

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

First Amendment

THIS AMENDMENT (this “Amendment”) is made as of June 1, 2022, in San Francisco, California, by and between **Health Right 360** (“Contractor”), and the City and County of San Francisco, a municipal corporation (“City”), acting by and through its Director of the Office of Contract Administration.

Recitals

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

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

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

WHEREAS, approval for this Amendment was obtained on December 16, 2019 from the Department of Human Resources on behalf of the Civil Service Commission under PSC number 48652-16/17 in the amount of \$367,880,000 for the period commencing July 1, 2017 and ending June 30, 2027; and

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

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

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

Article 1 Definitions

The following definitions shall apply to this Amendment:

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

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

Article 2 Modifications to the Agreement

The Agreement is hereby modified as follows:

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

1.10 “Confidential Information” means confidential City information including, but not limited to, personally-identifiable information (“PII”), protected health information (“PHI”), or individual financial information (collectively, “Proprietary or Confidential Information”) that is subject to local, state or federal laws restricting the use and disclosure of such information, including, but not limited to, Article 1, Section 1 of the California Constitution; the California Information Practices Act (Civil Code § 1798 et seq.); the California Confidentiality of Medical Information Act (Civil Code § 56 et seq.); the federal Gramm-Leach-Bliley Act (15 U.S.C. §§ 6801(b) and 6805(b)(2)); the privacy and information security aspects of the Administrative

Simplification provisions of the federal Health Insurance Portability and Accountability Act (45 CFR Part 160 and Subparts A, C, and E of part 164); and San Francisco Administrative Code Chapter 12M (Chapter 12M).

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

2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2018; or (ii) the Effective Date and expire on June 30, 2022, unless earlier terminated as otherwise provided herein.

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

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

2.3 Compensation. Section 3.3.1 Payment currently reads as follows:

3.3.1 Payment

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

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

ARTICLE 3 FINANCIAL MATTERS

3.3.1 Calculation of Charges

Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made⁴ for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **One Hundred Sixty-Three Million Nine Hundred Thirty Thousand Eight Hundred Seventy-Nine Dollars (\$163,930,879)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

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

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

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

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

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

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

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

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

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

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

3.3.8 Payment Terms.

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

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

3.4 Audit and Inspection of Records.

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

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

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

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

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

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

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

3.7 Contract Amendments; Budgeting Revisions.

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

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

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

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

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

4.2. Qualified Personnel

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

4.2.2 Contractor Vaccination Policy.

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

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

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

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

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

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

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

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

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

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

5.1 Insurance

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

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

5.1.2 Additional Insured Endorsements

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

5.1.3 Waiver of Subrogation Endorsements

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

5.1.4 Primary Insurance Endorsements

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

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

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

5.1.5 Other Insurance Requirements

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

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

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

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

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

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

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

5.2 Indemnification.

5.2.1 Contractor shall indemnify and hold harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all claims, demands, losses, damages, costs,

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

5.2.2 In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter.

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

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

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

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

7.2 Possessory Interest Taxes. Contractor acknowledges that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

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

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

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

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

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

7.3 Withholding

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

2.17 Termination and Default, *The following is hereby added to Article 8 of the Agreement, replacing the previous Section 8.2 in its entirety:*

8.2 Termination for Default; Remedies.

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

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

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

(b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default is not cured within ten days after written notice thereof from City to Contractor.

If Contractor defaults a second time in the same manner as a prior default cured by Contractor, City may in its sole discretion immediately terminate the Agreement for default or grant an additional period not to exceed five days for Contractor to cure the default.

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

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

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

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

8.2.4 Any notice of default must be sent by registered mail to the address set forth in Article 11.

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

8.4 Rights and Duties upon Termination or Expiration.

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

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

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

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

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

10.4 Consideration of Salary History.

Contractor shall comply with San Francisco Administrative Code Chapter 12K, the Consideration of Salary History Ordinance or "Pay Parity Act." Contractor is prohibited from considering current or past salary of an applicant in determining whether to hire the applicant or what salary to offer the applicant to the extent that such applicant is applying for employment to be performed on this Agreement or in furtherance of this Agreement, and whose application, in whole or part, will be solicited, received, processed or considered, whether or not through an interview, in the City or on City property. The ordinance also prohibits employers from (1) asking such applicants about their current or past salary or (2) disclosing a current or former employee's salary history without that employee's authorization unless the salary history is publicly available. Contractor is subject to the enforcement and penalty provisions in Chapter 12K. Information about and the text of Chapter 12K is available on the web at <https://sfgov.org/olse/consideration-salary-history>. Contractor is required to comply with all of the applicable provisions of 12K, irrespective of the listing of obligations in this Section.

