who are public inebriates, aggressive panhandlers, and individuals with shopping carts and/or large amounts of belongings, since these

factors have demonstrated a higher risk of the individual being or becoming chronically homeless. Another priority for SF HOT is the Ambulance “high users,” individuals identified by the San Francisco Fire Department and DPH as frequent users of the City’s emergency ambulance and emergency room systems.

The targeted areas of SF HOT are the Central City area (Tenderloin, Market Street and South of Market areas), the Mission and Castro districts, Golden Gate Park, San Francisco’s Westside, and the North Beach / Financial District / Embarcadero area. The Team also serves locations in San Francisco outside these areas on an “as needed” basis, and will function on a City-wide basis for quick response and triage related to 311 calls about homelessness.

5. **Modalities/Interventions**

CATS provides Fiscal Intermediary and Human Resource services to support the program Outreach and Intervention activities of SF HOT.

The SFHOT program provides direct services under DPH service modality Strategy 19: Outreach and Intervention.

This program is a collaboration between CATS, HSA and DPH. CATS is the fiscal agent and is responsible for HR functions (hiring, firing, personnel matters), budget development and management only of CATS staff. The clinical program part is determined by DPH through their mental health staff.

6. **Methodology**

A. **Outreach:** SF HOT team members, including “Outreach Specialist” staff members that focus solely on outreach, are consistently assigned to walk and drive neighborhood “beats” to ensure that they are knowledgeable of and known by the individuals who regularly sleep on the streets of the targeted neighborhoods. Outreach workers are clearly identified by the team name and City emblem worn on a badge and/or jacket. As trained professionals, outreach workers meet homeless individuals “where they are” (literally and figuratively), with the goal to develop ongoing relationships with these individuals and to, jointly, develop and implement a “Street to Home” plan. Continuous outreach is made to those who do not engage, do not agree to develop a Street-to-Home plan, or do not complete this plan.

B. **Recruitment, Promotion and Advertisement:** SF HOT team members promote and advertise through being identifiable on the streets, by the marked vans they drive, the disbursing of business cards, and through collaborations with other outreach teams. SF HOT is also an integral part of Project Homeless Connect, a high profile City-sponsored volunteer effort to engage homeless individuals with services. SF HOT members regularly collaborate with and accept referrals from the other departments, and public and private hospitals/outpatient programs.

C. **Admission/Intake:** Individuals who identify themselves as residents of the City and County of San Francisco and currently homeless, and who are open to accepting assistance, may be registered as clients. SF HOT uses a standardized intake form and, depending on the services requested, various other assessment tools. SF HOT members also utilize stabilization hotel rooms for certain clients; there are service agreements and assessment forms for these resources as well.

- D. **Service Delivery Model:** SF HOT team members are based out of the Central City and Mission district offices. Outreach operates Monday through Friday, 4:30 am to 9:00 pm, M-F (16.5 hours per day) and 4:30 a.m. to 8:30 p.m., Sa-Su (16 hours per day); however, outreach is extended to other hours as needed. The goal of the engagement process is to build a therapeutic relationship and eventually move the individual living on the street into stabilization or permanent housing, with hopes of the client participating in the social, psychiatric and medical services available to insure a return to health, well-being and permanent housing. The length of stay for clients in stabilization rooms vary from one night to over 30 days and sometimes longer depending on need.

SF HOT members approach clients with a general wellness and recovery framework that includes maintaining a harm reduction position. Assessment and engagement is conducted with an "advocate" and case management approach, supported by Stages of Change and Motivational Interviewing principles.

Direct services provided by SF HOT team members include:

- outreach on the street and in various facilities,
- transportation and drop-off,
- accompaniment to appointments,
- regular checking of clients and their stabilization rooms,
- advocacy for financial and medical benefits,
- engagement into health services,
- direct clinical care (including counseling and medication management),
- substance abuse screening,
- assessment and placement into housing as well as treatment programs,
- help with moving belongings,
- obtaining necessary medical equipment,
- facilitating transitions to other case management services,
- contacting family and/or friends,
- providing liaison services with other agencies,
- crisis intervention, providing health education,
- other wraparound services as necessary

SF HOT also provides indirect services including, but not limited to, street outreach to the larger general homeless population, planning, outreach, triage and crisis avoidance services at Project Homeless Connect, training members of various agencies that work with the homeless, collaborating with the San Francisco Fire and Police Departments in the provision of care for the homeless (while maintaining client confidentiality), participating in community relations activities such as Town Hall and merchant association meetings, presenting at conferences about homelessness, lobbying members of the United States Congress, advocating for systems change within and outside of San Francisco, providing personnel and resources for special projects for the Office of the Mayor, the Board of Supervisors and the Human Services Agency, helping with disaster-related City efforts, providing consultation to other agencies, participating in community events, serving on various planning committees and developing new partnerships to increase access to care for the homeless population.

- E. **Discharge Criteria:** Outreach clients are discharged from the program according to the following criteria:
- they are placed in permanent housing with the establishment of another source of ongoing support as appropriate;
  - they are transferred to an ICM (intensive case management);

- they are placed into a hospital / institution for a long period and have support at the institution;
  - they are incarcerated for a 1 month or longer;
  - they request to no longer engage with the team; or
  - the outreach team is unable to locate them on the street for more than 1 month;
  - they are deceased.
- C. SF HOT is collaboration between the Department of Public Health, the Human Services Agency and CATS, and consists of staff from all three agencies. This contract is for the CATS staff only, including:
- 1 Program Director (management of daily clinical operations)
  - 1 Program Coordinator (administrative and personnel management)
  - 1 Administrative Assistant (clerical support)
  - 35 Outreach Workers (provide outreach and case management services to clients)

## 7.Objectives and Measurements

### Effective Outreach and Engagement

- During Fiscal Year 2011-12, 640 unduplicated clients (those receiving at least one service encounter) will have developed a Street-to-Home Plan.

SFHOT staff, case managers, social workers and other clinical staff chart on clients in a WEB based system, CCMS. They populate a "Street to Home" plan with information about benefits, medical and behavior health, and plans for permanent housing. Case managers meet clients at least once a week. Case managers chart at least once a week, more if needed. Social worker/supervisors review charts weekly. The program Director reviews charts bi-monthly. CCMS can generate reports of this data to be reviewed at least quarterly by SFHOT, CBHS and CATS administrative staff.

### Improved Client Living Situation

- During Fiscal Year 2010-11, at least 50% of clients who have a Street-to-Home Plan will be placed off the streets into beds.
- Data Source: Coordinated Case Management Database  
At least quarterly; "Street to Home" plans are reviewed to mark the progress being made toward goals these are reviewed by SFHOT administrative staff. This helps the direct client services provider to see if SFHOT is on track to meet its contractual goals. These achievements are reported to CBHS and CATS administrative staff. See above format.

### Improved Client Health Status

- During Fiscal Year 2010-11, at least 70% of clients with closed cases will have successfully completed treatment or will have left early with satisfactory progress, i.e., will have completed all treatment goals or at least one treatment goal.
- Data Source: Coordinated Case Management Database

At the closing of a clients chart; the goals set forth in the "Street to Home" plan is reviewed by SFHOT clinical staff and the program director. The case managers will have charted at closing the housing disposition of each client. Per contract; 70% of our clients

*will have obtained permanent housing and it will have been charted in CCMS. This data is reported to CBHS and CATS administrative staff quarterly.*

## 8. Continuous Quality Assurance and Improvement

The CATS SFHOT Continuous Quality Assurance and Improvement activities will be outlined as directed in the FY 11-12 Declaration of Compliance.

The Outreach staff are encouraged to attend trainings and orientations to enhance and improve the quality of service, including: CPR and First Aid; Management of Assaultive Behavior; Sexual Harassment and Professional Boundaries; 5150 Certification; Cultural Competency; Safe & Defensive Driving (for driver staff); and other elective trainings to be determined. All licensed staff members will attend required trainings.

The Outreach Team is committed to CATS Injury and Illness Prevention Plan (IIPP), consisting of: initial employee safety orientation and quarterly safety meetings of all staff; initial TB screening for staff and TB screening update every six months, Material Safety Data Sheets and hazard reports; quarterly safety inspection reports; and supplemental trainings on safety related topics.

The Outreach team has a complaint procedure in place for clients or citizens who have a complaint or grievance per CATS policy. Complaints are referred by staff members to the program director. A Complaint/Incident Report Form to submit a written complaint is available in the Outreach offices. Staff members are instructed to advise the program director promptly regarding any complaints. All complaints are investigated and details are logged, including the resolution.

San Francisco Homeless Outreach Team undertakes to enhance, improve and monitor cultural competency in our program performance. The SF HOT further strives for improvement and accountability by the submission of monthly, quarterly and annual reports reporting progress on objectives to CATS Executive Director for review. Program adjustments are made if needed. The Outreach Team conducts case conferencing both "in house" as well as with other agencies. The team has regular staff meetings as well as set aside clinical supervision to ensure quality services.

Finally the San Francisco Homeless Outreach Team will undertake client and peer agency satisfaction surveys, to assist in the planning of future beneficial changes in its policies and procedures.

The program is also in compliance with all applicable policies of the Health Commission, local, state, federal and funding source policies, and requirements of Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency and Client Satisfaction. These policies are reviewed on a regular basis and include monthly, quarterly and biannual reports on progress and continuous services in their respective areas.

All of the above CQI activities are either provided through DPH or CATS. More specifically, all CATS SFHOT staff attends an annual CATS Cultural Competency

Training, as well as Sexual Harassment Training, Safety Trainings, and Safe and Defensive Driving. SFHOT develops and tracks cultural competency goals that are specific to the program. CATS does become involved in client complaints both investigating and resolving them when a CATS employee is involved.

### 1. Program Identification

Mobile Assistance Patrol (MAP)  
1171 Mission St.  
San Francisco, CA 94103  
Telephone: 415-431-7400  
Fax: 415-241-1176

### 2. Nature of Document

New       Renewal       Modification

### 3. Goal Statement

The primary goal of MAP is to provide assessment of persons at risk on the street, and provide transportation to stabilization or shelter referral to those persons. MAP also provides safe transport to individuals within the detox and shelter system to essential services.

### 4. Target Population

MAP serves persons of all ethnic/race, language, sexual orientation and gender categories, age 18 and above (Family Service may transport all ages). Specific target: Substance abusers and homeless persons present within the city limits of San Francisco at risk for serious or life threatening consequences. Participant's economic status is low or no income, on general assistance or other public aid, and/or unemployed. Participants must be aware of and willing to accept transportation to appropriate reception centers, detoxification programs, shelters and medical facilities.

#### CLIENT PRIORITY (For Basic MAP Counselor Drivers):

- 1st. At Risk individuals on the street needing stabilization or shelter (PD given priority).
- 2nd. Clients referred by Dore Urgent Care Clinic for intake or transport to other facilities
- 3rd. Individuals for intake to services from an indoor/safe location
- 4th. Clients referred by appropriate facilities to outside services
- 5th. Return trips

MAP also prioritizes requests according to age, mobility, disability and unfamiliarity with San Francisco destinations. Persons at risk on the street are considered highest priority.



**5. Modalities/Interventions**

The service modality are Secondary Prevention, Strategy 19 Prevention Outreach & Strategy 18 Early Intervention

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)	Unduplicated Clients (UDC)
<u>Client Transportation and Substance Abuse Outreach</u> 1 UOS = one hour of staff services to provide substance abuse outreach, transportation & linkage services.  Client Transportation & SA Outreach: UOS: Approx. 7.7 FTE x 37.5 hrs/wk x 47 wks/yr =  NOC: 2.5 Clients/hour x 24 hrs/day x 365 days/yr=	13,571	21,900	
<u>Substance Abuse Early Intervention</u> 1 UOS = one hour of staff services to provide substance abuse outreach & linkage services.  UOS: .60 FTE X 37.5 hrs/wk X 47 weeks/year = NOC: 1 client/hr x 1057.5 hrs/yr=	1,057.5	1,058	
<b>Totals:</b>	14,628.5	22,958	365

**6. Methodology**

A. Outreach and Recruitment: MAP Counselor Drivers contact homeless and substance abuse clients by patrolling the city streets, and responding to dispatched calls from the general public, Emergency Services, public and private agencies, and clients requesting service. Individuals contacted and assessed as needing services are encouraged by Counselor Drivers (and Dispatcher Counselors in the case of telephone contacts) to accept transportation to stabilization or shelter referral.

Promotion and Advertisement: MAP vans have high recognition to the target population and the general public due to our distinctive logo and thirty six years of service on the street. MAP service is promoted through listings in guides to homeless and mental health services published by the Homeless Advocacy Project, the Free Print Shop, S.F. Public Library Community Services, as well as other public and private guides both print and online. MAP staff frequently attend and address community/neighborhood meetings.

B. MAP provides *assessment* services to any person in our target population. Individuals transported by MAP must:

- a. Be willing to go;
- b. Be able to walk with assistance or sit in their wheelchair;
- c. Meet destination acceptability requirements.

C. Services: Using a fleet of vans and mobile Counselor Drivers, MAP locates, assesses, encourages, counsels and refers individuals at-risk on the street; then provides transportation to appropriate detox stabilization facilities, shelters, and programs for those willing to accept help. Additionally MAP provides safe transportation for clients in detoxification programs and shelters to and from essential services. MAP operates 24 hours per day, 365 days per year. One MAP *Counselor Driver* is on duty 24-hours per day; one additional *Counselor Driver* is on duty 4-8 hours per day assigned to Shelter transport; and one *Sobering Driver* is on duty 12-16 hours per day, assigned to transport referrals by the SF Sobering Center. One *Dispatcher Counselor* is on duty 22 hours per day. The three main areas of MAP service are Basic Substance Abuse, Adult Shelter/MSC Service (Multi-Service Center Shelters), and SF Sobering Center Support:

1. Substance Abuse - Transportation is provided to:
  - a. Appropriate individuals who are willing to accept transportation to San Francisco Sobering Center and other appropriate detox facilities; referred by the public, SFPD, and designated facilities.
  - b. Stable mental health clients to and from Dore Urgent Care Clinic, referred by Dore Staff only.
  - b. Clients accepted for intake to appropriate detox or substance abuse treatment programs.
  - c. Clients residing at appropriate detox or substance abuse treatment programs who need transport to and from essential services.
2. Adult Shelter/MSC - Transportation is provided to clients of Next Door and MSC South, referred by facility staff, to outside support services and return. MAP extends service to other shelters, resource centers and homeless programs and based on van availability and client need.
3. Sobering Center - Transportation by referral of Sobering Center nurses, from Hospital Emergency Departments, SF Fire Rescue (Paramedics), and other facilities determined by DPH, principally to the Sobering Center.

**PROPOSED MAP VAN SERVICE BY HOURS 2011-12**

6:30 AM	8:00 AM	9:00 AM	12:00 PM	1:00 PM	2:30 PM	4:00 PM	8:00 PM	10:30 PM	12:00 AM	4:00 AM
MAP #1 - DISPATCH 6:30 AM to 2:30PM - SEVEN DAYS						MAP #1 - 2:30PM to 10:30PM			MAP #1 - 10:30PM to 6:30AM	
MAP #2 - SC VAN - 8:00 AM to 4:00 pm - SEVEN DAYS							MAP #2 - SC VAN - 8:00 PM to 4:00 AM - SEVEN DAYS			
MAP #3 - Shelter Service - 9:00 AM to 1:00 PM, MONDAY thru FRIDAY										

(Note: SC Van Schedule subject to change as implemented)

MAP works directly with San Francisco Police daily via radio link, responding to police calls to assess and transport at-risk individuals found by their units to detox and shelter.

MAP collaborates with the San Francisco Sobering Center, hospitals and Emergency Medical Services to insure that individuals needing stabilization receive appropriate medical assessment.

MAP supports the Dore Urgent Care Clinic by transporting DUCC patients to and from other service facilities and programs. These patients are assessed by DUCC as safe to transport and by referral of DUCC only.

MAP also responds to the special needs of the community in crisis or emergency situations, supporting both city departments and outside agencies, such as the American Red Cross, by extending transportation services for humanitarian need.

MAP agrees that it will transport durable medical equipment (DME), including but not limited to, electric wheelchairs, scooters, and oxygen tanks, to the hospital, when requested by emergency medical personnel, including contractors with Emergency Medical Services (e.g. private ambulance companies).

MAP agrees to provide contact information as needed. Contact information for City agencies shall:

- a) Be updated whenever a contact number of contact person changes, but any case, every six months;
  - b) Be distributed to the coordinators for Police, Fire, EMS, DEM, and the Department of Emergency Communications every six months;
  - c) Include contact numbers for the van provider's main number, dispatch number and emergency hotline, along with managers' cell numbers for after hours and emergency issues.
  - d) Include the contact information for the paratransit broker's office, including after hours emergency contacts.
- D. MAP provides initial assessment and intake to appropriate stabilization and shelter services. Exit criteria and process is the province of our receiving facilities.
- E. Staffing: MAP line staff consists of Counselor Drivers who operate vans patrolling the streets 24 hours, responding to calls, assessing persons at risk on the street, and transporting to detox or shelter referral; Sobering Drivers operating in support of SF Sobering Center; and Dispatcher Counselors who take telephone referrals, give assignments to Drivers, and assist with compiling statistical summaries for program reports. The Program Coordinator directly supervises all line staff, manages daily program operations, fleet maintenance, staff training and scheduling, and other duties. The Program Director provides overall supervision and is responsible for program performance, strategic planning, submission of program reports and expenditures, and program quality assurance.

## 7. Objectives and Measurements

### A. Required Objectives

**CATS agrees to make its best effort to meet the applicable required CBHS FY11/12 Performance Objectives.**

### B. Individualized Program Objectives

1. **During FY10/11, CATS staff will receive a minimum of 6 hours of relevant training to improve staff's ability to employ strategies that improve client care and interactions.**

The Program Director will ensure that all staff funded under this contract will receive a minimum of 6 hrs training. Program Review Measurement: Staff must complete a sign-in indicating the date on which they completed the training. Verification of training will be provided by sign-in sheets collected and or certificates of completion.

#### **8. Continuous Quality Assurance and Improvement**

MAP provides trainings and orientations to all staff to enhance and improve the quality of service, including: CPR and First Aid; Management of Assaultive Behavior; Sexual Harassment and Professional Boundaries; Cultural Competency; Safe & Defensive Driving (for driver staff); and other relevant elective trainings.

MAP is committed to CATS' Injury and Illness Prevention Plan (IIPP), consisting of: initial employee safety orientation and quarterly safety meetings of all staff; initial TB screening for staff and TB screening update every six months; Material Safety Data Sheets and hazard reports; quarterly safety inspection reports; and supplemental trainings on safety related topics (see training list above).