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

10.7 Minimum Compensation Ordinance.

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

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

10.8 Health Care Accountability Ordinance.

Health Care Accountability Ordinance. If Administrative Code Chapter 12Q applies to this contract, Contractor shall comply with the requirements of Chapter 12Q. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission. Information about and the text of the Chapter 12Q, as well as the Health Commission's minimum standards, is available on the web at <http://sfgov.org/olse/hcao>. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q. Any Subcontract entered into by Contractor shall require any Subcontractor with 20 or more employees to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section.

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

10.11 Limitations on Contributions

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

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

10.17 Distribution of Beverages and Water.

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

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

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

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

To CITY: Office of Contract Management and Compliance
Department of Public Health
1380 Howard Street
San Francisco, California 94103
FAX: (415) 252-3088
e-mail: David.Folmar@sfdph.org

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

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

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

11.3 Incorporation of Recitals.

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

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

11.13 Order of Precedence.

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

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

11.14 Notification of Legal Requests.

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

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

12.3. Certification Regarding Lobbying.

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

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

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

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

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

13.1 Nondisclosure of Private, Proprietary or Confidential Information.

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

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

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

13.4 Management of City Data and Confidential Information.

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

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

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

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

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

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

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

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

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

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

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

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

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

Article 3 Effective Date

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

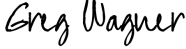
Article 4 Legal Effect

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

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

CITY

Recommended by:

DocuSigned by:

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

6/27/2022 | 11:43 AM PDT

CONTRACTOR

Health Right 360

DocuSigned by:

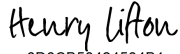
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VITKA EISEN
Chief Executive Director

6/23/2022 | 10:04 AM PDT

City Supplier ID:
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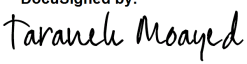
Approved as to Form:

David Chiu
City Attorney

By: DocuSigned by:

6D6CB58424584B1...
Henry Lifton
Deputy City Attorney

6/23/2022 | 10:42 AM PDT

Approved:

DocuSigned by:

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Sailaja Kurella
Director, Office of Contract Administration, and
Purchaser

6/27/2022 | 4:36 PM PDT

Appendix A
Scope of Services – DPH Behavioral Health Services

1. Terms

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

2. Description of Services

3. Services Provided by Attorneys

1. Terms

A. Contract Administrator:

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

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

J. Aerosol Transmissible Disease Program, Health and Safety:

(1) Contractor must have an Aerosol Transmissible Disease (ATD) Program as defined in the California Code of Regulations, Title 8, Section 5199, Aerosol Transmissible Diseases (<http://www.dir.ca.gov/Title8/5199.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, screening procedures, source control measures, use of personal protective equipment, referral procedures, training, immunization, post-exposure medical evaluations/follow-up, and recordkeeping.

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

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

(4) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

K. Acknowledgment of Funding:

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

L. Client Fees and Third Party Revenue:

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

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

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

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

N. Patients' Rights:

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

O. Under-Utilization Reports:

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

P. Quality Improvement:

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

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

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

S. Compliance with Behavioral Health Services Policies and Procedures

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

T. Fire Clearance

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

U. Clinics to Remain Open:

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

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

In the event that the CONTRACTOR, following completion of an assessment, determines that it cannot provide treatment to a client meeting medical necessity criteria, CONTRACTOR shall be responsible for the client until CONTRACTOR is able to secure appropriate services for the client.

CONTRACTOR acknowledges its understanding that failure to provide SERVICES in full as specified in Appendix A of this Agreement may result in immediate or future disallowance of payment for such SERVICES, in full or in part, and may also result in CONTRACTOR'S default or in termination of this Agreement.

V. Compliance with Grant Award Notices:

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

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

2. Description of Services

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

Health Right 360 2021-22 and 2022-23

Appendix A-1 – Residential

Appendix A-2 --Residential Step Down

Appendix A-3 – Perinatal Residential

Appendix A-4 – Residential Withdrawal Management

Appendix A-5 – Outpatient/Intensive Outpatient

Appendix A-6 – Representative Payee Services

Appendix A-7 – Adult Outpatient

Appendix A-8 –Adapt MH

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

Appendix A-10 – Women’s Community Clinic WAHT

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

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

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

1. Identifiers:

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

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

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

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

2. Nature of Document:

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

3. Goal Statement:

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

4. Priority Population:

The target population served by HR360 Adult Residential is adults with (poly)substance use disorders (SUD) who live in San Francisco. Their primary drugs of abuse are heroin, crack, alcohol, cocaine, amphetamines, and barbiturates. HR360 welcomes and serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent.

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

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

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

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

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

6. Methodology:

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

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

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

happen Monday through Friday for anyone in the community to come and be assessed for placement in any of our modalities. We also get referrals from SF County jails, SF Superior Court system, and other case management groups throughout San Francisco.

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

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

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

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

C. Program Service Delivery Model:

I. Residential Treatment Services

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

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

Services provided in a 24- hour facility where clients reside

ASAM designations:

815 Buena Vista West & 890 Hayes St

3.1 Low intensity services

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

3.3 Population specific High intensity

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

3.5 High intensity services

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

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x. Discharge Services.

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

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

II. Case Management

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

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

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

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

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

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

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

III. Physician Consultation

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

- 1) The DMC physician-to-specialist consultation shall be provided by network physicians, with addiction medicine physicians, addiction psychiatrists, addiction specialist Nurse Practitioners (NPs), or specialist clinical pharmacists to support SUD treatment plans for beneficiaries with complex needs.
- 2) The DMC physician consultation services shall include:
 - a) medication selection;
 - b) dosing;
 - c) side effect management;
 - d) adherence;
 - e) drug-drug interactions; and
 - f) level of care considerations.
- 3) The DMC physician consultation with the Medical Director shall be available by phone and email during clinic hours of operation.
- 4) HR360 shall make the number to a pharmacy ‘drug information phone line’ available to the clients, and this line (located at DPH’s Howard Street Pharmacy) shall be staffed by clinical pharmacists with an SUD specialization.

IV. Recovery Services

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

- 1) Community-based recovery and wellness services shall be provided face-to-face, by telephone, or by ‘telehealth’ with the client to support transfers/transitions. Recovery services shall be provided to beneficiaries whether they are triggered, have relapsed, or as a preventative measure to prevent relapse.
- 2) Service Components:
 - a) Individual and Group Outpatient Counseling to stabilize beneficiaries and reassess if further care is needed;
 - b) Recovery Monitoring: recovery coaching, monitoring via telephone or internet;
 - c) Substance Abuse Assistance: peer-to-peer services and relapse prevention;

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- d) Education and Job Skills: linkages to life skills, employment services, job training and education services;
- e) Family Support: linkages to childcare, parent education, child development support services, and family/marriage education;
- f) Support Groups: linkages to self-help and support, and spiritual and faith-based support; and
- g) Ancillary Services: linkages to housing assistance, transportation, case management, and individual services coordination.

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

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

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

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

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

F. Vouchers: N/A

7. Objectives and Measurements:

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

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity;

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, therefore maintains a robust Quality Control Plan in order to ensure that the agency is both achieving our targeted objectives while participants also achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of

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

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

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

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

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

DMC Chart Audit & Review (DMC programs only)

Daily Audits

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

Weekly Audits

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

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

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

3. Cultural competency of staff and services;

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

4. Satisfaction with services; and

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

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

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

9. Required Language:

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

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

Program Name: Men's Recovery Residence

Program Address: 214 Haight Street

City, State, Zip Code: San Francisco, CA 94117

Telephone: (415) 701-5100

Website: www.healthright360.org**Program Code: 88077, 87067**

Program Name: Women's Recovery Residence

Program Address: 2024 Hayes

City, State, Zip Code: San Francisco, CA 94117

Telephone: (415) 750-5111

Website: www.healthright360.org**Program Code: 88077, 87067**

Contractor Address, City, State, ZIP:

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

contracts@healthright360.org

Program Director: Steve Garcia

Telephone: 415-760-6402

Email Address: sgarcia@healthRIGHT360.org

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

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

4. Priority Population:

The target population served by HR360 Residential Step-down (RSD) services are adult poly-substance abusers who live in San Francisco. Their primary drugs of abuse are heroin, crack, alcohol, cocaine, amphetamines and barbiturates. HR360 serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent. Populations benefiting from specialized services include men; the mentally ill; HIV positive individuals; homeless people; young adults ages 18-24; gay, bisexual and transgender people; veterans; parents; and individuals involved in the criminal justice system.

- Polysubstance abusers
- Intravenous route of administration

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

- Homeless

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

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

6. Methodology:

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

A. Outreach, recruitment, promotion, and advertisement

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

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

B. Service delivery model

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

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

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

C. Discharge Planning and exit criteria and process

Those who complete the program have stabilized their lives and have secured safe housing within the community. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

D. Program staffing

See salaries & benefits detail page in Appendix B.