MAP has a complaint procedure in place for clients or citizens who have a complaint or grievance per MAP Service. Complaints are referred by staff to the Program Coordinator or Program Director. A Complaint/Incident Report Form to submit a written complaint is available in the MAP Office. Staff are instructed to advise the Program Coordinator or Program Director promptly regarding any complaints. All complaints are investigated and details are logged, including resolution.

MAP undertakes to enhance, improve and monitor cultural competency in our program performance through annual training for all staff, selective staff attendance of CBHS and other agency offered trainings, as well as initial and ongoing staff orientation and discussion. MAP follows Harm Reduction principles in its delivery of service to clients.

**Program Information**

Golden Gate for Seniors  
 637 South Van Ness Avenue  
 San Francisco, CA 94110  
 Telephone: 415-626-7553  
 Fax: 415-626-9198

**1. Nature of Document**

- New       Renewal       Modification

**2. Goal Statement**

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

**3. Target Population**

The target population is self-admitted substance abusers (drug and alcohol) heterosexual, gay, lesbian, bisexual individuals, 55 years of age or older, of any gender or ethnicity, often homeless residents of the City of San Francisco – often from the surrounding neighborhoods, including the Mission and Tenderloin who are willing to participate in a long-term residential program. Clients generally have fixed or no income and in most cases have co-occurring mental health disorders and/or criminal justice mandates. The first three target population groups, ranked by priority, are:

- Age: Senior, age 55 or older
- Drugs of Choice: Polysubstance abusers
- Homeless status: Homeless

**4. Modalities/Interventions**

<i>Program A</i>	<i>B</i>	<i>C</i>	<i>D</i>
<i>Units of Service (UOS) Description</i>	<i>Units of Service</i>	<i>Number of clients</i>	<i>Unduplicated Clients (UDC)</i>
<b>1 UOS = one 24 –hour Bed Day</b> 18 CBHS funded beds x 366 days x 90% occupancy	5,929	42	
<b>Total UOS Delivered</b>	5,929		36
Total UDC Served		<b>N/A</b>	36

**6. Methodology:**

Residential Treatment. Golden Gate for Seniors is a 20-bed (16 men and 4 women) residential treatment facility licensed by the State of California to provide alcohol and drug abuse treatment services. CBHS funds 18 of these beds. A live-in House Manager occupies the 20<sup>th</sup> bed for 24-hour staff coverage. Golden Gate for Seniors provides a drug-free environment in a residential 24-

hour facility. Alcohol and drug education services are provided along with individual and group counseling and other recovery related activities. Introduction to San Francisco's many resources for seniors is also provided, as well as aftercare services and post-treatment housing referrals.

#### **A. Outreach, Recruitment, Promotion and Advertisement**

The Treatment Access Program (TAP) is a major referral source for the program. TAP contacts GGS when referrals are available, GGS arranges a screening appointment and assesses the client further for appropriateness of placement. If a treatment slot is available, the client is immediately placed into treatment, if not the client is placed on a waiting list. BHAC will have access to GGS's daily census through the AVATAR system. Contact by the program with the various Senior Service Agencies and weekly AA/NA meetings held at the program attended by outside members of the target population enables prospective seniors to engage the programs' services. Other referral sources included local hospitals (St. Francis, St. Mary's, SFGH), Walden House (Hayes St. facility), VA Admin. – Fort Miley, Detoxes including Ozanam and Baker Places's Joe Healey Program.

#### **B. Admission, Enrollment/Intake Criteria**

Golden Gate for Seniors is currently both certified as an Alcohol and Drug Treatment Program and licensed as a Residential Treatment Facility by the State of California Department of Alcohol and Drug Programs (DADP). The primary program goal is to provide treatment services that promote satisfying, fulfilling lives free of substance abuse and addiction for our target population of San Francisco of any gender or ethnicity residents, both men and women age 55 and older, who have identified themselves as having substance abuse problems and are homeless and/or suffering from mental illness or have legal court mandates. The program provides drug education service addressing the concerns of the elder substance abuser leading toward abstinence. It follows with creating a support network enabling the client to continue a drug-free life upon graduation. Developing life skills is an important part of treatment as is initiating a health maintenance plan and providing a link to independent, affordable housing and goals set forth by the client and his/her counselor as documented in the client's treatment plan. Clients are assessed a fee using a sliding scale which generally is 85% of income. Adjustments are made to allow for payment of existing housing, Alimony, storage or other necessities so as ensure stability when clients leaves the treatment program. Typically clients are on SSI, SSDI or GA while in program.

#### **C. Service Delivery Model**

Golden Gate for Seniors at 637 South Van Ness provides a variable treatment stay from 3 to 12 months with a focus on meeting the specific clients needs. The program operates on a 24-hour basis, seven days a week. Understanding that each client progresses through treatment at his or her own pace, treatment completion status is reached upon achievement of an individualized treatment plan with stated goals and objectives. The average daily census will be maintained at fourteen (14) clients. A longer treatment stay focuses upon providing relapse prone clients a comprehensive relapse prevention program. Treatment complete status is reached by achievement of individualized treatment plan goals and objectives. Treatment techniques and strategies that will be utilized to obtain the outcome and process objectives include the following:

- Continued abstinence from alcohol and drugs.
- Attendance at 12-step and/or recovery groups weekly

- Process group X 3 weekly
- Transitional group (re-entry, employment, financial.) X 2 weekly
- Life skills group
- Acupuncture
- Health maintenance planning
- Obtaining fixed income (employment or retirement.)
- Initiation and/or maintenance of contact with family or significant others
- Aftercare support group X 1 weekly
- Individual counseling sessions
- Exit and Aftercare planning

If clients do not come with a primary care provider they are linked to Tom Waddell Health Center, South of Market Center or SFGH while in the program. Clients linked with mental health services already have an assigned case manager that will continue with them when they graduate from GGS. This is the most typical situation.

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<b>DAILY SCHEDULE</b>							
	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
7 am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
8 am	House Duties	House Duties	House Duties	House Duties	House Duties	House Duties	House Duties
8:30	Meds	Meds	Meds	Meds	Meds	Meds	Meds
9 am	Sensitivity Group	Life Skills/Health	Review Group	Individual Session	Education	Outside Activities	Outside Activities
10 am	Individual Sessions	Individual Sessions	Individual Sessions	Relapse Prevention	Individual Sessions		
11 am	Women's Group	Relationships	Compassion	Outside Activities	Creative Therapy		
12 pm	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Brunch
1:30	Resource Group	AA Meeting	Healthy Communication	Anger Management	Individual Sessions	Outside Activities	Outside Activities
2:30	Individual Sessions	Individual Sessions	4:30pm House Meeting	Individual Sessions	Individual Sessions		
5 pm	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
6 pm	Individual Sessions	Coping Skills	90 day group	Individual Sessions	Individual Sessions	TV Time	TV Time
7:30				AA Meeting (H&I)			
11 pm	Curfew	Curfew	Curfew	Curfew	Curfew	Curfew	Curfew



#### **D. Exit Criteria and Process**

The client and the counseling staff work together to assist in the provision of ancillary recovery services targeted to meet the particular client needs. Each client is assigned a counselor who facilitates a client's home group and assists the client in developing an aftercare plan. Progress is charted by the treatment staff and, together with the client, plans are made for the client to graduate. The treatment staff establishes ongoing aftercare treatment linkages for the client in the transition phase of the program. The program works closely with the many other senior facilities, affordable housing programs, half-way houses, and clean and sober living environments located in the Bay Area to provide transition for clients completing Golden Gate for Seniors. The existing relapse policy is: "Realizing that relapse is a part of recovery, GGS makes every effort to work with those clients who return to using drugs/alcohol. Clients who relapse while in Aftercare do not lose their group status and are encouraged to continue treatment. Referrals are also made for clients needing detox services and placement back into residential treatment." In addition, if clients relapse during their treatment they are discharged to a detox or shelter. They may reapply for services after 30 days. They are then placed on a waiting list, during which time they call 1X/week to maintain their status. They are readmitted to treatment as soon as a slot opens.

#### **E. Staffing Pattern**

The Program employs an Intake Counselor who provides intake services and a Counseling Staff which provides counseling, including group and individual sessions and tailors a treatment plan to fit each client's needs. Discharge Planning and Aftercare are overseen by the Program Coordinator along with the Counseling Staff. Please refer to Exhibit B in the 05/06 Renewal Packet.

### **7. Objectives and Measurements**

#### **A. Required Objectives**

**CATS agrees to make its best effort to meet the applicable required CBHS FY11/12 Performance Objectives.**

#### **B. Individualized Program Objectives**

##### **Process Objective**

- 1. During FY11/12 GGS staff will receive a minimum of 6 hours of training on Motivational Interviewing, Co-Occurring Disorders, and Harm Reduction to improve staff's ability to employ strategies outside of the traditional 12 step mode.**

The Program Coordinator will ensure that all staff funded under this contract will receive a minimum of 6 hours training in Motivational Interviewing, Co-occurring Disorders and Harm Reduction. Staff must complete a sign-up sheet indicating the date on which the completed the training. Verification of training will be provided by sign-in sheets and/or certificates completed.

## 8. Continuous Quality Assurance and Improvement

**The CATS GGS Continuous Quality Assurance and Improvement activities will be outlined as directed in the FY 11-12 Declaration of Compliance.**

The Mandatory Process & Outcome Objectives of Golden Gate For Seniors will be evaluated, monitored and tracked with the combined efforts of the Program Manager and Program Director. This process will be overseen by the Program Director. Statistical data including Avatar information will be monitored on an as-needed basis daily, weekly, and monthly and submitted in the form of both a monthly activity report and a quarterly performance report and entered through the Avatar system. All reports will be submitted to CATS Executive Director, and to the CATS Board of Directors. All required reports will also be submitted in a timely matter to respected funding sources.

Golden Gate For Seniors also accepts the following requirements:

- remain connected to Avatar
- make a commitment to collect data with integrity by appropriately trained and skilled staff
- enter data into Avatar computerized database as instructed in a timely fashion but no less often than monthly,
- review, analyze, comment and reconcile reports prepared by CBHS including keeping these reports organized and on-site
- retain current certification and licensure by State Department of Alcohol and Drug Programs (DADP) and be in compliance with its certification standards dated July 1999.

The program's clinical staff is participating in the Mental Health and Substance Abuse Integration process. The program is also in compliance with all applicable policies of the Health Commission, local, state, federal and funding source policies, and requirements of Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency and Client Satisfaction. These policies are reviewed on a regular basis and include monthly, quarterly and biannual reports on progress and continuous services in their respective areas.

### 1. Agency and Program Identification

A Woman's Place (AWP)  
1049 Howard St.  
San Francisco CA 94103  
(415) 487-2140  
Fax (415) 703-9657

### 2. Nature of Document

New  Renewal  Modification

### 3. Goal Statement:

The goal of A Woman's Place 30-120 day program is to reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions.

### 4. Target Population:

The population served is low or no income, chronically homeless, multiply diagnosed women, individuals identifying as transgender women, women of color, and women with diverse sexual orientations all over the age of 18, with special emphasis on women at serious risk in the Tenderloin, South of Market Districts, and Mission Districts of San Francisco. This includes long term heroin, cocaine/crack addicts and alcoholics, victims of domestic violence, sexual and physical assault, HIV/AIDS, Axis I mental disabilities, women involved with the criminal justice system, and women with a history of an inability to utilize existing services. The first three target population groups, ranked by priority, are:

- Gender: Women or FTM Transgender
- Co-occurring disorders: Multi-disordered (mental and physical health)
- Homeless status: Homeless, or transient

### 5. Modalities/Interventions

#### Modality of service/intervention

Overnight with Full Day Services

## **6. Methodology**

### **A. Outreach, Recruitment, Promotion, and Advertisement:**

The Case Manager through established MOUs and monthly community outreach by the Intake Case Manager with intention of program recruitment maintains connection and visibility in the targeted population. 20% of the Case Manager's time is spent conducting outreach to areas known to be frequented by the target population. Outreach is conducted in the streets, parks, under freeways. The Case Manager also makes presentations to other service providers. Providers are notified of vacancies on a regularly scheduled based. This is also the Case Manager's opportunity to inquire about potential clients. A unique feature of AWP is the emergency drop-in where the client is afforded the opportunity to assess their issues of substance abuse in an environment that is safe, stable, and secure until they are ready to avail themselves of AWP's services. A Woman's Place accepts referrals from the Behavioral Health Access Center (BHAC) through the Treatment Access Program (TAP) and the Access Team which screens for mental health and substance abuse concerns. BHAC will have access to AWP's daily census through the AVATAR system.

### **B. Admission**

AWP does not utilize a rigid admission policy, but does require that the client has not used within a 24-72 hour period. If they have "used" we require that the prospective client either go to a detoxification unit or stabilize in our emergency drop-in shelter. Though this is not a criteria for admission clients are expected to pay 30% of their income as program fees.

### **C. Program Description:**

All Substance Abuse Services originate from 1049 Howard St., San Francisco, CA. A Woman's Place, Overnight with Full Day Services, is a program ranging in length from 30 days to 120 days. The average length of stay is 90 days. For those seeking help for the first time we encourage the client to stay 120 days. Although the program bases itself on the tenets of steps 1-3 of the Twelve Step Programs, it does take a holistic approach to treatment which includes: peer interaction groups, process groups, art therapy, acupuncture, relaxation/meditation groups, anger management groups, educational/life skills groups, individual psycho/social assessments.

AWP Case Manager will obtain signed releases of information and/or consent for care forms to track referral outcomes, coordinate services and communicate with the clients' mental health, substance abuse and medical providers, within

the first week of treatment or 48 hours of entry into specific service. Releases will be signed, dated, and reside in the client's chart. The Program Coordinator will review charts on a weekly basis to ensure compliance. If documentation is missing, information will be recouped in three business days.

Clients will be linked to other service providers, including, but not limited to, BHAC (referral/intensive case management), START (intensive case management), Lyon Martin (primary care), Tom Waddell Homeless Health Care Clinic (primary care), Iris Center (outpatient substance abuse treatment/HIV education/ high risk behaviors), South of Market Center (mental health group and individual counseling), and Westside Crisis (crisis psychiatric medication assessments and counseling).

To ensure that integrated services are comprehensively delivered and clients have access to Substance Abuse/Use treatment, the AWP Case Manager, Program Director, and Clinical Consultant will meet monthly with other on-site and off-site service providers including Lyon Martin Health Services and Tom Waddell Health Care for the Homeless (primary care), HAFC (mental health support/lifeskills) for case conferencing.

#### **D. Progression/ Exit Criteria**

- a. Each client's case plan is designed and tailored to address her specific needs. The overall structure of the "program" is divided into three phases. The design of each phase is interchangeable making it possible for a client to successfully complete the program at any phase if that were the extent of their case plan. In the First Phase, the client is introduced to the disease model of addiction and the first step of the Twelve Step Program. In the Second Phase, clients are taught how to manage feelings that dominate early recovery i.e., grief, loss, anger, fear, and helplessness. They begin to address the symptoms of addiction and "triggers" of relapse, therefore, understanding the relationship and role of feelings in regard to addictions. Phase Three focuses on life skill issues, i.e., budgeting, building support in a sober community by attending outside Twelve Step meetings and, when appropriate, job skills. Phase Three also assists the client to transition out of A Woman's Place hopefully into a "secondary" or longer treatment program, while developing a continuing "aftercare" case plan. At this point, the client and the Case Manager continue to work together to effect the provision of ancillary services targeted to meet the client's needs. Clients are permitted to progress at their own pace depending on the level of functioning. If a client relapses this should not be equated with a "failure or treatment". A Woman's Place does not deny services to individuals for exhibiting behaviors for which they seek help. Interventions are modified such that it benefits the client. In general, AWP acknowledges and addresses the client's unsafe practice as well as how it relates to her treatment goals and goals for that session in particular. In the event that a client is too

impaired and/or uncooperative to engage in AWP services, that client is referred to a safe venue or asked that she return when less impaired. A Woman's Place expands service options within the existing program or collaborates with other service agencies to be able to respond to clients and their special needs. At A Woman's Place we make every reasonable attempt, within the context of our program, to follow-up with clients who demonstrate an inability or unwillingness to participate in the program; and, prior to discharge, make a reasonable attempt to find additional or alternative treatment.

#### **E. Program Staffing**

A Woman's Place line staff consists of Shift Supervisors and Peer Counselors who engage clients in finding out what services are needed. A Substance Abuse Counselor is responsible for the coordinating of client direct services. The Program Director and Program Coordinator are responsible for the daily oversight of the facility.

### **7. Objectives and Measurements**

#### **A. Required Objectives**

**CATS agrees to make its best effort to meet the applicable required CBHS FY11/12 Performance Objectives.**

Note: Because AWP's substance abuse program is an Overnight with Full Day Services and not a licensed substance abuse treatment program they do not and cannot enter data into CalOMS. Therefore any objective requiring this was omitted.

#### **B. Individualized Program Objectives**

##### **-Process Objective**

- 1. During FY11/12, AWP staff will receive a minimum of 6 hours of training on Motivational Interviewing, Co-Occuring Disorders, and Harm Reduction to improve staff's ability to employ strategies outside of the traditional 12 step mode.**

The Program Coordinator will ensure that all staff funded under this contract will receive a minimum of 6 hrs training on Motivational Interviewing, Co-Occurring Disorders and Harm Reduction.

Program Review Measurement: Staff must complete a sign-in indicating the date on which they completed the training. Verification of training will be provided by sign-in sheets collected and or certificates of completion.

### **8. Continuous Quality Assurance and Improvement**

The CATS AWP Continuous Quality Assurance and Improvement activities will be outlined as directed in the FY 11-12 Declaration of Compliance.

The Mandatory Process & Outcome Objectives of A Woman's Place will be evaluated, monitored and tracked with the combined efforts of the Program Director and the Program Coordinator. This process will be overseen by the Program Director. Statistical data including Avatar information will be monitored on an as-needed basis daily, weekly, and monthly and submitted in the form of both a monthly activity report and a quarterly performance report and entered through the Avatar system. All reports will be submitted to CATS' Executive Director, and to the CATS' Board of Directors. All required reports will also be submitted in a timely matter to respected funding sources.

A Woman's Place also accepts the following requirements:

- remain connected to Avatar
- make a commitment to collect data with integrity by appropriately trained and skilled staff
- enter data into Avatar computerized database as instructed in a timely fashion, but no less often than monthly
- review, analyze, comment and reconcile reports prepared by CBHS, including keeping these reports organized and on-site  
AWP cannot be licensed through DADP as a substance abuse treatment program.

The program's clinical staff is participating in the Mental Health and Substance Abuse Integration Process. The program is also in compliance with all applicable policies of the Health Commission, local, state, federal and funding source policies, and requirements of Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency and Client Satisfaction. These policies are reviewed on a regular basis and include monthly, quarterly and biannual reports on progress and continuous services in their respective areas.