E. Vouchers

N/A

7. Objectives and Measurements:

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

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity;

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

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

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

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

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

DMC Chart Audit & Review (DMC programs only)

Daily Audits

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

Weekly Audits

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

Monthly Audits

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

3. Cultural competency of staff and services;

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

4. Satisfaction with services; and

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

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

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

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

9. Required Language:

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

Contractor Name: HealthRIGHT 360

Program Name: Recovery Residence (Recovery Step-Down)

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Contract Term: 07/01/21 – 06/30/22

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

Program Name: Perinatal Residential (Women's HOPE)

Program Address: 2261 Bryant Street

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

Telephone: (415) 800-7534

Website: www.healthright360.org

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

Contractor Address, City, State, ZIP:

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

contracts@healthright360.org

Program Director: Shelly Wynne

Telephone: 415-654-9024

Email Address: swynne@healthright360.org

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

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

4. Priority Population:

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

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

**Admission Priority population.*

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

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

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

6. Methodology:

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

A. Outreach, recruitment, promotion, and advertisement

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

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

Admission is open to all adult San Francisco residents with a Substance Use Disorder (SUD) as defined by ASAM criteria. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1563 Mission Street or through

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

TAP (County Central Intake Program) at 1380 Howard Street. Intake orientations happen Monday through Friday for anyone in the community to come to be assessed for placement in any of our modalities. We also get referrals from SF County jails, SF Superior Court system, and other case management groups throughout San Francisco.

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

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

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

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

C. Service delivery model

I. Residential Treatment Services

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

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

ASAM designations:

2261-2263 Bryant Street

3.1 Low intensity services

- ASAM Level 3.1 Residential Services shall include a 24-hour structure with available trained personnel, at least 5 hours of clinical services per week, and prepare beneficiaries for outpatient treatment.

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

- ASAM Level 3.3. Residential Services shall include 24-hour care with trained counselors to stabilize multidimensional imminent danger and less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community and prepare for outpatient treatment.

3.5 High intensity services

- ASAM Level 3.5 Residential Services shall include 24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment and be able to tolerate and use the full milieu of therapeutic community.

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

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

II. Case Management

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

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

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

HR360’s case management model utilizes a collaborative team-based approach to assessment, planning, facilitation, care coordination, evaluation and advocacy for options

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

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

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

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

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

III. Physician Consultation

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

- 1) The DMC physician-to-specialist consultation shall be provided by network physicians, with addiction medicine physicians, addiction psychiatrists, addiction specialist Nurse Practitioners (NPs), or specialist clinical pharmacists to support SUD treatment plans for beneficiaries with complex needs.
- 2) The DMC physician consultation services shall include:
 - a) medication selection;
 - b) dosing;
 - c) side effect management;
 - d) adherence;
 - e) drug-drug interactions; and
 - f) level of care considerations.
- 3) The DMC physician consultation with the Medical Director shall be available by phone and email during clinic hours of operation.
- 4) HR360 shall make the number to a pharmacy 'drug information phone line' available to the clients, and this line (located at DPH's Howard Street Pharmacy) shall be staffed by clinical pharmacists with an SUD specialization.

IV. Recovery Services

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

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

- 1) Community-based recovery and wellness services shall be provided face-to-face, by telephone, or by 'telehealth' with the client to support transfers/transitions. Recovery services shall be provided to beneficiaries whether they are triggered, have relapsed, or as a preventative measure to prevent relapse.
- 2) Service Components:
 - a) Individual and Group Outpatient Counseling to stabilize beneficiaries and reassess if further care is needed;
 - b) Recovery Monitoring: recovery coaching, monitoring via telephone or internet;
 - c) Substance Abuse Assistance: peer-to-peer services and relapse prevention;
 - d) Education and Job Skills: linkages to life skills, employment services, job training and education services;
 - e) Family Support: linkages to childcare, parent education, child development support services, and family/marriage education;
 - f) Support Groups: linkages to self-help and support, and spiritual and faith-based support; and
 - g) Ancillary Services: linkages to housing assistance, transportation, case management, and individual services coordination.
- 3) HR360 shall make relapse prevention counseling available to all beneficiaries through SUD treatment providers.
- 4) HR360 shall provide system-wide training on the Wellness & Recovery Model including appropriate recovery monitoring in primary care and provide consultation services to SUD providers through the Wellness and Recovery Coordinator's Office.
- 5) Coordination and expansion of peer services and training is being developed as part of the workforce development during the DMC-ODS expansion.

D. Discharge Planning and exit criteria and process

Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion is celebrated through a formal ceremony. Unsuccessful completions may include those who left without consent or notification of the program staff, or were asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information. A discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

E. Program staffing

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

See salaries & benefits detail page in Appendix B.

F. Vouchers

N/A

7. Objectives and Measurements:

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

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity;

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

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

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

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

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

performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

DMC Chart Audit & Review (DMC programs only)

Daily Audits

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

Weekly Audits

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

Monthly Audits

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

3. Cultural competency of staff and services;

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

4. Satisfaction with services; and

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

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

Contractor Name: HealthRIGHT 360

Appendix A-3

Program Name: HR360 ODS Perinatal Residential SUD Tx

Contract Term: 07/01/21 – 06/30/22

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

9. Required Language:

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

Contractor Name: HealthRIGHT 360
Program Name: Withdrawal Management

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

1. Identifiers:

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

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

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

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

2. Nature of Document:

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

3. Goal Statement:

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

4. Priority Population:

The target population served by HR360 Adult Residential is adults with (poly)substance use disorders (SUD) who live in San Francisco. Their primary drugs of abuse are heroin, crack, alcohol, cocaine, amphetamines, and barbiturates. HR360 serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent.

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

Contractor Name: HealthRIGHT 360
Program Name: Withdrawal Management

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

- Homeless
- Intravenous Drug Users (IDU)

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

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

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

6. Methodology:

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

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

B. Admissions and Intake: Admission is open to all adult San Francisco residents with a Substance Use Disorder (SUD) as defined by ASAM criteria. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1563 Mission Street or through TAP (County Central Intake Program) at 1380 Howard Street. Intake orientations

Contractor Name: HealthRIGHT 360
Program Name: Withdrawal Management

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

happen Monday through Friday for anyone in the community to come and be assessed for placement in any of our modalities. We also get referrals from SF County jails, SF Superior Court system, and other case management groups throughout San Francisco.

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

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

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

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

C. Program Service Delivery Model:

I. Withdrawal Management Services

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

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

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

Services provided in a 24- hour facility where clients reside

ASAM designations:

Contractor Name: HealthRIGHT 360
Program Name: Withdrawal Management

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

815 Buena Vista West & 890 Hayes St

3.2 Withdrawal Management Services

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

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

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

F. Vouchers: N/A

7. Objectives and Measurements:

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

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity;

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

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

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

Contractor Name: HealthRIGHT 360
Program Name: Withdrawal Management

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

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

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

DMC Chart Audit & Review (DMC programs only)

Daily Audits

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

Weekly Audits

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

Monthly Audits

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

3. Cultural competency of staff and services;

Contractor Name: HealthRIGHT 360
Program Name: Withdrawal Management

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

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

4. Satisfaction with services; and

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

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

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

9. Required Language:

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

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

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

1. Identifiers:

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

- 2) Program Name: African American Healing Center (AAHC)
 Program Address: 1601 Donner #3
 City, State, Zip Code: San Francisco, CA 94124
 Telephone: (415) 762-3700
 Website: www.healthright360.org
Program Code: 87301

- 3) Program Name: Project ADAPT
 Program Address: 2020 Hayes Street
 City, State, Zip Code: San Francisco, CA 94117
 Telephone: (415) 750-5125
 Website: www.healthright360.org
Program Code: 38371

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

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

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

2. Nature of Document:

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

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

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

3. Goal Statement:

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

4. Priority Population:

The target population served by Outpatient Services are adults, 18 and above, with a Substance Use Disorder (SUD) as defined by ASAM criteria. Primary drugs of abuse include: alcohol, barbiturates, amphetamines, cocaine, crack cocaine, and opiates (including prescription). HR360 serves clients from all racial and cultural backgrounds, and from all economic classes, although the majority of clients are indigent.

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

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

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

6. Methodology:

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

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

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

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

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

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

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

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

C. Program Service Delivery Model:

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

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

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

The program includes:

ASAM designations:

1.0 Outpatient Services (ODF)

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

2.1 Intensive Outpatient Treatment (IOT)

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

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

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

Program Service Locations: See above addresses of programs.

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

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

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

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

F. Vouchers: N/A

7. Objectives and Measurements:

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

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity;

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

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

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

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

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

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

DMC Chart Audit & Review (DMC programs only)

Daily Audits

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

Weekly Audits

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

Monthly Audits

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

3. Cultural competency of staff and services;

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

4. Satisfaction with services; and

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

Contractor Name: HealthRIGHT 360

Program Name: Outpatient & Intensive Outpatient

Appendix A-5

Contract Term: 07/01/21 – 06/30/22

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

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

9. Required Language:

N/A

Contractor Name: HealthRIGHT 360
Program Name: Representative Payee Services

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

1. Identifiers:

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

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

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

2. Nature of Document:

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

3. Goal Statement:

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

4. Priority Population:

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

Key characteristics of the RPI target population:

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

Contractor Name: HealthRIGHT 360
Program Name: Representative Payee Services

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

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

6. Methodology:

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

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

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

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

C. Program Service Delivery Model: The Representative Payee Program is committed to being effective in maintaining the recipients' level of functioning. To accomplish this goal, the program

Contractor Name: HealthRIGHT 360
Program Name: Representative Payee Services

Appendix A-6
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ensures that staff has the capacity to function effectively as compassionate and caring individuals for recipients who are unable to care for themselves. The program consists of three services:

- Financial management conducted in accordance with Social Security Administration rules and regulations
- Connection of the recipient with the needed community services through case management in cooperation with the mental health system
- Transition of the city's mentally ill homeless population into permanent housing.