## AWP: HIV Residential Mental Health Services

### 1. Community Awareness & Treatment Services

1049 Howard St.  
San Francisco CA 94103  
(415) 487-2140  
Fax (415) 703-9657

### 2. Nature of Document

New  Renewal  Modification

### 3. Goal Statement

The goal of the Residential Mental Health Services to HIV + African American Women and HIV+ Transgender Women at A Woman's Place is to provide residential mental health services to multiply diagnosed primarily African American and transgender Women living with HIV in San Francisco through supportive housing, stabilization, counseling, case management, and psychological support services improving accessibility, timeliness and continuity of care.

### 4. Target Population

Our target population is homeless, multiply-diagnosed (substance use disorder and/or mental health issues) women and transgender women, primarily African-American, who are HIV+, living in San Francisco, and who have consented to inform the program in confidence that they are infected with HIV (confirmed by us by appropriate documentation, including medical diagnosis, TB status, etc.) AWP also serves women who have demonstrated an inability to utilize existing services effectively and as a result, have experienced numerous failures at stabilization. These women are some of the City's most fragile residents and some of the least likely to be served by the City's existing resources. They are frequently victimized on the streets and do not feel safe sharing shelter space with men. Many have had unpleasant experiences with shelters and feel intimidated by rigid program requirements and the intrusiveness of the social service system. Service providers have found that San Francisco's overburdened mental health system is unable to provide adequate care for the most severely mentally ill homeless people in the City. Studies have shown that homelessness can cause Post Traumatic Stress Disorder, similar to the condition suffered by war veterans. Women who have been raped and battered on the streets and through domestic violence have additional mental health needs. Their mental illness precludes them from accessing many services. Likewise, many long-term residential treatment programs cannot take clients right off the streets. These women need access to appropriate psychiatric care that incorporates an understanding of the lives of homeless women, and addresses their social as well as their clinical needs. Enrollment priority is given to women who have little or no income, and are medically uninsured or underinsured. Ryan White Part A/CARE funds will be used for services that are not reimbursed by any other source of revenue.



5. Modalities/Interventions

Contract Term: 7/1/11-2/29/13

A	B	C	D
Units of Service Description (UOS)	Units of Service (UOS)	Number of Clients	Unduplicated Clients (UDC)
<b>RWPA 7/1/10– 2/28/11</b>			
A Unit of Service (UOS) is defined as a 24 hour residential bed day. 6 beds x approx. 243 days x 90% occupancy factor =1,312	1,312	16	15
<b>1<sup>st</sup> Year Total UOS</b>	1,312		
		N/A	15
<b>RWPA 3/1/11– 2/29/12</b>			
A Unit of Service (UOS) is defined as a residential bed day. 6 beds approx. x 366 days x 90% occupancy factor =	1,976	20	15
<b>2<sup>nd</sup> Year Total UOS</b>	1,976		
		N/A	15

<b>RWPA 3/1/12 – 2/28/13</b>			
A Unit of Service (UOS) is defined as a residential bed day. 6 beds approx. x 365 days x 90% occupancy factor = 1971	1,971	20	15
<b>3<sup>rd</sup> Year Total UOS</b>	1971		
		N/A	15

## 6. Methodology

CATS is one of the first organizations to apply the tenets of the harm reduction model to every aspect of our services to meet clients at every point on the continuum of care. The AWP program dedicates 11 beds for women living with HIV+ or AIDS diagnoses, throughout the 54 bed capacity, multi-use facility. As such our AWP program provides stabilization, supportive housing and support services for homeless women and transgender women in San Francisco who are multiply-diagnosed with a substance use disorder (SUD), mental illness, physical illnesses (i.e. HIV/AIDS, TB), as well as, victims of abuse, sex workers, and seniors. To meet clients at their individual developmental level, AWP does not exclude clients because they use alcohol and drugs. The women may still access services, with the condition that they do not participate in any illicit activities involving substance use on the premises.

To further reduce the possible harm of a substance use disorder (if it is identified in the initial intake assessment as being potentially problematic), AWP HIV Services case managers will assess each client using the Stages of Change scale and employ relevant interventions. Common interventions will include motivational interviewing and harm reduction education concerning the adverse consequences of substance abuse (including information on substance use with concomitant increases of at risk behavior such as unprotected sex, needle sharing, and transmission of the HIV virus). AWP counselors refer clients who wish to address their substance use disorder to our Substance Abuse Prevention program, conveniently housed at AWP, or to another appropriate program. Clients who refuse substance abuse services at that point and do not meet the requirements of AWP Residential HIV Services can access services through AWP drop-in program. AWP case managers refer clients, as part of their individual plans, not yet connected to a primary care provider, to a physician as part of their stabilization process.

All AWP Residential HIV Services originate from 1049 Howard Street, San Francisco, CA. Staff involved in the delivery of service includes: program director, program coordinator, clinical supervisor, case managers, shift supervisors, and peer counselors.

Numerous point-of-entry sites already exist which refer to AWP. These include: Salvation Army, Walden CARE, Ozanam Detox Center, Smith House, and San Francisco General Hospital. Additional point-of-entry sites and outplacement referral sites will continue to be established through site visits and Memoranda of Understanding (MOUs). If initiated by the HIV Health Services section of the AIDS Office, at minimum, one staff member from the program will participate in meetings to discuss ways to improve integration and coordination of Primary Care, Home Care and residential substance use services.

CATS- A Women's Place agrees to maintain appropriate referral relationships with key points of access outside of the HIV care system to ensure referral into care of newly diagnosed and PLWH not in care. Key points of access include emergency rooms, substance use treatment programs (both HIV+ and non-HIV), detox centers (both HIV+ and non-HIV), adult probation, juvenile probation, HIV counseling and testing, mental health programs (both HIV+ and non-HIV), and homeless shelters.

In accordance with HHS Standards of Care, AWP has the following procedures in place for each woman entering our program, including those eligible for our Residential HIV Services.

**Outreach:** The Case Managers conduct outreach to the target population with the intention of program recruitment. Outreach will be conducted in the streets, parks, under freeways and other areas the target population are known to frequent.

**Immediate Needs:** Each woman entering AWP receives a preliminary assessment to determine her level of crisis (i.e. 'Was she referred by PES, Police, Rape Crisis, or battered women's shelter?'), and need (i.e. 'Which service is appropriate: drop-in, crisis bed, housing bed, or another agency's service?').

**Intake:** Once immediate needs are assessed, the shift supervisor conducts an informal evaluation to determine if the woman has a medical or psychiatric emergency. Appropriate action is taken if an emergency exists. If not, the staff gives to the client and reviews with her a copy of the AWP's handbook detailing our services and criteria for entry. Should the woman request a specific service she is referred to the appropriate case manager and then her eligibility is determined.

**Intake into Supportive Housing:** Clients requesting our HIV supportive housing services must provide verification of their HIV status and obtain a current TB test within two weeks of the request. The client is referred to a mental health provider and/or AWP's clinical supervisor for a formal mental health intake evaluation/ assessment. Eligible clients receive a residency agreement detailing their responsibilities (including fee structure, housing rules and regulations, description of services offered, termination policy, and appeal process). Clients who sign the residency agreement receive the first available housing slot and are entered into ARIES within the month. If the facility is full or clients are ineligible, we inform them. They can then decide on being placed on our waiting list, accepting our drop-in services, or accessing the services at another facility.

**Re-entry Planning and Exit:** Once clients enter the Residential HIV Services, they, with the guidance of the clinical and case management staff, formulate an individual re-entry plan. The individual plan includes the woman's stated needs, such as permanent housing, substance abuse treatment, skills building, etc, as well as specific action plans to attain her goals, which culminate in her re-entry into an improved quality of life. The action plans include services the women will receive at AWP, as well as other agencies with which we have MOU's and LOC's. Re-entry plans are not static; they are often revamped or discarded. The plans may change due to disruptive events, relapse to active drug use, and other issues. As part of AWP harm reduction policies, the women may enter the Residential HIV Services despite their alcohol or drugs use. Clients involved with sex trade, including transgender women, are also accepted in the program. These women have multiple problems including severe mental illnesses. These issues present many challenges for AWP, including client retention in the program. However, our clinical, case and program management staff review the treatment plans weekly to ensure maximum

support is given to each client so she may achieve her goals. Using Prevention with Positives approach, Iris Center and SAGE facilitate HIV Prevention Groups and the Case Manager meets with clients individually. Using a harm reduction philosophy, safe sex, prevention, life style choices and responsibility to partners is emphasized.

***Housing and Counseling Support Services:*** Clients may stay a maximum of 18 continuous months in AWP Residential HIV Services. During this time, clients receive a comprehensive range of support services in keeping with their individual plans. The services are designed to enable the women to re-enter society with enhanced skills, awareness, and relapse prevention techniques. They include connecting the women to primary care physicians, HIV education, and referrals to appropriate service providers, linkages to services, and review of the women's progress or challenges. We make every effort to move the women through their transition as quickly as they are able to stabilize, receive treatment, and make positive life choice decisions. Time frames can vary from three (3) months to 18 months, depending on the individual being served. AWP addresses the clients in need of but resistant to receiving mental health, case management, and/or medical services through one to one counseling sessions with the case manager and assessments by the mental health consultant when necessary.

***Follow-up and Aftercare:*** Once the women graduate from the Residential HIV Services, case managers contact them once a month for a period of six months to confirm their status, give them guidance, and suggest support services. Staff interactions with clients during the Follow-up period become part of clients' permanent file. Clinical staff and interns also conduct aftercare for graduates at AWP. Aftercare includes individual sessions, alumni groups, volunteer groups, or rap groups. Again, consistent with the tenets of harm reduction, all graduates are welcomed to aftercare activities, whether or not they may have relapsed with their substance abuse issues. However, the women are encouraged not to participate in-groups while they are under the influence of alcohol and/or other illicit substances.

#### **DPH HIV Client and Services Database**

All agencies receiving funding through HHS are required to collect and submit unduplicated client and services data through the **DPH HIV Client and Services Database**. This is applicable for all "Ryan White eligible clients" receiving services paid with any HHS source of funding. Each HHS funded agency participates in the planning and implementation of its respective agency into the Database. The agency complies with HHS policies and procedures for collecting and maintaining timely, complete and accurate UDC and UOS service information in the Database. New client registration data is entered within 48 hours or two working days after data is collected. Service data for the preceding month, including UOS is entered by the 15th working day of each month. The deliverables are consistent with the information that is submitted to the appropriate DPH Budget and Finance section on the "*Monthly Statements of Deliverables and Invoice*" form. If these HHS standards for quality and timeliness of data entry are not followed payments may be delayed until the data has been entered and updated.

## **7. OBJECTIVES & MEASUREMENTS**

### **A. Required Objectives**

Impact Objectives

1. **By the end of each contract year, of clients completing one month, 90% will receive basic HIV disease education from a certified HIV Counselor, including information about blood work, PCP prophylaxis, treatment options, and the effects of drug and alcohol use on disease progression.**

This information documented on sign-up sheets compiled by the Program Coordinator. The Program Director will be responsible for reporting the results in the monitoring and annual report.

2. **By the end of each contract year, at least 2/3rds (66.7%) of the program residents who qualified under Process Objective 2 and at least 2/3rds (66.7%) of discharged program residents who agree to and participate in aftercare will adhere to an ongoing medical treatment plan endorsed by their primary care physician.**

The client records will verify attainment of this objective along with aftercare follow up records. Accomplishment of this objective will include the reporting of results for clients within the 3 months following their discharge from the program. AWP Case Managers will verify appointments through monthly telephone calls to provider offices. On a quarterly basis the Program Coordinator will review information documented in clients' records to ensure the capture of pertinent information necessary to support the achievement of program objectives. The Program Director will be responsible for reporting the results in the HHS monitoring and annual reports.

3. **By the end of each contract year, 2/3rds (66.7%) of those who are linked with Mental Health care who qualified under Process Objective 3 and at least 2/3rds (66.7%) of discharged program residents who were linked to Mental Health care and have agree to participate in aftercare will adhere to an ongoing mental health treatment plan endorsed by their mental health provider.**

Accomplishment of this objective will be documented in AWP case management notes in the clients' care plan the name and address of providers along with signed clients' consent to release information will be found in the clients' record. Accomplishment of this objective will include the reporting of results for clients within the 3 months following their discharge from the program and supportive documentation may be found in the after care follow up records. Client charts will provide documented proof of the clients' participation in therapy. AWP Case Managers will verify adherence through monthly telephone calls to mental health providers. Successful completion of the program is defined as completion of case plan/goals. On a quarterly basis the Program Coordinator will review information documented in clients' records to ensure the capture of pertinent information necessary to support the achievement of program objectives. The Program Director will be responsible for reporting the results in the HHS monitoring and annual reports.

3. **By the end of each contract year, 2/3rds (66.7%) of program residents identified as having Substance Use Disorder symptoms who qualified under Process Objective 4 and at least 50% of discharged program residents identified as having a Substance Use disorder and who agreed to participate in aftercare will receive an updated assessment and intervention**

**plan from their Case Manager within 3 months of discharge.**

AWP Case Managers will assess clients using the Addiction Severity Index and Stages of Change scale. Accomplishment of this objective will be documented in AWP case management notes and in the clients' care plan. Accomplishment of this objective will include the reporting of results for clients within the 3 months following their discharge from the program and supportive documentation may be found in the after care follow up records. Where appropriate the address of providers along with signed clients' consent to release information will be found in the clients' record. Whenever possible client charts will provide documented proof of the clients' participation in Substance Abuse care. On a quarterly basis the Program Coordinator will review information documented in clients' records to ensure the capture of pertinent information necessary to support the achievement of program objectives. The Program Director will be responsible for reporting the results in the HHS monitoring and annual reports.

- 4. By the end of each contract year, of clients who were homeless at the time of admission, 75% of clients who agreed to aftercare and are participating in aftercare will have maintained stable housing 3 months after discharge.**

This information as reported by client and documented in client charts Aftercare records. Stable housing may include enrollment in other transitional or permanent residential treatment programs or communities. Data on the type of housing arrangement (e.g. independent, supported, therapeutic community etc.) secured upon exit from the program and then at 3 months will be tracked and reported in the HHS monitoring and annual reports. On a quarterly basis the Program Coordinator will review the information necessary to support the achievement of program objectives. The Program Director will be responsible for reporting the results in the monitoring and annual report.

- 5. By the end of each contract year, at least 70% of HIV+ clients will rate our services as satisfactory on the standardized client questionnaires administered prior to program exit.**

The responses will be evaluated by the Program Director on a monthly basis and used to monitor and/modify program services. The client satisfaction instrument is composed of a series of questions that allow for 'Yes', 'No', 'No comment' responses, as well as encouragement to write additional comments on the back of the paper.

- 6. By the end of each contract year, at least 70% of HIV+ clients will rate our services as satisfactory on meeting the cultural competency and linguistic needs as indicated on the standardized client questionnaire administered prior to program exit.**

The responses will be evaluated by the Program Director on a monthly basis and used to monitor and/or modify program services. The client satisfaction instrument is composed of a series of questions that allow for 'Yes', 'No', 'No comment' responses, as well as encouragement to write additional comments on the back of the paper.

## B. Process Objectives & Evaluation

- 1. By the end of each contract year, ninety-five percent (95%) of clients who complete the agency's registration/intake process will receive a screening for eligibility to receive services and for alternate sources of payment (i.e. Medi-Cal) so as to ensure that CARE dollars are the payer of last resort. Clients determined to need further assistance with insurance and/or benefits (i.e. SSI, GA) will be referred to an Eligibility Worker or Benefits Counselor for a more in-depth assessment. Clients who have received a screening at another agency within the past 3 months will not be screened again but confirmation from the other agency will be noted.**

Clients will be screened for eligibility and alternate sources of payment while in the program as monitored by the Case Manager and as shown in their case records. Confirmation from other agency will be documented by release of information and contact logs. The Program Coordinator will review charts on a weekly basis to ensure adherence to the objective. If documentation is missing, information will be recouped in 3 business days. The Program Director will be responsible for reporting the results in the monitoring and annual report.

- 2. By the end of each contract year, 70% of all clients in the program 2 weeks or longer will be successfully linked to a primary health care provider. Successful linkage to primary health provider will mean:**
  - **The client was seen at least once during their stay in the program by their primary care provider for a medical assessment including review of their current medications and evaluation of their need for PCP prophylaxis; and**
  - **The client attended at least 80% of their appointments during their stay.**

Successful linkage of clients in need of primary health care assessment will be documented in AWP case management notes in the clients' record. The name and address of providers along with signed clients' consent to release information will be found in the clients' record. Client charts will provide documented proof of the clients' participation in therapy. On a quarterly basis the Program Coordinator will review information documented in clients' records to ensure the capture of pertinent information necessary to support the achievement of program objectives. AWP Case Managers will track client appointments, help to remind clients of appointments and verify client attendance through telephone calls to provider offices. The Program Director will be responsible for reporting the results in the HHS monitoring and annual reports.

- 3. By the end of each contract year, 70% of those who are assessed as needing mental health care will be successfully linked with a mental health provider. Successful linkage to a mental health provider will mean:**
  - **Clients not receiving adequate mental health care at intake will be considered successfully linked if they attend an initial appointment and complete an intake with a mental health provider; and/or**
  - **Clients who are receiving adequate mental health care at intake will be considered successfully linked if they adhere to a treatment plan endorsed**

**by their mental health provider as measured by adherence to scheduled appointments and adherence to prescribed medication if applicable.**

Successful linkage of clients in need of mental health care services will be documented in AWP case management notes in the clients' record the name and address of providers along with signed clients' consent to release information will be found in the clients' record. Client charts will provide documented proof of the clients' participation in recommended treatment. Clients will be assessed by the Case Manager using the K-10 Test for Psychological Distress and the Seeking Safety trauma evaluation model. The Mental Health Consultant will offer evaluation and assessment assistance.

Appointments, attendance, and medication adherence will be verified by AWP Case Managers. AWP Case Managers will track client appointments, help to remind clients of appointments and verify client attendance through telephone calls to provider offices. Mental health attendance goals will be documented in client care plans. On a quarterly basis the Program Coordinator will review information documented in clients' records to ensure the capture of pertinent information necessary to support the achievement of program objectives. The Program Director will be responsible for reporting the results in the HHS monitoring and annual reports.

- 4. By the end of each contract period, 80% of clients who report a history of a substance use disorder or who exhibit symptoms of SUD will be evaluated and appropriate interventions applied to their care plan.**

Clients will be evaluated with the Addiction Severity Index and assessed on the Stages of Change scale; both assessments will be documented in client charts. Intervention techniques will include motivational interviewing, harm reduction education for active users, creating safety plans and appropriate referrals to Substance Abuse Care providers and Self Help groups. All evaluations will be documented in care plans and tracked in Case Management notes. Where appropriate, attendance in Substance Abuse services will be tracked with tracking sheets and/or monthly conferences with Substance Abuse providers. AWP Case Managers will track client appointments, help to remind clients of appointments and verify client attendance through telephone calls to provider offices. On a quarterly basis the Program Coordinator will review information documented in clients' records to ensure the capture of pertinent information necessary to support the achievement of program objectives. The Program Director will be responsible for reporting the results in the HHS monitoring and annual reports.