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

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

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

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

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

F. Vouchers: N/A

Contractor Name: HealthRIGHT 360
Program Name: Representative Payee Services

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Contract Term: 07/01/21 – 06/30/22
Funding Source

7. Objectives and Measurements:

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

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1. Achievement of contract performance objectives and productivity;

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

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

Contractor Name: HealthRIGHT 360
Program Name: Representative Payee Services

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- All New Admits *Intake/Admission Audit Tool for a description of listed items checked daily*
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- Staff Credential Checks in Welligent

Monthly Audits

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

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

4. Satisfaction with services; and

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in

Contractor Name: HealthRIGHT 360

Program Name: Representative Payee Services

Appendix A-6

Contract Term: 07/01/21 – 06/30/22

Funding Source

developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

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

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

9. Required Language:

N/A

Contractor Name: HealthRIGHT 360**Program Name:** HR360 Adult OP Mental Health Services**Appendix A-7****Contract Term:** 07/01/21 – 06/30/22**1. Identifiers:**

- 1) Program Name: HR360 Adult MH Services
Program Address: 1563 Mission Street, 3rd floor
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 762-3700
Website: www.healthright360.org
Program Code: 38K3OP
- 2) Program Name: Project ADAPT Adult MH Services
Program Address: 2020 Hayes Street
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 750-5125
Website: www.healthright360.org
Program Code: 38K3OP

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

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

2. Nature of Document:

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

3. Goal Statement:

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

4. Priority Population:

This component serves individuals in the community whose psychiatric disorders are accompanied by a co-morbid substance use disorder (SUD). In many cases, individuals present with longstanding psychiatric histories, numerous psychiatric hospitalizations and crisis services. HR360 serves individuals from all racial and cultural backgrounds and from all economic classes. Participants in this program are either MediCal eligible or qualify under the Short-Doyle law. The agency will provide these outpatient services for clients referred through ACCESS, San Francisco General Hospital, Swords to Plowshares, Baker Places,

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

our treatment partners and from within other HR360 programs. These clients must meet medical and service necessity criteria as defined for Medi-CAL services.

- Adult psychiatric disorders
- Co-morbid substance use or dependence
- MediCal eligible or indigent

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

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

6. Methodology:

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

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

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

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

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

A. Outreach, recruitment, promotion, and advertisement:

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

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

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

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

HealthRIGHT 360 mental health clinicians providing services to clients funded through our MediCal/Short Doyle contract obtain and maintain ANSA certification. The ANSA is administered at the time of the opening of the mental health episode and renewed annually or at the time of discharge if the client is available. Because the baseline ANSA is administered at the time of initial assessment at the beginning of mental health services, it is primarily used by our clinicians to help identify life domains that might be prioritized for clinical focus. The information provided by the baseline ANSA informs treatment planning. We have learned that the latest reports (while based on a small number of clients

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

with at least two ANSAs to permit comparison) do indicate that our clients' strengths increase as a result of treatment. Depression, impulsivity, adjustment to trauma, and substance use is decreased.

C. Service delivery model

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

The program includes:

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

Three Levels of Active Treatment

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

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

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

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

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

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

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

Client elects to withdraw before the completion of treatment: In the event that the client chooses to withdraw from the program before the completion of significant treatment goals, a discharge plan should be developed. During a face-to-face session with the client, clinical staff will review the client's progress or lack thereof and offer appropriate referrals dealing with the above-mentioned areas. If the client was receiving medication services through the program, special care will be taken to ensure that the client does not experience a gap in services. In the event that the client suddenly withdraws from treatment and is not available to develop a treatment plan, every effort will be made to contact the client and offer them a face-to-face discharge planning session and follow up with the HR360 psychiatrist.

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

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

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

F. Vouchers: N/A

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

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

8. Continuous Quality Improvement:**1. Achievement of contract performance objectives and productivity;**

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DMC Chart Audit & Review (DMC programs only)**Daily Audits**

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

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

Weekly Audits

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- Discharge Charts
Goal: 100% of clients per program -audit tools on file
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Goal: Minimum of 10% of active clients per program

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4. Satisfaction with services; and

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

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

To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the

Contractor Name: HealthRIGHT 360

Program Name: HR360 Adult OP Mental Health Services

Appendix A-7

Contract Term: 07/01/21 – 06/30/22

ANSA for our MH Adult programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

9. Required Language:

N/A

Contractor Name: HealthRIGHT 360**Program Name:** ADAPT Mental Health Services**Appendix A-8****Contract Term:** 07/01/21 – 06/30/22**1. Identifiers:**

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

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

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

2. Nature of Document:

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

3. Goal Statement:

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

4. Priority Population:

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

- Adult psychiatric disorders
- Co-morbid substance use or dependence
- MediCal eligible or indigent