- 5. By the end of the contract period, each contract year a biannual review, inclusive of demographic data, will be conducted covering all clients who leave the program with less than satisfactory status.**

Every six months, beginning with April, a biannual review, inclusive of demographic data, will be conducted covering all clients who leave the program with less than satisfactory status. "Less than satisfactory status" includes the following situations: 1) whenever a client



is AWOL and does not return to the shelter three consecutive nights or three times in a thirty day period. 2) Does not transition from AWP into independent/supported living, or a long-term residential community/treatment facility. Or 3) exits the program without completing service/treatment goal/contract with AWP. The number of persons a) who enter the program versus the number of persons who complete 30 or 60 days in the program as well as b) a comparison of those who enter the program versus persons who successfully complete case plan/goals will be studied. Race, language preference, gender, substance use disorder, mental health, and homeless status upon entering the program, average length of stay and the reasons for exit will be analyzed and reported in the HHS monitoring and annual reports. The review will be conducted by the Program Director utilizing client charts, daily census logs and ARIES data. These retention rates will be reported to HHS during monitoring and annual reports.

6. **By the end of each contract year, 50% of all discharged clients who agree to participate in aftercare will meet with their Case Managers at least twice within the 3 months following discharge, as verified by client charts and Aftercare follow-up records.**

Accomplishment of this objective will be documented in AWP case management notes in the clients' care plan the name and address of providers along with signed clients' consent to release information will be found in the clients' record. Client charts will provide documented proof of the clients' participation in case management. Successful completion of the program is defined as successful completion of case plan/goals. On a quarterly basis the Program Coordinator will review information documented in clients' records to ensure the capture of pertinent information necessary to support the achievement of program objectives. The Program Director will be responsible for reporting the results in the HHS monitoring and annual reports.

7. **By the end of each contract year, for each on-site AWP Cultural Competency training event, at least 75% of AWP staff will achieve a post test score of  $\geq 75\%$  as measured by pre & post test scores.**

Documentation will include the title of the event, attendance sign-in sheets and pre and posttests measuring acquisition of knowledge. The Program Director will conduct the analysis of the pre & post test scores for each training event. If the post-test scores do not reach achievement of this objective, it will spur the development of more intensive, relevant educational opportunities to be delivered to the staff throughout the contract year via the expertise of paid or pro-bono consultants or through available community training resources.

## **7. Continuous Quality Assurance and Improvement**

The following quality assurance activities have been implemented by CATS/AWP to ensure that the care provided at A Woman's Place meets the stated needs of the women who stay with us: A Woman's Place agrees to abide by the standards of care for the services specified in this exhibit as described in "Making the Connection: Standards of Care for Client-Centered Services." AWP will also adhere to each HHS Standards of CARE (SOC) for Case Management & Peer Advocacy.

### HIV Competency

Clients will receive basic HIV disease education from a certified HIV Counselor, including information about blood work, PCP prophylaxis, treatment options, and the effects of drug and alcohol use on disease progression. This information documented on sign-up sheets compiled by the Program Coordinator.

Clients who are taking medications will complete medication adherence skill-building training by a certified HIV Counselor, and will assume at least partial responsibility for their own dosing, as recorded in client medication sheets as well as case managers' notes.

Each contract year, official proof of HIV diagnosis will be documented in all CARE client records not later than 30 days after admission. If AWP is the agency of origin (meaning the program to register the client in ARIES) a hard copy "letter of diagnosis" is kept in a confidential client file. Otherwise, verification is provided by the ARIES system and that information is documented in the client chart. The Program Coordinator will review charts on a weekly basis to ensure compliance. If documentation is missing, information will be recouped in 3 business days. The Program Director will be responsible for reporting the results in the monitoring and annual report. The Program Coordinator will review charts on a weekly basis to ensure compliance. If documentation is missing, information will be recouped in 3 business days. The Program Director will be responsible for reporting the results in the monitoring and annual report.

### Coordination of Medical Care

To ensure integrated services the AWP case managers, program management, and clinical consultant will meet monthly with other on-site and off-site LOC service providers including primary care, for complex clients (i.e. Lyon Martin Health Services, Tom Waddell Health Center), psychiatric services (i.e. North of Market Mental Health Services); and outpatient substance abuse services (Iris Center).

Case Managers will obtain signed releases of information and/or consent for care forms to track referral outcomes, coordinate services and communicate with the client's providers in Mental Health, Substance Abuse and Medical settings, within the first week of treatment or 48 hours of entry into specific service. Releases will be signed, dated, and reside in the Client's chart. The number of willing and unwilling clients will be documented. The Program Coordinator will review charts on a weekly basis to ensure compliance. If documentation is missing, information will be recouped in 3 business days.

### Policies, Procedures & Quality Assurance Reviews

The Executive Director reviews and approves the Policies & Procedures contained in the AWP Operations Manual. When new policies and procedures are developed AWP staff is trained on these prior to implementation. Also, the Executive Director reviews and approves the Quality Assurance Plan on a yearly basis. Following CATS' infection and TB control plan, all staff and clients are required to show proof of a clear PPD or chest x-ray within 2 weeks of entry into the program, and are tested every six months thereafter. A medical protocol is included in the Operations Manual.

Program management conducts regular program evaluation in concert with the Executive Director to ensure that program goals are being met. Program evaluation procedures include: Submission of monthly and quarterly activity reports to the Executive Director and Board of Directors. Additionally, Program Management conducts quarterly reviews of the Cultural Competency plan to insure that there are no barriers to service provision.

The management team to insure quality of implementation and service reviews all modes of service delivery including assessment and case management at least monthly.

A Review Committee made up of Program Management and Executive Staff review and assess all information related to the usage of the facilities resources bi-monthly. Staff meetings are held monthly to discuss issues of program operation and suggestions for improvement. The Program Coordinator and Case Management Supervisor conduct a review of client records bi-monthly. In addition a case management meeting is held every Wednesday to go over client records and discuss treatment plans. Clinical supervision is provided to case management staff on a weekly basis by a licensed LMFT.

To ensure that all information is entered into ARIES and that information is accurate the Program Coordinator will run a report monthly. If is found to be deficient depending on the nature and severity of the problem. The following procedure is in place to ensure that ARIES data entry problems are resolved within 45 working days. If the person(s) who encounters the problem is not the Program Director, s/he must immediately notify the Program Director of the problem verbally; and then follow-up with a detailed written summary of the issue. The Program Director will then notify the following four entities: first, the ARIES helpdesk, then the CATS computer dept., the HHS Program Manager and, lastly, the CATS Executive Director. If the problem is not acknowledged and/or addressed within 5 working days the Program Director will again attempt re-notification; first the CATS Computer dept., then the HHS ARIES Program Manager, and lastly the CATS Executive Director. If the issue is not resolved within 10 working days, the Program Director will notify the CATS Executive Director & HHS Program Manager to complete resolution of the identified problem.

#### Staff Development & Cultural Competency

To meet staff development requirements of CATS and in keeping with Prevention for Positive services as stated in AWP methodology, all AWP staff are required to attend three outside training sessions per year, these include, but are not limited to; UCSF AIDS Health Project (for Cultural Competency training), San Francisco Suicide Prevention Agency (for dealing with suicidal clients), TOPS (Tuberculosis Outreach Prevention Services), Department of Human Services, CPR First Aid training. For those funded by CARE Title I, the Case Manager is required to be certified in section A & B of the C- STEP program. AWP gives priority in its training & education activities to insure that staff members are aware of the population's cultural issues and perform their duties in a culturally competent manner. AWP's staff is familiar with the tenets of Harm Reduction principles in a continuing effort to provide quality service to the target population. HIV competency of staff will be supported through available educational resources in the community and through DPH trainings. AWP staff will bring documentation

(i.e. attendance certificates) from the training events to be stored in personnel or training files. The Program Coordinator will be responsible for maintaining certificates of completion of the City-funded HIV Treatment Education and Certification Program.

Consumer Input re: Program Services

The Program Director meets monthly with the women without any other staff person present to seek input and to insure proper use of protocols and practices.

Client Satisfaction Surveys are provided to clients at the end of a client's stay. The Case Manager provides the surveys to the clients as part of the exit interview, and collects them before the clients leave the facility. The Case Manager passes the surveys to the Program Coordinator with suggestions concerning improvements indicated by the information contained in the surveys. The Program Coordinator then passes the results of the surveys along with any additional suggestions concerning possible improvements to the Program Director. Next the Program Director presents the concerns and possible solutions to the clients at the next Community Meeting for additional input before implementation. Services are altered, whenever possible, in response to client suggestions.

As the above indicates, there are several layers of review that the Client Surveys are passed through before implementation. This is to ensure that adequate input is considered and that clients have a voice in the changes affecting their program. Additionally, there are other methods of determining efficacy of the program and soliciting consumer feedback on the program services. Clients are provided a Guest Input form that allows them to make suggestions concerning the operation of the program without having to wait to the end of their stay to complete a Client Satisfaction Survey. With the Guest Input form, clients can submit their concerns with anonymity. The client simply places the form in a box, and the Program Coordinator collects the contents of the box several times a week. If the client places a name on the Guest Input form, a written response is required. The form is submitted to the Program Director before it is returned to the client.

Another mechanism for incorporating input into the functioning of the facility is the monthly Community Meeting. In this meeting, the Program Director meets with clients and listens and responds to any concerns they may have. Also, the Program Director and the Program Coordinator at AWP maintain an open door policy, where clients can present concerns about the functioning of the facility in an informal atmosphere. Concerns are addressed and suggestions are incorporated into program delivery.

If a client has a grievance, she follows AWP's internal grievance process. If the client is dissatisfied with the program's decision regarding the grievance, then she contacts the HIV Consumer Rights Advocacy project for a telephone or in-person appointment for resolve the problem.

### DPH Privacy Policy

To meet HIPAA requirements regarding DPH Privacy Policy AWP will comply with the following:

Item #2a: DPH: Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality.

As measured by: Evidence that the policy and procedures that abides by the rules outlined in the DPH: Privacy Policy have been adopted, approved and implemented.

Item #2b: All staff that handles patient health information is trained (including new hires) and annually updated in the program's privacy/confidentiality policies and procedures.

As measured by: As Measured by: Documentation exists showing individuals were trained.

Item#2c: A Privacy Notice that meets the requirement of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided.

As measured by: Evidence in patients/client's chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, and Russian will be provided.)

Item #2d: A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility.

As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, and Russian will be provided.)

Item #2e: Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.

As Measured by: Documentation exists.

Item #2f: Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to providers outside the DPH Safety Net or (2) from a substance abuse program.

As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is signed and in patient's/client's chart/file.

**1. Program Name: A Woman's Place Drop-In Center**

Program Address 211-13<sup>th</sup> Street, San Francisco, CA 94103);  
Telephone: (415) 233-7355  
Facsimile: (415) 928-6750  
Program Code: TBD

**2. Nature of Document**

New       Renewal       Modification

**3. Goal Statement**

The goal of A Woman's Place Drop-In Center is to provide trauma-informed, gender-responsive care to women in the form of low-threshold drop-in services targeted to the complex needs of multiply diagnosed homeless women, with close linkages to primary care, case management, residential substance abuse and HIV transitional housing and care.

**4. Target Population**

AWP Drop-In Center targets women ,transgender females and families i.e.: single mothers, & mothers accompanied by a male partner must have a dependent child in custody. For all adult clients the age criteria is 18 to 65+ and it includes those who abuse substances, suffer from mental illness and who are homeless and often victims of violence in and around the Tenderloin. During each contract year, AWP Drop-In will provide drop-in services to 200 unduplicated women per year or 35 at any point in time.

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

**Mode 19: Drop In Support Services, 24 hour day**

**Mode 19: Outreach & Intervention, hours**

**Mode 68: Case Management, hours**

The program will provide 8,130 Units of Service (UOS) per 6 month period of the 11/12 contract year.

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Unit of Service (UOS)	UOS	Number of Contacts (NOC)	Unduplicated Client
<p><b>Start –Up, hours (Mode 06)</b></p> <p>1 UOS = staff hours &amp; one time expenditures to purchase office/program furniture/materials/supplies including the cost of hiring &amp; training program personnel.</p> <p>.122 FTE x 40hrs/week x 3 weeks =</p>	14.64	N/A	N/A
<p><b>Drop-In Support Service, 24 hour day (Mode 19)</b></p> <p>1 UOS= Drop-in support services provided to a client in a 24 hour day by a peer advocate or other staff during an encounter.</p> <p>183 days x 24 hrs/day=                      NOC: 35 clients/day x 183 days =</p>	4,392	6,405	100
<p><b>Outreach &amp; Intervention , Hours (Mode 19)</b></p> <p>1 UOS = One hour of outreach &amp; prevention services to individuals which may include screening &amp; referrals, tracked by at minimum 5 minute increments.</p> <p>3.0 FTE x 20 hours/wk x 23 wks/yr =                      NOC:50 UDC x Approx. 4 visits/year =</p>	1,380	200	50

<b>Case Management, Hours (Mode 68)</b>  <b>1 UOS = One hour of individual case management services which may include assessments, referrals, linkages, counseling &amp;/or client advocacy, tracked in a minimum of 5 minute increments.</b>  3.0 FTE x 5 hrs/day x 23 wks/yr= NOC: 13 UDC x Approx. 3.85 visits/year =	345	50	13
<b>Total</b>	<b>6,131.64</b>	<b>6,655</b>	<b>100</b>

**6. Methodology**

**A. Outreach, Recruitment, Promotion, and Advertisement:**

The Case Manager, through established MOUs and monthly community outreach by the Intake Case Manager with intention of program recruitment, maintains connection and visibility in the targeted population. 20% of the Case Manager's time is spent conducting outreach to areas known to be frequented by the target population. Outreach is conducted in the streets, parks, under freeways. The Case Manager also makes presentations to other service providers. Providers are notified of vacancies on a regularly scheduled based. This is also the Case Manager's opportunity to inquire about potential clients.

**B. Admission, Enrollment and/or Intake Criteria and Process where applicable.**

By design, the Drop-In Program is intended to be a non-threatening entry point for hard-to-engage women, one that offers much support with few demands, and just as importantly, offers safe and secure respite. Therefore, the only criteria is that she is homeless and age 18 or over.

**C. Service Delivery Model**

CATS is one of the first organizations to apply the tenets of the harm reduction model to every aspect of our services to meet clients at every point on the continuum of care. The AWP Drop-In program dedicates 40 chairs for women wanting to access 24 hour drop-in services. As such our AWP Drop-In program provides stabilization, support services and linkage to supportive housing for homeless women and transgender women in San Francisco who are multiply-diagnosed with a substance use disorder (SUD), mental illness, physical illnesses (i.e. HIV/AIDS, TB), as well as, victims of abuse, sex workers, and seniors. To meet clients at their individual developmental level, AWP Drop-In does not exclude clients because they use alcohol and drugs. The women may still access



services, with the condition that they do not participate in any illicit activities involving substance use on the premises. To further reduce the possible harm of a substance use disorder (if it is identified in the initial intake assessment as being potentially problematic), AWP Drop In Services case managers will assess each client who is willing to engage with Case Management beyond a basic needs assessment by using the Stages of Change scale and employ relevant interventions. Common interventions will include motivational interviewing and harm reduction education concerning the adverse consequences of substance abuse (including information on substance use with concomitant increases of at risk behavior such as unprotected sex, needle sharing, and transmission of the HIV virus). AWP Drop-In counselors refer clients who wish to address their substance use disorder to our Substance Abuse Prevention program, conveniently housed at AWP's 1049 Howard St. location, or to another appropriate program. Clients who meet the requirements of AWP Residential HIV Services are referred to that program. Otherwise they can access services through AWP Shelter Case Management program provided there is space available. AWP Drop-In case managers refer clients, as part of their individual plans, not yet connected to a primary care provider, to a physician as part of their stabilization process.

**Immediate Needs:** Each woman entering AWP Drop-In receives a preliminary assessment to determine her level of crisis (i.e. 'Was she referred by PES, Police, Rape Crisis, or battered women's shelter?'), and need (i.e. 'Which service is appropriate: drop-in, crisis bed, housing bed, or another agency's service?').

**Engagement:** The first level of engagement AWP Drop-In offers is safe environment, one that is preferable to being on the streets. Women who arrive at *AWP Drop-In* with children will be prioritized for quick placement in a family-focused program with on-site children's services. During their stay at AWP Drop-In, families will be supported in a separate room designed for child safety and minimal contact with single adult clients. Women will receive support for their immediate needs, and as trust builds, they will be encouraged to return for continued support. Counseling staff remain attentive and engaged at all times, and are extensively trained in de-escalation and quickly intervene at the first signs of conflict. These low-threshold strategies will be utilized because they have been effective at *AWP*.

**Retention:** First and foremost, the clients' most fundamental needs for safety, nourishment, and care will be met. Clients will be served snack/light meals three times per day. Laundry and shower facilities will be made available on a daily basis. The program will strive to build strong community support among clients, former clients and staff, with a "support your sister" philosophy. Community building will be fostered via recreational activities focused to bring women off the street and indoors, such as games, movies night, storytelling activities, and therapeutic art projects. Clients will be able to talk with counseling staff and access an array of resources including primary care, psychiatric evaluation, individual and group therapy, meditation and yoga activities, and "Morning Cup of Coffee" activities.

Secondly, the program is designed to engage women in more extensive care beyond drop-in support. Counseling staff are trained to identify stages of change and apply techniques appropriate to each stage, specializing in early intervention and prevention, when the opportunity is present. Case Managers are trained to be proactive in talking to clients in individual and group settings to increase retention, with an enhanced ability to identify decompensations, changes in behavior patterns and potential pitfalls, and readily identify, reinforce, and praise client strengths.

When ready, clients can be transitioned to *AWP*'s in-house continuum of care: Shelter Case Management beds, 18-month transitional housing, and 18 month HIV+/AIDS program or a 12-step Primary Substance Abuse program. This broad spectrum of services is provided in an environment where clients already feel comfortable and have established relationships. Although housed in two sites, *AWP*'s programs will work closely together to provide a full array of resources to Drop-In services clients. Clients not successful or satisfied in one program can transition between programs, or to other appropriate community services.

#### **D. Exit Criteria and Process**

There are three ways a client will leave *AWP* Drop-In: Placement, Denial of Services, or Voluntary discharge.