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

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

6. Methodology:

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

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

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

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

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

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

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

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

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

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

C. Service delivery model

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

The program includes:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

F. Vouchers: N/A

7. Objectives and Measurements:

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

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity;

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

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

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

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

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

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

DMC Chart Audit & Review (DMC programs only)

Daily Audits

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

Weekly Audits

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

Contractor Name: HealthRIGHT 360**Appendix A-8****Program Name: ADAPT Mental Health Services****Contract Term: 07/01/21 – 06/30/22**Goal: Minimum 10% of active clients per program

- Weekly Summary Note Requirements for IOP and RTX Clients- audit tools on file

Goal: Minimum 10% of active clients per program

- Staff Credential Checks in Welligent

Monthly Audits

- Discharge Charts

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

- Group Sign-In Sheets Check

Goal: Minimum of 10% of active clients per program**3. Cultural competency of staff and services;**

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

4. Satisfaction with services; and

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

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

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

9. Required Language:

N/A

Contractor Name: HealthRIGHT 360

Program Name: ADAPT Mental Health Services

Appendix A-8

Contract Term: 07/01/21 – 06/30/22

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

Program Name: Women's Community Clinic: Primary Care

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

Telephone/FAX: (415) 820-7304

Website Address: www.healthright360.org

Contractor Address, City, State, ZIP:

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

contracts@healthright360.org

Program Director: JM Jaffe

Telephone: (415) 901-7108

Email Address: jjaffe@lyon-martin.org

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

2. Nature of Document:
☐ Original

 ☒ First Amendment

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

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

4. Priority Population:

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

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

N/A

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

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

B. Admission & Intake:

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

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

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

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

C. Service delivery model

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

D. Discharge Planning and Exit Criteria and Process

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

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

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

E. Program Staffing

Staff Supervision, Training and Volunteer Based Model

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

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

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

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

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

F. Vouchers: N/A

7. Objectives and Measurements:

A. Outcome Objectives

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

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

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

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

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

Contractor Name: HealthRIGHT 360
Program Name: WCC Primary Care

Appendix A-9
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- For LSIL/HSIL: colposcopy evaluation within 6 months
- For AGC: colposcopy plus ECC and EMB as appropriate within 6 months.
- Documentation of referral for specialty care (i.e. LEEP) that needs to be obtained at another health care facility elsewhere
- Records of follow-up include:
 - records for chart;
 - records release in chart; or
 - patient to return to clinic to sign record release
- For patients who have been lost-to-follow-up, documentation of attempts to contact the patient will be kept

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

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

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

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

B. Process Objectives

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

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

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

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

8. Continuous Quality Improvement:

Contractor Name: HealthRIGHT 360
Program Name: WCC Primary Care

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

1. Achievement of contract performance objectives and productivity;

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

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

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

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

3. Cultural competency of staff and services;

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

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

and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

4. Satisfaction with services; and

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

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

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

9. Required Language:

N/A

Contractor Name: HealthRIGHT 360
Program Name: WCC Primary Care

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

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

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

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

Telephone/FAX: (415) 820-7304

Website Address: www.healthright360.org

Contractor Address, City, State, ZIP:

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

contracts@healthright360.org

Program Director: JM Jaffe

Telephone: (415) 901-7108

Email Address: jjaffe@lyon-martin.org

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

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

4. Priority Population:

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

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

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

N/A

6. Methodology:

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

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

The Tier paths are summarized below:

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

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

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

A. Outreach & Recruitment:

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

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

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

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

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

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

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

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

C. Service delivery model

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

D. Discharge Planning and exit criteria and process

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

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

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

E. Program staffing

Staff Supervision, Training and Volunteer Based Model

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

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

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

F. Vouchers: N/A

7. Objectives and Measurements:

A. Outcome Objectives

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

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

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

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

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

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

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

B. Process Objectives

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

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

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

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

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

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

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

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

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity;

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

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

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

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

Contractor Name: HealthRIGHT 360**Program Name: WAHT Workforce Initiative****Appendix A-10****Contract Term: 07/01/21 – 06/30/22****Funding Source****3. Cultural competency of staff and services;**

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

4. Satisfaction with services; and

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

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

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

9. Required Language:

N/A

Contractor Name: HealthRIGHT 360

Program Name: WAHT Workforce Initiative

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Contract Term: 07/01/21 – 06/30/22

Funding Source

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

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1. Identifiers:

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

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

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

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

2. Nature of Document:

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

3. Goal Statement:

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

4. Priority Population:

The target population served by HR360 Adult Residential is adults with (poly)substance use disorders (SUD) who live in San Francisco. Their primary drugs of abuse are heroin, crack, alcohol, cocaine, amphetamines, and barbiturates. HR360 welcomes and serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent.