**Placement:** Clients may stay at *AWP* Drop-In until they receive a suitable immediate placement. Placements will first be made to other *AWP* programs (Shelter, Transitional Housing, or Substance Abuse Care). If *AWP* programs do not have availability in a suitable program *AWP* Drop-In Case Managers will place clients in shelter through the CHANGES system, family shelter through Compass Point, substance abuse care through TAP, or other appropriate external placement as assessed by the Case Manager or Nurse Practitioner (such as placement in medical or mental health care). If an appropriate placement can not be found, clients may sit in the *AWP* Drop-In center overnight.

**Denial of Services:** A Woman's Place strives to prevent involuntary client discharge, which is critical to retention. At *AWP* we have extensive experience with individuals with severe behavioral health issues. We are able to accommodate and mediate a variety of behaviors that can result in discharges at other facilities. We use creative strategies to make accommodations without compromising the safety of our other clients. In addition *AWP* employs a denial of service policy designed to maximize client access. *AWP* has never issued a denial of service greater than 90 days in duration; typically service denials are very short in duration and address immediate safety concerns. In the event that a client is denied services, *AWP* staff makes every effort to provide clients with information, resources and placement appropriate to their situation.

**Voluntary Discharge:** Of course, clients may choose to leave AWP Drop-In Center at any time. At the time of voluntary discharge every client will have access to information, resources and placement.

#### **E. Program Staffing**

A Woman's Place line staff consists of Shift Supervisors and Peer Counselors who engage clients in finding out what services are needed. There are three Case Managers who are responsible for coordinating direct services. A Nurse Practitioner and Mental Health Consultant provide assessment, direct services, and clinical supervision. The Program Director and Program Coordinator are responsible for the daily oversight of the facility. An Administrative Assistant provides support.

### **7. Objectives and Measurements**

#### **A. Required Objectives**

**M.1 Programs serving clients aged 16-24 will designate one staff member to serve as its Transition-Age Youth (TAY) point person no later than January 9, 2012 due to start up of program December 27, 2011.**

**Note:** The role of the TAY point person is to serve as the advocate for improvement of the program's services to TAY clients, and in that capacity, provide up-to-date information to staff about services available for transition-age youth, and also to provide consultation to other programs staff working with TAY clients.

Data Source: Programs will report name of TAY point person to Molly/Bode@sfdph.org; a log of names by program, and dates the names were submitted will be kept.

Program Review Measurement: Name of TAY point person submitted to Molly Bode by 1/9/12.

#### **B. Individualized Program Objectives**

1. By 12/27/11, CATS AWP Drop-In will have developed a written draft of Program Policies and Procedures and staff trained on its content.

Data & Evaluation: Training will be provided by the Program Director and Program Coordinator. Training on Program Policies and Procedures will be documented by sign in sheets and staff time sheets.

2. By the first of each month, beginning Jan 1, 2012, CATS AWP Drop-In will provide the CBHS System of Care (SOC) Program Manager a monthly client activities schedule.

This document shall include a list of the types of therapeutic/educational groups, training topics, and the # of hours of each activity.

Data & Evaluation: The Program Coordinator will compile a monthly client activities schedule which will be submitted to the CBHS SOC Program Manager by the first of each month.

3. On a quarterly basis, CATS AWP will send the CBHS SOC PM a report that provides information on the following questions:
  - 1) a. Number of housing referrals  
b. Number of clients placed in housing.
  - 2) a. Number of primary care referral made  
b. Number receiving primary care.
  - 3) a. Number of benefit referrals made  
b. Number of clients that obtained benefits.
  - 4) a. Number of behavioral health services referrals made  
b. Number of client who received substance abuse and/or mental health services.

Data & Evaluation: This will be documented in the Case Manager referral log, client contact sheets and /or case manager case notes. The Program Coordinator will compile data. The Program Director will be responsible for reporting the result in the quarterly reports.

4. By 6/30/11, CATS AWP Drop-In will provide the CBHS SOC PM with a Staff Development Training Activities Log that contains the number of attendees, staff names, role/position, the topic of the training and the number of hours of instruction.

Data & Evaluation: This will be documented on sign in Staff Sign in sheets and in the Training Activities Log. The Program Coordinator will compile data. The Program Director will be responsible for reporting the results annually.

**Goal 1: Women are engaged in increased levels of care, from low-threshold drop-in to more intensive, sustained care**

Objective 1.1: During Fiscal Year 2011-2012, 95% of clients who access the Drop-In Center will have contact with a Case Manager/Peer Counselor who will initiate a needs assessment.

Data & Evaluation: This will be documented on client contact sheets and/or case manager case notes. The Program Coordinator will compile data. The Program Director will be responsible for reporting the result in the quarterly reports.

**Goal 2: Improved client satisfaction**

Objective 2.1: During Fiscal Year 2011-2012, 80% of clients accessing the Drop-In Center will rate services as satisfactory with an average of 3 or higher.

Data &Evaluation: This will be documented on Client Satisfaction Surveys either provided by the Program or annually through the City wide survey provided by CBHS. The Program Coordinator will compile data. The Program Director will be responsible for reporting the result in the quarterly reports.

**Goal 3: Increased client engagement in treatment process**

Objective 3.1: During Fiscal Year 2011-2012, 20% of clients accessing the Drop-In Center will be placed in AWP's Shelter Case Management, Transitional Housing, HIV Transitional Housing or Substance Abuse Program.

Data &Evaluation: This will be documented in client intake forms sheets and/or case manager case notes. The Program Coordinator will compile data. The Program Director will be responsible for reporting the result in the quarterly reports.

**Goal 4: Reduced substance abuse**

Objective 4.1: During Fiscal Year 2011 – 2012, of clients who have completed an assessment of a substance use disorder using the Addiction Severity Index, 80% will be referred to Substance abuse services and 30% will be linked to Substance Abuse services.

Data &Evaluation: This will be documented in client intake forms sheets and/or case manager case notes. The Program Coordinator will compile data. The Program Director will be responsible for reporting the result in the quarterly reports.

Objective 4.2: During Fiscal Year 2011-2012, 95% of clients with symptoms of a substance use disorder will receive an intervention appropriate to their assessed stage of change and tolerance of intervention.

Data &Evaluation: This will be documented in client intake forms sheets and/or case manager case notes. The Program Coordinator will compile data. The Program Director will be responsible for reporting the result in the quarterly reports.

**Goal 5: Increased client linkages to needed services.**

Objective 5.1: During Fiscal Year 2011-2012, 20% of clients accessing the Drop in Center will engage in Case Management.

Data &Evaluation: This will be documented in client intake forms sheets and/or case manager case notes. The Program Coordinator will compile data. The Program Director will be responsible for reporting the result in the quarterly reports.

Objective 5.2: During Fiscal Year 2011-2012, 80% of case managed clients who require a Primary Care Provider will be referred to needed Primary Care services and 40 % of these referrals will be linked to primary care.

Data &Evaluation: This will be documented in client chart, referral logs and/or case manager case notes. The Program Coordinator will compile data. The Program Director will be responsible for reporting the result in the quarterly reports.

Objective 5.3: During Fiscal Year 2011-2012, 80% of case managed clients who require a Mental Health Provider will be referred to needed Mental Health services and 30% of those will be linked.

Data &Evaluation: This will be documented in client chart, referral logs and/or case manager case notes. The Program Coordinator will compile data. The Program Director will be responsible for reporting the result in the quarterly reports.

Objective 5.4: During Fiscal Year 2011-2012, 90% of case managed clients who require Main-stream Benefits will be referred to needed Main-stream Benefits services, and 80% of those will receive needed benefits.

Data &Evaluation: This will be documented in client chart, referral logs and/or case manager case notes. The Program Coordinator will compile data. The Program Director will be responsible for reporting the result in the quarterly reports.

Objective 5.5: During Fiscal Year 2011-2012, 60% of clients engaged in case management service will be referred to permanent housing.

Data &Evaluation: This will be documented in client charts, referral logs and/or case manager case notes. The Program Coordinator will compile data. The Program Director will be responsible for reporting the result in the quarterly reports.

Objective 5.5a: During Fiscal Year 2011-2012, 30% of clients engaged in case management service and were referred to permanent housing will be placed in permanent housing.

Data &Evaluation: This will be documented in client charts, referral logs and/or case manager case notes. The Program Coordinator will compile data. The Program Director will be responsible for reporting the result in the quarterly reports.

## 8. Continuous Quality Assurance and Improvement

A standard Evaluation and Continuous Quality Improvement (CQI) process has been implemented at *AWP* to ensure that client care is trauma-informed, gender-responsive, strength-based, cultural-competent and holistic. *AWP* abides by the standards of care as described in "Making the Connection: Standards of Care for Client-Centered Services"



and adheres to each the U.S. Health and Human Services Standards of CARE (SOC) for Case Management & Peer Advocacy.

The Program Director will oversee all aspects of the CQI. The Program Coordinator will monitor the collection and input of statistical data on a daily, weekly, and monthly basis, or more frequently as needed. This information will be submitted in a monthly activity report and a quarterly performance report; the data will be entered through the Avatar system. The Executive Director will review all reports and modifications will be made as needed. These measures will help track progress towards short- and long-term outcomes and objectives, allow implementation of timely mid-course improvement and modifications, and data will be captured to cooperate with CQI activities identified by CBHS administration.

The estimated staff time allocated to evaluation and CQI will be 5% for the Program Director and 20% for the Program Coordinator. *AWP* staff has been conducting evaluation and CQI activities for SF DPH Contract-funded programs for several years and possess substantial experience and knowledge of collection and reporting requirements.



**Appendix B**  
**Calculation of Charges**

**I. Method of Payment**

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

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

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

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) 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 (15<sup>th</sup>) 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) alendar days following the closing date of each fiscal year of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

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

D. Upon **the effective date** of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health **of an invoice or claim submitted by Contractor, and** of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR

not to exceed twenty-five per cent (25%) of the General Fund portion of the CONTRACTOR'S allocation for the applicable fiscal year.

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

## 2. Program Budgets and Final Invoice

### A. Budget Summary

Appendix B-1 Medical Respite

Appendix B-2 San Francisco Homeless Outreach Team

Appendix B-3 Mobile Assistance Patrol

Appendix B-4 Golden Gate for Seniors

Appendix B-5 Woman's Place (AWP)

Appendix B-6 Woman's Place-HIV Residential Mental Health Services

Appendix B-7 Women's Place- Drop In

### B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> 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 **Thirty Five Million Six Hundred Ninety Nine Thousand One Hundred Seventy Five Dollars (\$35,699,175)** for the period of **July 1, 2010 through December 31, 2015**.

CONTRACTOR understands that, of this maximum dollar obligation, **\$2,674,804** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2010 through June 30, 2011(BPHM07000056)	\$2,548,816
July 1, 2010 through June 30, 2011	\$3,084,205
July 1, 2011 through June 30, 2012	\$5,831,387
July 1, 2012 through June 30, 2013	\$6,781,204
July 1, 2013 through June 30, 2014	\$6,031,678
July 1, 2014 through June 30, 2015	\$5,831,387
July 1, 2015 through December 31, 2015	\$2,915,694
Contingency	<u>\$2,674,804</u>
<b>Total July 1, 2010 through December 31, 2015</b>	<b>\$35,699,175</b>

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

C. CONTRACTOR further understands that \$2,548,816 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM007000056 is included in this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM07000056 for the Fiscal Year 2010-2011.

D. 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.

E. 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.

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

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



**DPH 1: Department of Public Health Contract Budget Summary**

DMH Legal Entity Number (MH): **04848**      Prepared By/Phone #: **Harry Behary 415-241-1195**      Fiscal Year: **7/1/11-6/30/12**  
 DMH Legal Entity Name (MH)/Contractor Name (SA): **Community Awareness & Treatment Services, Inc.**      Document Date: **07/01/11**      Appendix B Page 1

	Medical Respite	SF HOT	MAP Van	Golden Gate for Seniors (GGS)	A Women's Place (AWP)	AWP-Drop-In	AWP-HIV Residential Mental Health Services			
Contract Appendix Number:	B - 1	B - 2	B - 3	B - 4	B - 5	B - 7	B - 6			
Provider Number:	383841	383841	382045	380020	383841	TBD	N/A			
FUNDING TERM:	7/1/11-6/30/12	7/1/11-6/30/12	7/1/11-6/30/12	7/1/11-6/30/12	7/1/11-6/30/12	7/1/11-6/30/12	3/1/12-2/28/13			<b>TOTAL</b>
<b>FUNDING USES</b>										
Salaries & Employee Benefits:	857,288	1,983,523	573,418	164,414	172,946	258,962	138,000			4,148,551
Operating Expenses:	483,240	216,010	150,500	152,273	43,433	112,642	65,222			1,223,320
Capital Expenses:										0
<b>Subtotal Direct Expenses:</b>	<b>1,340,528</b>	<b>2,199,533</b>	<b>723,918</b>	<b>316,687</b>	<b>216,379</b>	<b>371,604</b>	<b>203,222</b>			<b>5,371,871</b>
Indirect Expenses:	152,702	263,944	57,548	13,206	20,946	36,716	15,569			560,631
Indirect %:	11.39%	12.00%	7.95%	4.17%	9.68%	9.88%	7.66%			
<b>TOTAL FUNDING USES</b>	<b>1,493,230</b>	<b>2,463,477</b>	<b>781,466</b>	<b>329,893</b>	<b>237,325</b>	<b>408,320</b>	<b>218,791</b>			<b>5,932,502</b>
										<b>Total Fringe Benefits: 32.60%</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>										-
										-
										-
										-
										-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	-	-	-	-	-	-	-			-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>										
SA FED - SAPT Fed Discretionary #93.959			350,000	200,000						550,000
SA STATE - General Fund			39,692							39,692
SA COUNTY - Match for State General Fund			4,410							4,410
SA COUNTY - General Fund	1,493,230	2,463,477	387,364	61,893	222,710	408,320				5,036,994
										-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>1,493,230</b>	<b>2,463,477</b>	<b>781,466</b>	<b>261,893</b>	<b>222,710</b>	<b>408,320</b>	-			<b>5,631,096</b>
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>										
AIDS - FED HHS CARE Part A - PD13							200,291			200,291
										-
<b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>	-	-	-	-	-	-	<b>200,291</b>			<b>200,291</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>1,493,230</b>	<b>2,463,477</b>	<b>781,466</b>	<b>261,893</b>	<b>222,710</b>	<b>408,320</b>	<b>200,291</b>			<b>5,831,387</b>
<b>NON-DPH FUNDING SOURCES</b>										
NON DPH - Patient/Client Fees				68,000	14,615		9,500			92,115
NON DPH - Fund Raising							9,000			9,000
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>68,000</b>	<b>14,615</b>		<b>18,500</b>			<b>101,115</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>1,493,230</b>	<b>2,463,477</b>	<b>781,466</b>	<b>329,893</b>	<b>237,325</b>	<b>408,320</b>	<b>218,791</b>			<b>5,932,502</b>

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Community Awareness & Treatment Services, Inc.		Contract Appendix #: B-1 Page 1	
Provider Name: Medical Respite		Document Date: 7/1/2011	
Provider Number: 383841		Fiscal Year: 7/1/11-6/30/12	
Program Name: Medical Respite			
Program Code (formerly Reporting Unit):			
Mode/SFC (MH) or Modality (SA):	SecPrev-19		
	SA-Sec Prev		
Service Description:	Outreach		TOTAL
FUNDING TERM:	7/1/11-6/30/12		
<b>FUNDING USES</b>			
Salaries & Employee Benefits:	857,288		857,288
Operating Expenses:	483,240		483,240
Capital Expenses (greater than \$5,000):			0
Subtotal Direct Expenses:	1,340,528		1,340,528
Indirect Expenses:	152,702		152,702
TOTAL FUNDING USES:	1,493,230		1,493,230
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>		<b>CFDA #:</b>	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-	
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>CFDA #:</b>	
SA COUNTY - General Fund	1,493,230		1,493,230
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		1,493,230	1,493,230
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>		<b>CFDA #:</b>	
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	
TOTAL DPH FUNDING SOURCES		1,493,230	1,493,230
<b>NON-DPH FUNDING SOURCES</b>			
TOTAL NON-DPH FUNDING SOURCES		-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,493,230	1,493,230
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>			
Number of Beds Purchased (if applicable)			
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)			
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Cost			
Cost Reimbursement (CR) or Fee-For-Service (FFS):	Reimbursement		
Units of Service:	34,279		
Unit Type:	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	43.56		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	43.56		
Published Rate (Medi-Cal Providers Only):			
Unduplicated Clients (UDC):			
			Total UDC:

**DPH 3: Salaries & Benefits Detail**

Provider Number: 383841  
 Provider Name: Medical Respite  
 Document Date: 7/1/11

Appendix #: B-1 page 2

Position Title	TOTAL		General Fund		Funding Source 1 (overwrite here with Funding Source Name)		Funding Source 2 (overwrite here with Funding Source Name)		Funding Source 3 (overwrite here with Funding Source Name)		Funding Source 4 (overwrite here with Funding Source Name)	
	Term:		Term:		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	1.00	\$ 50,000.00	1.00	50,000								
Respite Supervisor	2.20	\$ 76,314.00	2.20	76,314								
Respite Aides	11.00	\$ 325,600.00	11.00	325,600								
Janitor	2.40	\$ 59,263.00	2.40	59,263								
Driver	1.50	\$ 45,041.00	1.50	45,041								
Maintenance Worker	0.13	\$ 5,394.00	0.13	5,394								
Cook	2.40	\$ 73,416.00	2.40	73,416								
Totals:	20.63	\$635,028	20.63	\$635,028								

Employee Fringe Benefits:	35%	\$222,260	35%	\$222,260							
<small>{exceeds approved Fringe Rate f 32%}</small>											
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$857,288</b>		<b>\$857,288</b>							

{Fringe may not exceed 32%. The final contract version from 10-17-11 had a 32% rate. What happened?}

DPH 4: Operating Expenses Detail

Provider Number: 383841  
 Provider Name: Medical Respite  
 Document Date: 7/1/11

Appendix #: B-1 page 3

Expenditure Category	TOTAL	General Fund	Funding Source 1 (overwrite here with Funding Source Name)	Funding Source 2 (overwrite here with Funding Source Name)	Funding Source 3 (overwrite here with Funding Source Name)	Funding Source 4 (overwrite here with Funding Source Name)
	Term: 7/1/11-6/30/12	Term: 7/1/11-6/30/12	Term: _____	Term: _____	Term: _____	Term: _____
Rental of Property	\$ 324,000.00	324,000				
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 32,000.00	32,000				
Office Supplies, Postage	\$ 7,800.00	7,800				
Building Maintenance Supplies and Repair	\$ 28,000.00	28,000				
Printing and Reproduction						
Insurance	\$ 19,000.00	19,000				
Staff Training	\$ 2,100.00	2,100				
Staff Travel-(Local & Out of Town)						
Rental of Equipment	\$ 8,000.00	8,000				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
Other:						
Parking Van	\$ 2,640.00	2,640				
Equipment Maintenance	\$ 4,200.00	4,200				
Audit & Accounting	\$ 4,500.00	4,500				
Client Related Costs	\$ 11,000.00	11,000				
Food & Food Preparation	\$ 40,000.00	40,000				

TOTAL OPERATING EXPENSE

\$483,240

\$483,240



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

DMH Legal Entity Name (MH)/Contractor Name (SA): Community Awareness & Treatment Services, Inc.		Contract Appendix #: B-2 Page 1	
Provider Name: SFHOT ( San Francisco Homeless Outreach Team)		Document Date: 7/1/2011	
Provider Number: 383841		Fiscal Year: 7/1/11-6/30/12	
Program Name: SFHOT ( San Francisco Homeless Outreach Team)			
Program Code (formerly Reporting Unit):			
Mode/SFC (MH) or Modality (SA)	SecPrev-19 SA-Sec Prev Outreach		
Service Description:			<b>TOTAL</b>
FUNDING TERM:	7/1/11-6/30/12		
<b>FUNDING USES</b>			
Salaries & Employee Benefits:	1,983,523		1,983,523
Operating Expenses:	216,010		216,010
Capital Expenses (greater than \$5,000):			0
Subtotal Direct Expenses:	2,199,533		2,199,533
Indirect Expenses:	263,944		263,944
<b>TOTAL FUNDING USES:</b>	<b>2,463,477</b>		<b>2,463,477</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>		<b>CFDA #:</b>	
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>			-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>CFDA #:</b>	
SA COUNTY - General Fund	2,463,177		2,463,177
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			<b>2,463,177</b>
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>		<b>CFDA #:</b>	
<b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>			-
<b>TOTAL DPH FUNDING SOURCES</b>			<b>2,463,177</b>
<b>NON-DPH FUNDING SOURCES</b>			
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			<b>2,463,177</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>			
Number of Beds Purchased (if applicable)			
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)			
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
	Cost		
Cost Reimbursement (CR) or Fee-For-Service (FFS):	Reimbursement		
Units of Service:	58,705		
Unit Type:	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	41.96		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	41.96		
Published Rate (Medi-Cal Providers Only):			
Unduplicated Clients (UDC):			<b>Total UDC:</b>

Program # 383841  
 Program Name SFHOT (San Francisco Homeless Outreach Team)

DPH 3: Salaries & Benefits Detail

POSITION TITLE	TOTAL		GENERAL FUND		GRANT #1:		GRANT #2:		WORK ORDER #1:		WORK ORDER#2	
	Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Director	1.00	60,503	1.00	60,503								
Program Coordinator	1.00	46,000	1.00	46,000								
Data Base Analyst	1.00	52,000	1.00	52,000								
Outreach Specialists	9.00	326,016	9.00	326,016								
Case Managers	22.45	997,588	22.45	997,588								
Community Integration Coordinator	1.00	43,680	1.00	43,680								
TOTALS	35.45	\$1,525,787	35.45	\$1,525,787								

EMPLOYEE FRINGE BENEFITS	30%	457,736	30%	\$457,736								
TOTAL SALARIES & BENEFITS		\$1,983,523		\$1,983,523		\$0		\$0		\$0		\$0

DPH #3

Program # 383841  
 Program Name SFHOT (San Francisco Homeless Outreach Team)

DPH 4: Operating Expenses Detail

Expenditure Category	TOTAL	GENERAL FUND	GRANT #3:	Work Order #1:	WORK ORDER #2:	WORK ORDER : (dept. name)
	PROPOSED TRANSACTION Term: 07/01/11-6/30/12	PROPOSED TRANSACTION Term: 07/01/11-06/30/12	PROPOSED TRANSACTION Term:	PROPOSED TRANSACTION Term:	PROPOSED TRANSACTION Term:	PROPOSED TRANSACTION Term:
Rental of Property/Parking						
Utilities(Elec. Water, Gas, Phone, Scavenger)	7,000	7,000				
Office Supplies, Postage	40,000	40,000				
Building Maintenance Supplies and Repair	2,000	2,000				
Printing and Reproduction						
Insurance	29,071	29,071				
Staff Training	20,502	20,502				
Staff Travel-(Local & Out of Town)						
Rental of Equipment						
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
Outside Contractor for Assessment for client Acuity Tool						
OTHER						
Equipment Maintenance	10,000	10,000				
Audit & Accounting	8,500	8,500				
Client Related Costs	60,937	60,937				
Parking	28,000	28,000				
Small equipment	10,000	10,000				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$216,010</b>	<b>\$216,010</b>				

DPH #4

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Community Awareness & Treatment Services, Inc.				Contract Appendix #: B-3 Page 1	
Provider Name: MAP (Mobile Assistance Patrol)				Document Date: 7/1/2011	
Provider Number: 382045				Fiscal Year: 7/1/11-6/30/12	
Program Name: MAP (Mobile Assistance Patrol)					
Program Code (formerly Reporting Unit):					
Mode/SFC (MH) or Modality (SA)		SecPrev-19	SecPrev-18		
Service Description:		SA-Sec Prev Outreach	SA-Sec Prev Early Intervention		
FUNDING TERM:		7/1/11-6/30/12	7/1/11-6/30/12		TOTAL
<b>FUNDING USES</b>					
Salaries & Employee Benefits:		516,077	57,341		573,418
Operating Expenses:		135,450	15,050		150,500
Capital Expenses (greater than \$5,000):					0
Subtotal Direct Expenses:		651,527	72,391		723,918
Indirect Expenses:		51,794	5,754		57,548
TOTAL FUNDING USES:		703,321	78,145		781,466
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>		<b>CFDA #:</b>			
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-			
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>CFDA #:</b>			
SA FED - SAPT Fed Discretionary #93 959		315,000	35,000		350,000
SA STATE - General Fund		35,723	3,969		39,692
SA COUNTY - Match for State General Fund		3,970	440		4,410
SA COUNTY - General Fund		348,628	38,736		387,364
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		703,321	78,145		781,466
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>		<b>CFDA #:</b>			
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-			
TOTAL DPH FUNDING SOURCES		703,321	78,145		781,466
<b>NON-DPH FUNDING SOURCES</b>		<b>CFDA #:</b>			
TOTAL NON-DPH FUNDING SOURCES		-			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		703,321	78,145		781,466
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):		CR	CR		
Units of Service:		13,571	1,057.5		
Unit Type:		Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		51.83	73.90		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		51.83	73.90		
Published Rate (Medi-Cal Providers Only):					Total UDC:
Unduplicated Clients (UDC):		365			365

4 Program Number: 382045  
5 Program Name: MAP

DPH 3: Salaries & Benefits Detail

	TOTAL		GENERAL FUND &		GRANT #1:		GRANT #2:		WORK ORDER #1:		WORK ORDER #2:		
	Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		
	Term: 07/01/11-06/30/12		Term: 07/01/11-06/30/12		Term: _____		Term: _____		Term: _____		Term: _____		
13	POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
14	Program Director	1.00	49,953	1.00	49,953								
15	Program Coordinator	1.00	41,400	1.00	41,400								
16	Driver Counselor	8.30	216,730	8.30	216,730								
17	Dispatch Counselor	4.00	104,448	4.00	104,448								
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29	HCAO Supplement												
30	TOTALS	14.30	\$412,531	14.30	\$412,531								

33	EMPLOYEE FRINGE BENE	39%	\$160,887	39%	\$160,887								
36	TOTAL SALARIES & BENEFITS		\$573,418		\$573,418								



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

DMH Legal Entity Name (MH)/Contractor Name (SA): Community Awareness & Treatment Services, Inc.		Contract Appendix #: B-4 Page 1	
Provider Name: Golden Gate For Seniors		Document Date: 7/1/2011	
Provider Number: 380020		Fiscal Year: 7/1/11-6/30/12	
Program Name: Golden Gate For Seniors			
Program Code (formerly Reporting Unit):	00202		
Mode/SFC (MH) or Modality (SA)	Res-51		
Service Description:	SA-Res Recov Long Term (over 30 days)		<b>TOTAL</b>
FUNDING TERM:	7/1/11-6/30/12		
<b>FUNDING USES</b>			
SALARIES & Employee Benefits:	164,414		164,414
Operating Expenses:	152,273		152,273
Capital Expenses (greater than \$5,000):			0
Subtotal Direct Expenses:	316,687		316,687
Indirect Expenses:	13,206		13,206
<b>TOTAL FUNDING USES:</b>	<b>329,893</b>		<b>329,893</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>		<b>CFDA #:</b>	
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>			-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>CFDA #:</b>	
SA FED - SAPT Fed Discretionary #93.959	200,000		200,000
SA STATE - General Fund			-
SA COUNTY - Match for State General Fund			-
SA COUNTY - General Fund	61,893		61,893
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>261,893</b>		<b>261,893</b>
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>		<b>CFDA #:</b>	
<b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>			-
<b>TOTAL DPH FUNDING SOURCES</b>			<b>261,893</b>
<b>NON-DPH FUNDING SOURCES</b>			
NON DPH - Patient/Client Fees	68,000		
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>68,000</b>		
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>329,893</b>		<b>261,893</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>			
Number of Beds Purchased (if applicable)	18		
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)			
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS		
Units of Service:	5,929		
Unit Type:	Bed Days		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	44.17		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	55.64		
Published Rate (Medi-Cal Providers Only):			
Unduplicated Clients (UDC):	36		<b>Total UDC:</b>

Program Number: 380020  
 Program Name: GGS

DPH 3: Salaries & Benefits Detail

POSITION TITLE	TOTAL		GENERAL FUND &		GRANT #1:		GRANT #2:		WORK ORDER #1:		WORK ORDER #2:	
	Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction	
	Term: 07/01/11-06/30/12		Term: 07/01/11-06/30/12		Term: _____		Term: _____		Term: _____		Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Senior Program Coordinator	0.07	3,465	0.07	3,465								
Program Coordinator	1.00	46,000	1.00	46,000								
Cook	0.34	9,500	0.34	9,500								
Counselor	2.00	63,732	2.00	63,732								
HCAO Supplement												
TOTALS	3.41	\$122,697	3.41	\$122,697								

EMPLOYEE FRINGE BENEFIT 34% \$41,717 34% \$41,717

TOTAL SALARIES & BENEFITS \$164,414 \$164,414



Program Number: 380020  
 Program Name: GGS

DPH 4: Operating Expenses Detail

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: _____ (grant title)	GRANT #2: _____ (grant title)	WORK ORDER #1: Prop N -DHS (dept. name)	WORK ORDER #2: _____ (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	Term: 07/01/11-06/30/12	Term: 07/01/11-06/30/12	Term: _____	Term: _____	Term: _____	Term: _____
Rental of Property	75,600	75,600				
Utilities(Elec, Water, Gas, Phone, Scavenger)	25,173	25,173				
Office Supplies, Postage	5,200	5,200				
Building Maintenance Supplies and Repair	9,800	9,800				
Printing and Reproduction						
Insurance	4,600	4,600				
Staff Training	500	500				
Staff Travel-(Local & Out of Town)						
Rental of Equipment	4,900	4,900				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
OTHER						
Equipment Maintenance	1,900	1,900				
Audit & Accounting	800	800				
Client Related Costs	7,500	7,500				
Food & Food Prep	16,300	16,300				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$152,273</b>	<b>\$152,273</b>				

DPH #4

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Community Awareness & Treatment Services, Inc.		Contract Appendix #:	B-5 Page 1
Provider Name: A Woman's Place (Substance Abuse)		Document Date:	7/1/2011
Provider Number: 383841		Fiscal Year:	7/1/11-6/30/12
Program Name: A Woman's Place (Substance Abuse)			
Program Code (formerly Reporting Unit):	97027		
Mode/SFC (MH) or Modality (SA)	Res-51		
Service Description:	SA-Res Recov Long Term (over 30 days)		
FUNDING TERM:	7/1/11-6/30/12		
<b>FUNDING USES</b>			<b>TOTAL</b>
Salaries & Employee Benefits:	172,946		172,946
Operating Expenses:	43,433		43,433
Capital Expenses (greater than \$5,000):			0
<b>Subtotal Direct Expenses:</b>	<b>216,379</b>		<b>216,379</b>
Indirect Expenses:	20,946		20,946
<b>TOTAL FUNDING USES:</b>	<b>237,325</b>		<b>237,325</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>CFDA #:</b>		
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>-</b>		
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>CFDA #:</b>		
SA FED - SAPT Fed Discretionary #93,959			-
SA STATE - General Fund			-
SA COUNTY - Match for State General Fund			-
SA COUNTY - General Fund	222,710		222,710
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>222,710</b>		<b>222,710</b>
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>	<b>CFDA #:</b>		
<b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>	<b>-</b>		
<b>TOTAL DPH FUNDING SOURCES</b>	<b>222,710</b>		<b>222,710</b>
<b>NON-DPH FUNDING SOURCES</b>			
NON DPH - Patient/Client Fees	14,615		
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>14,615</b>		
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>237,325</b>		<b>222,710</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>			
Number of Beds Purchased (if applicable)	8		
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)			
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS		
Units of Service:	2,635		
Unit Type:	Bed Days		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	84.52		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	90.07		
Published Rate (Medi-Cal Providers Only):			
Unduplicated Clients (UDC):	32		<b>Total UDC:</b>
			32

Program Number: 383841  
 Program Name: AWP - SA

DPH 3: Salaries & Benefits Detail

POSITION TITLE	TOTAL		GENERAL FUND &		GRANT #1:		GRANT #2:		WORK ORDER #1:		WORK ORDER	
	Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Director	0.10	5,550	0.10	5,550								
Program Coordinator	0.27	13,365	0.27	13,365								
Peer Counselor	2.25	53,305	2.25	53,305								
Shift Supervisor	0.47	12,846	0.47	12,846								
Counselor I	1.00	31,866	1.00	31,866								
Cook/Food Prep Worker	0.48	14,088	0.48	14,088								
TOTALS	4.57	\$131,020	4.57	\$131,020								

EMPLOYEE FRINGE BEN	32%	\$41,926	32%	\$41,926							
TOTAL SALARIES & BENEFITS		\$172,946		\$172,946							

DPH #3

Program Number: 383841  
 Program Name: AWP - SA

**DPH 4: Operating Expenses Detail**

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1:  (grant title)	GRANT #2:  (grant title)	WORK ORDER #1:  (dept. name)	WORK ORDER #2:  (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	Term: 07/01/11-06/30/12	Term: 07/01/11-06/30/12	Term: _____	Term: _____	Term: _____	Term: _____
Rental of Property						
Utilities(Elec, Water, Gas, Phone, Scavenger)	11,000	11,000				
Office Supplies, Postage	1,500	1,500				
Building Maintenance Supplies and Repair	3,000	3,000				
Printing and Reproduction						
Insurance	2,500	2,500				
Staff Training	1,500	1,500				
Staff Travel-(Local & Out of Town)						
Rental of Equipment	2,500	2,500				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
Clinical Consultant	3,500	3,500				
OTHER						
Equipment Maintenance	4,000	4,000				
Audit & Accounting	1,500	1,500				
Client Related Costs	2,433	2,433				
Food & Food Prep	10,000	10,000				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$43,433</b>	<b>\$43,433</b>				

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Community Awareness & Treatment Services, Inc.  
 Provider Name: A Woman's Place HIV RWPA  
 Provider Number:

Contract Appendix #: B-6 Page 1  
 Document Date: 12/14/2011  
 Fiscal Year: 7/1/11-6/30/12

Program Name: A Woman's Place HIV RWPA

Program Code (formerly Reporting Unit):  
 Mode/SFC (MH) or Modality (SA)

Service Description: A Woman's Place HIV MH Residential

FUNDING TERM: 7/1/11-6/30/12

TOTAL

**FUNDING USES**

Salaries & Employee Benefits:	138,000			138,000
Operating Expenses:	65,222			65,222
Capital Expenses (greater than \$5,000):				
Subtotal Direct Expenses:	203,222			203,222
Indirect Expenses:	15,569			15,569
<b>TOTAL FUNDING USES:</b>	<b>218,791</b>			<b>218,791</b>

**BHS MENTAL HEALTH FUNDING SOURCES**

CFDA #:

TOTAL CBHS MENTAL HEALTH FUNDING SOURCES

**BHS SUBSTANCE ABUSE FUNDING SOURCES**

CFDA #:

SA FED - SAPT Fed Discretionary #93 959  
 SA STATE - General Fund  
 SA COUNTY - Match for State General Fund  
 SA COUNTY - General Fund

TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES

**OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES**

CFDA #:

AIDS - COUNTY HHS GF - HCHPDHIVSVGF

93,914

200,291

200,291

TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES

200,291

200,291

TOTAL DPH FUNDING SOURCES

200,291

200,291

**NON-DPH FUNDING SOURCES**

NON DPH - Patient/Client Fees

9,500

9,500

NON DPH - Fund Raising

9,000

9,000

TOTAL NON-DPH FUNDING SOURCES

18,500

18,500

TOTAL FUNDING SOURCES (DPH AND NON-DPH)

218,791

218,791

**BHS UNITS OF SERVICE AND UNIT COST**

Number of Beds Purchased (if applicable)

6

Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)

Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program

Cost

Cost Reimbursement (CR) or Fee-For-Service (FFS):

Reimbursement

Units of Service:

1,971

Unit Type:

24 hour bed day

Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)

101.62

Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)

111.01

Published Rate (Medi-Cal Providers Only):

Total UDC:

Unduplicated Clients (UDC):

15

15

Program Number:  
 Program Name: A woman's Place - HIV MH Residential

RWPA

DPH 3: Salaries & Benefits Detail

POSITION TITLE	TOTAL		RWPA		GRANT #1:		GRANT #2:		WORK ORDER #1:		WORK ORDER #2:	
	Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Director	0.25	13,820	0.249	13,820								
Program Coordinator	0.25	11,454	0.249	11,454								
Peer Counselor	0.60	14,215	0.600	14,215								
Shift Supervisor	0.90	24,598	0.900	24,598								
Care Manager	1.00	31,866	1.000	31,866								
Food Prep Worker	0.32	9,391	0.320	9,391								
HCAO Supplement												
TOTALS	3.32	\$105,344	3.32	\$105,344								

EMPLOYEE FRINGE B 31% 32,656 31% \$32,656

TOTAL SALARIES & BENEFITS \$138,000 \$138,000

Program Number:  
 Program Name: A woman's Place - HIV MH Residential

RWPA

DPH 4: Operating Expenses Detail

Expenditure Category	TOTAL	GRANT #1: RWPA	Other Revenue	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
	PROPOSED TRANSACTION Term: 3/01/12-2/28/13	PROPOSED TRANSACTION Term: 3/01/12-2/28/13	PROPOSED TRANSACTION Term: 07/01/10-6/30/11	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: _____
rental of Property	0					
Utilities(Elec, Water, Gas, Phone, Scaver	17,122	11,635	5,487			
Office Supplies, Postage	2,500	500	2,000			
Building Maintenance Supplies and Repa	14,500	8,000	6,500			
Small Equipment						
Insurance	3,600	1,375	2,225			
Staff Training	1,000	809	191			
Leasing - Van						
Rental of Equipment	2,700	1,063	1,637			
CONSULTANT/SUBCONTRACTOR	6,240	6,240				
OTHER						
Equipment Maintenance	2,900	2,900				
Audit & Accounting	460		460			
Patient Related Costs	4,200	4,200				
Food & Food Prep	10,000	10,000				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$65,222</b>	<b>\$46,722</b>	<b>\$18,500</b>			





AWP: HIV Residential Mental Health

Doc date: 12/14/2011

**Budget Justification - Salaries & Benefits**

<u>Program Director</u>	<u>Annual Salary</u>	X	<u>FTE</u>	=	
Responsible for program management. MA or equivalent Experience	\$55,503		0.249		\$13,820
<u>Program Coordinator</u>					
Responsible for day-to-day operation of the program. BA or equivalent experience.	\$46,000		0.249		11,454
<u>Peer Counselor</u>					
Responsible for providing facility services to target population. High School diploma or G.E.D.	\$23,691		0.600		14,215
<u>Shift Supervisor</u>					
Responsible for day-to-day operations of the facility during each shift. BA or equivalent Experience.	\$27,331		0.900		24,598
<u>Food Prep Worker</u>					
Responsible for assisting cook in preparation and serving of meals. Posses adequate literacy skills and basic food preparation.	\$29,346		0.320		\$9,391
<u>Case Manager</u>					
Responsible for case management and outreach to target population. BA or equivalent experience.	\$31,866		1.000		\$31,866
	Total FTE		3.318		
<b>Total Salaries</b>					\$105,344
<b>Employee Fringe Benefits @ 31.0%</b>					\$32,656
					\$0.31
<b>Total</b>					\$138,000

Budget Justification - Operating Costs

Doc date: 12/14/2011

Operating expenses were allocated based upon previous year's actual expenses calculated at the proportionate percentage using the number of beds & type of beds (i.e. staffing patterns, clients' use of facilities, etc..) or budgeted dollars as permitted by the funder's restrictions.

	Annual Cost	X	CARE Budget Percentage	=	
<b><u>Utilities</u></b>					
Includes electricity, water, gas, & scavenger service	55,000		21.15%		\$11,635
<b><u>Building Maintenance</u></b>					
General maintenance and repair of property	48,000		1.04%		\$500
<b><u>Office Supplies</u></b>					
Includes supplies for program staff, and materials for group sessions and presentations.	10,000		80.00%		\$8,000
<b><u>Insurance</u></b>					
Includes vehicle insurance	13,000		10.58%		\$1,375
<b><u>Staff Training</u></b>					
Includes Management & Supervision, First Aid & CPR, HIV, cultural competency, computer and miscellaneous training.	2,500		32.36%		\$809
<b><u>Rental of Equipment</u></b>					
Includes vehicle lease and copier lease payments	12,000		8.86%		\$1,063
<b><u>Professional Consultants</u></b>					
Clinical Supervisor(\$80/hr)					
Responsible for Clinical consultation, individual and group clinical supervision, client assessments, crisis intervention, staff training.	33,000		18.91%		\$6,240
<b><u>Equipment Maintenance</u></b>					
Includes repairs to telephone/internet, air conditioner, copier, water heater and kitchen equipment.	9,000		32.22%		\$2,900
<b><u>Audit &amp; Accounting</u></b>					
Includes the annual audit and certification of the agency's financial statements by an independent CPA.	2,500				
<b><u>Client Costs</u></b>					
Clothing, toiletries, educational materials, vitamins, plus special needs for CARE program.	14,000		30.00%		\$4,200
<b><u>Food &amp; Food Preparation</u></b>					
Includes enhanced nutritional needs of CARE program	43,000		23.26%		\$10,000
<b>Total Operating Costs</b>					<b>\$46,722</b>

Budget Justification - Operating Costs

Operating expenses were allocated based upon previous year's actual expenses calculated at the proportionate percentage using the number of beds & type of beds (i.e. staffing patterns, clients' use of facilities, etc...) or budgeted dollars as permitted by the funder's restrictions.

	Annual Cost	X	Other Agency Funds Percentage	=
<b><u>Utilities</u></b>				
Includes electricity, water, gas, & scavenger service	55,000		9.98%	\$5,487
<b><u>Building Maintenance</u></b>				
General maintenance and repair of property	48,000		4.17%	\$2,000
<b><u>Office Supplies</u></b>				
Includes supplies for program staff, and materials for group sessions and presentations.	10,000		65.00%	\$6,500
<b><u>Insurance</u></b>				
Includes vehicle insurance	13,000		17.12%	\$2,225
<b><u>Staff Training</u></b>				
Includes Management & Supervision, First Aid & CPR, HIV, cultural competency, computer and miscellaneous training.	2,500		7.64%	\$191
<b><u>Rental of Equipment</u></b>				
Includes vehicle lease and copier lease payments	12,000		13.64%	\$1,637
<b><u>Professional Consultants</u></b>				
Clinical Supervisor(\$80/hr) Responsible for Clinical consultation, individual and group clinical supervision, client assessments, crisis intervention, staff training.	33,000		0.00%	
<b><u>Equipment Maintenance</u></b>				
Includes repairs to telephone/internet, air conditioner, copier, water heater and kitchen equipment.	9,000		0.00%	
<b><u>Audit &amp; Accounting</u></b>				
Includes the annual audit and certification of the agency's financial statements by an independent CPA.	2,500		18.40%	\$460
<b><u>Client Costs</u></b>				
Clothing, toiletries, educational materials, vitamins, plus special needs for CARE program.	14,000		0.00%	
<b><u>Food &amp; Food Preparation</u></b>				
Includes enhanced nutritional needs of CARE program	43,000		0.00%	
<b>Total Operating Costs</b>		\$	46,722	<u>\$18,500</u>



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

DMH Legal Entity Name (MH)/Contractor Name (SA): Community Awareness & Treatment Services, Inc.					Contract Appendix #: B-7 Page 1
Provider Name: A Woman's Place - Drop In					Document Date: 7/1/2011
Provider Number: TBD					Fiscal Year: 7/1/11-6/30/12
Program Name: A Woman's Place - Drop In					
Program Code (formerly Reporting Unit):	TBD - Start-up	TBD - Outreach & Intervention	TBD - Drop In	TBD - Ca. Mgmt	
Mode/SFC (MH) or Modality (SA)	Supt-06	SecPrev-19	SecPrev-19	Anc-68	
Service Description:	SA-Support Start-Up Costs	SA-Sec Prev Outreach	SA-Sec Prev Outreach	Case Mgmt (Excluding SACPA clients)	TOTAL
FUNDING TERM:	7/1/11-6/30/12	7/1/11-6/30/12	7/1/11-6/30/12	7/1/11-6/30/12	
<b>FUNDING USES</b>					
Salaries & Employee Benefits:	6,216	35,744	139,543	77,459	258,962
Operating Expenses:	9,255	14,619	57,080	31,688	112,642
Capital Expenses (greater than \$5,000):					0
<b>Subtotal Direct Expenses:</b>	<b>15,471</b>	<b>50,363</b>	<b>196,623</b>	<b>109,147</b>	<b>371,604</b>
Indirect Expenses:	1,529	4,975	19,427	10,785	36,716
<b>TOTAL FUNDING USES:</b>	<b>17,000</b>	<b>55,338</b>	<b>216,050</b>	<b>119,932</b>	<b>408,320</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
	CFDA #:				
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES					
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
	CFDA #:				
SA FED - SAPT Fed Discretionary #93.959					-
SA STATE - General Fund					-
SA COUNTY - Match for State General Fund					-
SA COUNTY - General Fund	17,000	55,338	216,050	119,932	408,320
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>17,000</b>	<b>55,338</b>	<b>216,050</b>	<b>119,932</b>	<b>408,320</b>
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>					
	CFDA #:				
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
<b>TOTAL DPH FUNDING SOURCES</b>					
	17,000	55,338	216,050	119,932	408,320
<b>NON-DPH FUNDING SOURCES</b>					
NON DPH - Patient/Client Fees					
<b>TOTAL NON-DPH FUNDING SOURCES</b>					
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>17,000</b>	<b>55,338</b>	<b>216,050</b>	<b>119,932</b>	<b>408,320</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR	CR	CR	
Units of Service:	14.64	1,380	4,392	345	
Unit Type:	Staff Hour	Staff Hour	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	1,161	40.10	49.19	347.63	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	1,161	40.10	49.19	347.63	
Published Rate (Medi-Cal Providers Only):					<b>Total UDC:</b>
Number of Client Contacts/year		200	6,405	50	
Unduplicated Clients (UDC):		50	100	13	100

DPH 3: Salaries & Benefits Detail

Provider Number : TBD  
Provider Name : A Woman's Place Drop In

POSITION TITLE	TOTAL		General Fund Startup		General Fund Early Intervention		General Fund Drop In		General Fund Case Management		Proposed Transaction	
	Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Director	0.139	\$ 7,727.00	0.019	1,067	0.012	666	0.084	4,662	0.024	1,332		
Program Coordinator	0.523	\$ 24,035.00	0.023	1,035	0.100	4,600	0.300	13,800	0.100	4,600		
Senior Program Coordinator	0.119	\$ 5,902.00	0.019	952					0.100	4,950		
Case Manager	1.513	\$ 48,219.00	0.013	420					1.500	47,799		
Shift Supervisor	1.025	\$ 28,014.00	0.025	683	0.200	5,466	0.800	21,865				
Peer Counselor	3.223	\$ 76,363.00	0.023	552	0.640	15,162	2.560	60,649				
On-Call Peer Counselor	0.250	\$ 5,923.00			0.050	1,185	0.200	4,738				
TOTALS	6.792	\$196,183	0.122	\$4,709	1.002	\$27,079	3.944	\$105,714	1.724	\$58,681		

EMPLOYEE FRINGE BENEFITS 32.00% \$ 62,779.00 32.00% \$1,507 32.00% \$8,665 32.00% \$33,829 32.00% \$18,778

TOTAL SALARIES & BENEFITS \$258,962 \$6,216 \$35,744 \$139,543 \$77,459

DPH 4: Operating Expenses Detail

APPENDIX #: B-7 Page 3  
 Document Date: 7/1/2011

Provider Number : TBD  
 Provider Name : A Woman's Place Drop In

TOTAL	General Fund Startup	General Fund Early Intervention	General Fund Drop In	General Fund Case Management	WORK ORDER #1: _____ (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/11-6/30/11	Term: 7/1/11-6/30/12	Term: 7/1/11-6/30/12	Term: 7/1/11-6/30/12	Term: 7/1/11-6/30/12	Term: _____
Rental of Property	\$ 38,925.00		5,504	21,490	11,931
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 14,500.00		2,050	8,006	4,444
Office Supplies, Postage	\$ 2,192.00	292	269	1,049	582
Building Maintenance Supplies and Repair	\$ 6,500.00		919	3,589	1,992
Printing and Reproduction	\$ -				
Insurance	\$ 3,500.00		495	1,932	1,073
Staff Training	\$ 3,000.00		424	1,656	920
Staff Travel-(Local & Out of Town)	\$ -				
Rental of Equipment	\$ 2,750.00		389	1,518	843
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)					
Mental Health Consultant (3 hrs/wk X\$ 80/hrX 27 wks)	\$ 6,480.00		916	3,578	1,986
OTHER					
Equipment Maintenance	\$ 2,100.00		297	1,159	644
Audit & Accounting	\$ 1,250.00		177	690	383
Client Related Costs	\$ 7,502.00		1,061	4,142	2,299
Food & Food Preparation	\$ 8,159.00		1,154	4,505	2,500
Small Equipment & Furniture	\$ 15,784.00	8,963	964	3,766	2,091
Small Equipment & Furniture					
<b>TOTAL OPERATING EXPENSE</b>	<b>\$112,642</b>	<b>\$9,255</b>	<b>\$14,619</b>	<b>\$57,080</b>	<b>\$31,688</b>
					<b>\$0</b>

Provider Number: TBD  
 Provider Name: A Woman's Place Drop In

Fiscal Year: Appendix: B-7, Page 5  
 7/1/11 - 6/30/12  
 Doc Date: 12/14/2011

Budget Justification - Salaries & Benefits

<u>Program Director</u>	<u>Annual Salary</u>	<u>X</u>	<u>FTE</u>	=	<u>Amount</u>
Responsible for management of the day-to-day operation of the program. BA or equivalent education and experience.	\$55,503		0.139		\$7,727
<u>Program Coordinator</u>					
Responsible for the coordination of the daily administrative operations of the program under the direction of the Program Director that included hiring, training, and supervision of staff. BA or equivalent in education and experiences.	\$46,000		0.523		\$24,035
<u>Senior Program Coordinator</u>					
Responsible for support for the Avatar System (IT) and management of the day-to-day operation of the program in the absence of the program Director. BA or equivalent education and experience.	\$49,500		0.119		\$5,902
<u>Case Manager</u>					
Responsible for establishing and maintaining a caseload of clients that included counseling, crisis management, assessment and evaluation of clients and regular meetings with clients to set/review goals and objectives. BA degree or equivalent in education and work experiences.	\$31,866		1.513		\$48,219
<u>Shift Supervisor</u>					
Responsible for the daily oversight of the program's operations that included training and supervising of line staff and cleaning and maintenance of the facility. High school diploma or GED with supervisory experiences.	\$27,331		1.025		\$28,014
<u>Peer Counselor</u>					
Responsible for providing daily program services to the clients that included assessing the clients' immediate needs, referring clients to appropriate services, providing supportive counseling and daily monitoring of clients and the facility. High School diploma or GED.	\$23,691		3.223		\$76,363
<u>On-Call Peer Counselor</u>					
Responsible for providing daily program services to the clients that included assessing the clients' immediate needs, referring clients to appropriate services, providing supportive counseling and daily monitoring of clients and the facility. High School diploma or GED.	\$23,691		0.250		\$5,923
	Total FTE		6.792		
<b>Total Salaries</b>					\$196,183
<b>Employee Fringe Benefits @ 32%</b>					\$62,779
<b>Total</b>					\$258,962



Budget Justification - Operating Costs

Doc date 12/14/2011

Operating expenses were allocated based upon previous year's actual expenses calculated at the proportionate percentage using the number of beds & type of beds (i.e. staffing patterns, clients' use of facilities, etc...) or budgeted dollars as permitted by the funder's restrictions.

	Annual Cost	X	Other Agency Funds Percentage	=
<b><u>Utilities</u></b>				
Includes electricity, water, gas, & scavenger service	55,000		9.98%	\$5,487
<b><u>Building Maintenance</u></b>				
General maintenance and repair of property	48,000		4.17%	\$2,000
<b><u>Office Supplies</u></b>				
Includes supplies for program staff, and materials for group sessions and presentations.	10,000		65.00%	\$6,500
<b><u>Insurance</u></b>				
Includes vehicle insurance	13,000		17.12%	\$2,225
<b><u>Staff Training</u></b>				
Includes Management & Supervision, First Aid & CPR, HIV, cultural competency, computer and miscellaneous training.	2,500		7.64%	\$191
<b><u>Rental of Equipment</u></b>				
Includes vehicle lease and copier lease payments	12,000		13.64%	\$1,637
<b><u>Professional Consultants</u></b>				
Clinical Supervisor(\$80/hr) Responsible for Clinical consultation, individual and group clinical supervision, client assessments, crisis intervention, staff training.	33,000		0.00%	
<b><u>Equipment Maintenance</u></b>				
Includes repairs to telephone/internet, air conditioner, copier, water heater and kitchen equipment.	9,000		0.00%	
<b><u>Audit &amp; Accounting</u></b>				
Includes the annual audit and certification of the agency's financial statements by an independent CPA.	2,500		18.40%	\$460
<b><u>Client Costs</u></b>				
Clothing, toiletries, educational materials, vitamins, plus special needs for CARE program.	14,000		0.00%	
<b><u>Food &amp; Food Preparation</u></b>				
Includes enhanced nutritional needs of CARE program	43,000		0.00%	
<b>Total Operating Costs</b>		\$	46,722	<u>\$18,500</u>



DPH 6: CBHS Indirect expenses

	TOTAL		Medical Respite		SFHOT		MAP		GGS		AWP - SA		AWP - Drop In		AWP - HIV	
	Proposed Transaction 7/1/11 - 6/30/12		Proposed Transaction 7/1/11 - 6/30/12		Proposed Transaction 7/1/11 - 6/30/12		Proposed Transaction 7/1/11 - 6/30/12		Proposed Transaction 7/1/11 - 6/30/12		Proposed Transaction 7/1/11 - 6/30/12		Proposed Transaction 7/1/11 - 6/30/12		Proposed Transaction 3/1/12 - 2/28/13	
POSITION / TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Executive Director	0.665	69,278	0.209	22,000	0.286	30,000	0.054	5,000	0.026	2,768	0.022	2,360	0.054	5,650	0.014	1,500
Executive Assistant	0.833	38,984	0.235	11,000	0.385	18,000	0.080	3,760	0.037	1,732	0.023	1,067	0.050	2,340	0.023	1,085
Director Of Finance	0.785	59,925	0.217	16,500	0.375	28,500	0.069	4,500	0.027	2,040	0.016	2,185	0.055	4,200	0.026	2,000
Senior Accountant	0.780	38,490	0.215	10,500	0.358	17,500	0.092	4,300	0.029	1,440	0.020	1,500	0.050	2,450	0.016	800
Staff Accountant	0.811	36,778	0.243	11,000	0.386	17,500	0.091	4,140	0.026	1,178			0.050	2,270	0.015	690
I.R. Director	0.827	55,925	0.229	16,000	0.386	27,000	0.096	6,200	0.021	1,492	0.021		0.053	3,733	0.021	1,500
Computer Technician	0.832	32,900	0.180	7,100	0.455	18,000	0.109	4,300					0.048	1,900	0.040	1,600
Maintenance Coor.	0.356	11,673			0.233	10,000	0.084						0.016	673	0.023	1,000
<b>TOTAL SALARIES</b>	<b>5.889</b>	<b>\$343,953</b>	<b>1.528</b>	<b>\$94,100</b>	<b>2.864</b>	<b>\$166,500</b>	<b>0.675</b>	<b>\$32,200</b>	<b>0.166</b>	<b>\$10,650</b>	<b>0.102</b>	<b>\$7,112</b>	<b>0.376</b>	<b>\$23,216</b>	<b>0.178</b>	<b>\$10,175</b>
<b>FRINGE BENEFIT</b>	<b>24%</b>	<b>\$82,549</b>	<b>24%</b>	<b>\$22,584</b>	<b>24%</b>	<b>\$39,960</b>	<b>24%</b>	<b>\$7,728</b>	<b>24%</b>	<b>\$2,556</b>	<b>24%</b>	<b>\$1,707</b>	<b>24%</b>	<b>\$5,572</b>	<b>24%</b>	<b>\$2,442</b>
<b>TOTAL SALARIES &amp; BENEFIT</b>		<b>\$426,502</b>		<b>\$116,684</b>		<b>\$206,460</b>		<b>\$39,928</b>		<b>\$13,206</b>		<b>\$8,819</b>		<b>\$28,788</b>		<b>\$12,617</b>
<b>OPERATING COSTS</b>																
Rental Of Property		47,483		\$14,000		\$19,803		\$5,100				\$4,580		\$3,300		\$700
Utilities		33,452		\$6,720		\$17,700		\$2,220				\$4,480		\$2,200		\$132
Office Supplies		11,767		\$3,000		\$4,347		\$1,400				\$1,700		\$520		\$800
Building Maintenance		3,255		\$770		\$1,290		\$700				\$300		\$195		
Insurance		7,781		\$2,500		\$3,220		\$700				\$346		\$515		\$500
Staff Training		3,260		\$870		\$1,130		\$1,000				\$100		\$110		\$50
Legal & Professional		7,540		\$2,500		\$3,860		\$1,000						\$110		\$70
Equipment Maintenance		3,711		\$1,160		\$164		\$1,900				\$417		\$70		
Audit & Accounting		2,478		\$198		\$670		\$1,200						\$110		\$300
Equipment Rental		11,402		\$4,000		\$4,500		\$1,500				\$204		\$798		\$400
Small Equipment		2,000		\$300		\$800		\$900								
<b>TOTAL OPERATING COSTS</b>		<b>\$134,129</b>		<b>\$36,018</b>		<b>\$57,484</b>		<b>\$17,620</b>				<b>\$12,127</b>		<b>\$7,928</b>		<b>\$2,952</b>
<b>TOTAL INDIRECT COSTS</b>		<b>560,631</b>		<b>152,702</b>		<b>263,944</b>		<b>57,548</b>		<b>13,206</b>		<b>20,946</b>		<b>36,716</b>		<b>15,569</b>



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

Appendix F  
 PAGE A

Control Number

INVOICE NUMBER:   
 Ct.Blanket No.: BPHM   
 Ct. PO No.: POHM  User Cd  
 Fund Source:   
 Invoice Period:   
 Final Invoice:  (Check if Yes)  
 ACE Control Number:

Contractor: Community Awareness & Treatment Services

Address: 1446 Market St., San Francisco, CA 94102

Tel. No.: (415) 241-1199  
 Fax No.: (415) 553-3939

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

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

\*Unduplicated Counts for 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	CLIENTS
<b>B-4 GGS (Golden Gate for Seniors) PC# - 00202</b>											
Res - 51 SA-Res Recov Long Term	6,929				\$ 44.17	\$ -	0.000		0.00%	5,929.000	
<b>B - 5 A Woman's Place PC# - 97027</b>											
Res - 51 SA-Res Recov Long Term (Over 30 days)	2,635				\$ 84.52	\$ -	0.000		0.00%	2,635.000	
<b>TOTAL</b>	<b>6,564</b>		<b>0.000</b>				<b>0.000</b>		<b>0.00%</b>	<b>8,564.000</b>	

\$ 261,883.93  
 222,710.20  
 \$ 484,594.13

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:  
 DPH Fiscal/Invoice Processing  
 1380 Howard St. - 4th Floor  
 San Francisco, CA 94103

DPH Authorization for Payment  
 \_\_\_\_\_  
 Authorized Signatory Date



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

Appendix F  
PAGE A

Control Number

Contractor: Community Awareness & Treatment Services

Address: 1446 Market St., San Francisco, CA 94102

Tel. No.: (415) 241-1199

Fax No.: (415) 553-3939

Funding Term: 07/01/2011 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER:

Ct. Blanket No.: BPHM

User Cd

Ct. PO No.: POHM

Fund Source:

Invoice Period:

Final Invoice:  (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3 MAP (Mobile Assistance Patrol)												
SecPrev-19 SA-Sec Prev Outreach	13,571.00				0.00	0.00	0%	#DIV/0!	13,571.00	0.00	100%	#DIV/0!
SecPrev-18 SA-Sec Prev Early Intervention	1,057.50				0.00	0.00	0%	#DIV/0!	1,057.50	0.00	100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 412,531.00	\$ -	\$ -	0.00%	\$ 412,531.00
Fringe Benefits	\$ 160,887.00	\$ -	\$ -	0.00%	\$ 160,887.00
<b>Total Personnel Expenses</b>	<b>\$ 573,418.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 573,418.00</b>
Operating Expenses:					
Occupancy	\$ 63,800.00	\$ -	\$ -	0.00%	\$ 63,800.00
Materials and Supplies	\$ 7,300.00	\$ -	\$ -	0.00%	\$ 7,300.00
General Operating	\$ 76,800.00	\$ -	\$ -	0.00%	\$ 76,800.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Audit & Accounting	\$ 2,600.00	\$ -	\$ -	0.00%	\$ 2,600.00
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 150,500.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 150,500.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 723,918.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 723,918.00</b>
Indirect Expenses	\$ 57,548.00	\$ -	\$ -	0.00%	\$ 57,548.00
<b>TOTAL EXPENSES</b>	<b>\$ 781,466.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 781,466.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to: DPH Fiscal Invoice Processing  
1380 Howard St 4th Floor  
San Francisco CA 94103-2614

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date





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

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

Contractor: Community Awareness & Treatment Services

Address: 1446 Market St., San Francisco, CA 94102

Tel. No.: (415) 241-1199

Fax No.: (415) 553-3939

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S05 JL 2

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: GENERAL FUND

Invoice Period: July 2012

Final Invoice: (Check if Yes)

ACE Control Number: \_\_\_\_\_

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-7 A Woman's Place-Drop In												
SecPrev-19 SA-Sec Prev Outreach Outreach & Intervention	1,380	50			0	0	0%	0%	1,380	50	100%	100%
SecPrev-19 SA-Sec Prev Outreach Drop-in	4,392	100			0	0	0%	0%	4,392	100	100%	100%
Ans-68 Case Mgmt (Excluding SACPA Clients) Ca. Mgmt	345	13			0	0	0%	0%	345	13	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 191,474.00	\$ -	\$ -	0.00%	\$ 191,474.00
Fringe Benefits	\$ 61,272.00	\$ -	\$ -	0.00%	\$ 61,272.00
<b>Total Personnel Expenses</b>	<b>\$ 252,746.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 252,746.00</b>
Operating Expenses:					
Occupancy	\$ 59,925.00	\$ -	\$ -	0.00%	\$ 59,925.00
Material and Supplies	\$ 1,900.00	\$ -	\$ -	0.00%	\$ 1,900.00
General Operating	\$ 18,171.00	\$ -	\$ -	0.00%	\$ 18,171.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/ Subcontractor	\$ 6,480.00	\$ -	\$ -	0.00%	\$ 6,480.00
Other: Audit & Accounting	\$ 1,250.00	\$ -	\$ -	0.00%	\$ 1,250.00
Client Related Costs	\$ 7,502.00	\$ -	\$ -	0.00%	\$ 7,502.00
Food & Food Preparation	\$ 8,159.00	\$ -	\$ -	0.00%	\$ 8,159.00
	\$ -	\$ -	\$ -		\$ -
<b>Total Operating Expenses</b>	<b>\$ 103,387.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 103,387.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 356,133.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 356,133.00</b>
Indirect Expenses	\$ 35,187.00	\$ -	\$ -	0.00%	\$ 35,187.00
<b>TOTAL EXPENSES</b>	<b>\$ 391,320.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 391,320.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to: DPH Fiscal Invoice Processing  
1380 Howard St 4th Floor  
San Francisco CA 94103-2614

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date



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

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

Contractor: Community Awareness & Treatment Services

Address: 1446 Market St., San Francisco, CA 94102

Tel. No.: (415) 241-1199

Fax No.: (415) 553-3939

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S07 JL 2

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: GENERAL FUND

Invoice Period: July 2012

Final Invoice: (Check if Yes)

ACE Control Number: \_\_\_\_\_

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-2 SFHOT (San Francisco Homeless Outreach Team)												
SecPrev-19 SA-Sec Prev Outreach	58,705						0%		58,705		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 1,525,787.00	\$ -	\$ -	0.00%	\$ 1,525,787.00
Fringe Benefits	\$ 457,736.00	\$ -	\$ -	0.00%	\$ 457,736.00
<b>Total Personnel Expenses</b>	<b>\$ 1,983,523.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 1,983,523.00</b>
Operating Expenses:					
Occupancy	\$ 9,000.00	\$ -	\$ -	0.00%	\$ 9,000.00
Materials and Supplies	\$ 40,000.00	\$ -	\$ -	0.00%	\$ 40,000.00
General Operating	\$ 69,573.00	\$ -	\$ -	0.00%	\$ 69,573.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Audit & Accounting	\$ 8,500.00	\$ -	\$ -	0.00%	\$ 8,500.00
Client Related Costs	\$ 60,937.00	\$ -	\$ -	0.00%	\$ 60,937.00
Parking	\$ 28,000.00	\$ -	\$ -	0.00%	\$ 28,000.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 216,010.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 216,010.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 2,199,533.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 2,199,533.00</b>
Indirect Expenses	\$ 263,944.00	\$ -	\$ -	0.00%	\$ 263,944.00
<b>TOTAL EXPENSES</b>	<b>\$ 2,463,477.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 2,463,477.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to: DPH Fiscal Invoice Processing  
1380 Howard St 4th Floor  
San Francisco CA 94103-2614

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date



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

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

Contractor: Community Awareness & Treatment Services

Address: 1446 Market St., San Francisco, CA 94102

Tel. No.: (415) 241-1199  
Fax No.: (415) 553-3939

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S09 JL 2

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM DPHM13000157

Fund Source: GENERAL FUND

Invoice Period: July 2012

Final Invoice: (Check if Yes)

ACE Control Number: \_\_\_\_\_

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
<b>B-1 Medical Respite</b>												
SecPrev-19 SA-Sec Prev Outreach	34,279				-		0%		34,279		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 635,028.00	\$ -	\$ -	0.00%	\$ 635,028.00
Fringe Benefits	\$ 222,260.00	\$ -	\$ -	0.00%	\$ 222,260.00
<b>Total Personnel Expenses</b>	<b>\$ 857,288.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 857,288.00</b>
<b>Operating Expenses:</b>					
Occupancy	\$ 384,000.00	\$ -	\$ -	0.00%	\$ 384,000.00
Materials and Supplies	\$ 7,800.00	\$ -	\$ -	0.00%	\$ 7,800.00
General Operating	\$ 29,100.00	\$ -	\$ -	0.00%	\$ 29,100.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Equipment Maintenance	\$ 4,200.00	\$ -	\$ -	0.00%	\$ 4,200.00
Audit & Accounting	\$ 4,500.00	\$ -	\$ -	0.00%	\$ 4,500.00
Client Related Costs	\$ 11,000.00	\$ -	\$ -	0.00%	\$ 11,000.00
Food & Food Prep	\$ 40,000.00	\$ -	\$ -	0.00%	\$ 40,000.00
Parking Van	\$ 2,640.00	\$ -	\$ -		\$ 2,640.00
<b>Total Operating Expenses</b>	<b>\$ 483,240.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 483,240.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 1,340,528.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 1,340,528.00</b>
<b>Indirect Expenses</b>	<b>\$ 152,702.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 152,702.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 1,493,230.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 1,493,230.00</b>
<b>Less: Initial Payment Recovery</b>					
<b>Other Adjustments (DPH use only)</b>					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to: DPH Fiscal Invoice Processing  
1380 Howard St 4th Floor  
San Francisco CA 94103-2614

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/29/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Anixter & Oser, Inc. License OE28888 205 San Marin Drive Novato CA 94945-1227	CONTACT NAME: Denise J. Billings
	PHONE (A/C, No. Ext): (415) 898-1600 FAX (A/C, No.): (415) 898-3922
	E-MAIL ADDRESS: denise@properlyinsured.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Nonprofits Insurance Alliance
INSURED Community Awareness & Treatment Service, Inc., 1171 Mission St San Francisco CA 94103-1519	INSURER B: Cypress Insurance Company
	INSURER C: Travelers Indemnity of America 25666
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: CL1262906710 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SOCIAL SERVICE <input type="checkbox"/> PROFESSIONAL LIABILITY	X	2012 01320NPO	7/1/2012	7/1/2013	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
						MED EXP (Any one person) \$ 20,000
						PERSONAL & ADV INJURY \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	2012 01320NPO	7/1/2012	7/1/2013	GENERAL AGGREGATE \$ 3,000,000
						PRODUCTS - COMP/OP AGG \$ 3,000,000
						LIQUOR LIABILITY \$ 1,000,000
						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		2012 01320 UMB	7/1/2012	7/1/2013	BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	3300061240-121	4/1/2012	4/1/2013	EACH OCCURRENCE \$ 3,000,000
						AGGREGATE \$ 3,000,000
						E.L. EACH ACCIDENT \$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
C	FIDELITY		105805713	8/29/2012	7/1/2013	E.L. DISEASE - POLICY LIMIT \$ 1,000,000
						Employee Theft \$1,200,000 Retention \$7,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Certificate Holder is named as additional insured per form CG 2026. City & County of San Francisco is named loss payee as respects the Travelers Fidelity policy.

CERTIFICATE HOLDER Dept. of Public Health, CSAS City & County of San Francisco Attn: Yvonne Eckhoff 1380 Howard St. 4th Flr. San Francisco, CA 94103	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	---





THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED--DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.  
SCHEDULE

**Name of Additional Insured Person(s) Or Organization(s)**

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

*City and County of San Francisco, its officers, agents, employees. and volunteers*

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II - WHO IS AN INSURED** is amended to include as an insured the person(s) or organization(s) shown in the schedule, but only with respect to liability for "bodily Injury, "property damage" or "personal and advertising injury" caused in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A: In the performance of your ongoing operations; or
- B: In connection with your premises owned by or rented to you





**Nonprofits' Insurance  
Alliance of California**  
A HEART FOR INSURANCE... A HEART FOR NONPROFITS

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED ENDORSEMENT

2012-01320-NPO

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE ONLY**

In consideration of the premium charged, it is understood and agreed that the following is added as an additional insured:

City and County of San Francisco, its officers, agents, employees, and volunteers

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

But only as respects a legally enforceable contractual agreement with the Named Insured and only for liability arising out of the Named Insured's negligence and only for occurrences of coverages not otherwise excluded in the policy to which this endorsement applies.

It is further understood and agreed that irrespective of the number of entities named as insureds under this policy, in no event shall the company's limits of liability exceed the occurrence or aggregate limits as applicable by policy definition or endorsement.





P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-01-2012

GROUP: 000488  
POLICY NUMBER: 0000291-2012  
CERTIFICATE ID: 48  
CERTIFICATE EXPIRES: 04-01-2013  
04-01-2012/04-01-2013

DEPARTMENT OF PUBLIC HEALTH, CSAS NA  
CITY & COUNTY OF SAN FRANCISCO  
1380 HOWARD ST FL 4  
SAN FRANCISCO CA 94103-2651

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

*James Neary*  
Authorized Representative

*Thomas Elone*  
President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04-01-2007 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

COMMUNITY AWARENESS & TREATMENT SVC. INC. (A  
NON-PROFIT CORP)  
1171 MISSION ST 2ND FL  
SAN FRANCISCO CA 94103



1 [Contract Amendment - Community Awareness and Treatment Services - \$35,699,175]

2  
3 **Resolution retroactively amending the contract between the San Francisco Department**  
4 **of Public Health and Community Awareness and Treatment Services, Inc., for**  
5 **behavioral health services for an amount of \$35,699,175.**

6  
7 WHEREAS, The Department of Public Health (DPH) selected Community Awareness  
8 and Treatment Services, Inc. (CATS) through Request for Proposal (RFP 23-2009) issued on  
9 September 9, 2009, and for three programs within the contract not selected under that RFP  
10 DPH obtained appropriate approval of CATS as the sole source of those services; and

11 WHEREAS, The mission of the Department of Public Health is to provide needed  
12 Community Behavioral Health Services to residents of San Francisco; and

13 WHEREAS, The original contract was approved by the Board of Supervisors in the  
14 amount of \$12,464,714 for five and one half years, July 1, 2010, through December 31, 2015,  
15 through Resolution Number 563-10, on file with the Clerk of the Board of Supervisors in File  
16 No. 100927, which is hereby declared to be a part of this resolution as if set forth fully herein;  
17 and

18 WHEREAS, The San Francisco Charter Chapter 9.118 requires contracts over \$10  
19 million to be approved by the Board of Supervisors; and

20 WHEREAS, The Department of Public Health wishes to increase the contract amount  
21 by \$23,234,461 for the remainder of the contract term, the period of July 1, 2010, through  
22 December 31, 2015; now, therefore, be it

23 **RESOLVED**, That the Board of Supervisors authorizes the Director of Public Health  
24 and the Office of Contract Administration, on behalf of the City and County of San Francisco,  
25 to retroactively amend the contract with Community Awareness and Treatment Services, Inc.

1 to increase the contract total from \$12,464,714 for the period of July 1, 2010 through  
2 December 31, 2015, to \$35,699,175 for the total contract term, July 1, 2010 through  
3 December 31, 2015; and be it

4 FURTHER RESOLVED that the Department of Public Health will report back in May  
5 2013 to the Budget and Finance Committee on the status of the sole source programs.

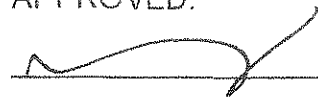
6 APPROVED:

7   
\_\_\_\_\_

8 Barbara A. Garcia

9 Director of Health

APPROVED:

10   
\_\_\_\_\_

11 Mark Morewitz

12 Secretary, Health Commission





City and County of San Francisco  
Tails  
Resolution

City Hall  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4689

File Number: 120547

Date Passed: July 31, 2012

Resolution retroactively amending the contract between the San Francisco Department of Public Health and Community Awareness and Treatment Services, Inc., for behavioral health services to \$35,699,175.

July 18, 2012 Budget and Finance Sub-Committee - AMENDED, AN AMENDMENT OF THE WHOLE BEARING NEW TITLE


July 18, 2012 Budget and Finance Sub-Committee - RECOMMENDED AS AMENDED

July 31, 2012 Board of Supervisors - ADOPTED

Ayes: 11 - Avalos, Campos, Chiu, Chu, Cohen, Elsbernd, Farrell, Kim, Mar, Olague and Wiener

File No. 120547

I hereby certify that the foregoing Resolution was ADOPTED on 7/31/2012 by the Board of Supervisors of the City and County of San Francisco.

  
Angela Calvillo  
Clerk of the Board

  
Mayor

  
Date Approved