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

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

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

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

6. Methodology:

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

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

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

happen Monday through Friday for anyone in the community to come and be assessed for placement in any of our modalities. We also get referrals from SF County jails, SF Superior Court system, and other case management groups throughout San Francisco.

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

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

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

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

C. Program Service Delivery Model:

I. Residential Treatment Services

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

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

Services provided in a 24- hour facility where clients reside

ASAM designations:

815 Buena Vista West & 890 Hayes St

3.1 Low intensity services

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

3.3 Population specific High intensity

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

3.5 High intensity services

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

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x. Discharge Services.

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

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

II. Case Management

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

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

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

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

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

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Program Name: HR360 ODS Residential SUD Tx

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

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

III. Physician Consultation

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

- 1) The DMC physician-to-specialist consultation shall be provided by network physicians, with addiction medicine physicians, addiction psychiatrists, addiction specialist Nurse Practitioners (NPs), or specialist clinical pharmacists to support SUD treatment plans for beneficiaries with complex needs.
- 2) The DMC physician consultation services shall include:
 - a) medication selection;
 - b) dosing;
 - c) side effect management;
 - d) adherence;
 - e) drug-drug interactions; and
 - f) level of care considerations.
- 3) The DMC physician consultation with the Medical Director shall be available by phone and email during clinic hours of operation.
- 4) HR360 shall make the number to a pharmacy ‘drug information phone line’ available to the clients, and this line (located at DPH’s Howard Street Pharmacy) shall be staffed by clinical pharmacists with an SUD specialization.

IV. Recovery Services

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

- 1) Community-based recovery and wellness services shall be provided face-to-face, by telephone, or by ‘telehealth’ with the client to support transfers/transitions. Recovery services shall be provided to beneficiaries whether they are triggered, have relapsed, or as a preventative measure to prevent relapse.
- 2) Service Components:
 - a) Individual and Group Outpatient Counseling to stabilize beneficiaries and reassess if further care is needed;
 - b) Recovery Monitoring: recovery coaching, monitoring via telephone or internet;
 - c) Substance Abuse Assistance: peer-to-peer services and relapse prevention;

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- d) Education and Job Skills: linkages to life skills, employment services, job training and education services;
- e) Family Support: linkages to childcare, parent education, child development support services, and family/marriage education;
- f) Support Groups: linkages to self-help and support, and spiritual and faith-based support; and
- g) Ancillary Services: linkages to housing assistance, transportation, case management, and individual services coordination.

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

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

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

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

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

F. Vouchers: N/A

7. Objectives and Measurements:

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

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity;

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, therefore maintains a robust Quality Control Plan in order to ensure that the agency is both achieving our targeted objectives while participants also achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of

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

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

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

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

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

DMC Chart Audit & Review (DMC programs only)

Daily Audits

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

Weekly Audits

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

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

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

3. Cultural competency of staff and services;

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

4. Satisfaction with services; and

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

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

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

9. Required Language:

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

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

Program Name: Men's Recovery Residence

Program Address: 214 Haight Street

City, State, Zip Code: San Francisco, CA 94117

Telephone: (415) 701-5100

Website: www.healthright360.org**Program Code: 88077, 87067**

Program Name: Women's Recovery Residence

Program Address: 2024 Hayes

City, State, Zip Code: San Francisco, CA 94117

Telephone: (415) 750-5111

Website: www.healthright360.org**Program Code: 88077, 87067**

Contractor Address, City, State, ZIP:

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

contracts@healthright360.org

Program Director: Steve Garcia

Telephone: 415-760-6402

Email Address: sgarcia@healthRIGHT360.org

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

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

4. Priority Population:

The target population served by HR360 Residential Step-down (RSD) services are adult poly-substance abusers who live in San Francisco. Their primary drugs of abuse are heroin, crack, alcohol, cocaine, amphetamines and barbiturates. HR360 serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent. Populations benefiting from specialized services include men; the mentally ill; HIV positive individuals; homeless people; young adults ages 18-24; gay, bisexual and transgender people; veterans; parents; and individuals involved in the criminal justice system.

- Polysubstance abusers
- Intravenous route of administration

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

- Homeless

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

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

6. Methodology:

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

A. Outreach, recruitment, promotion, and advertisement

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

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

B. Service delivery model

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

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

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

C. Discharge Planning and exit criteria and process

Those who complete the program have stabilized their lives and have secured safe housing within the community. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

D. Program staffing

See salaries & benefits detail page in Appendix B.

E. Vouchers

N/A

7. Objectives and Measurements:

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

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity;

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

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

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

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

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

DMC Chart Audit & Review (DMC programs only)

Daily Audits

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

Weekly Audits

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

Monthly Audits

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

3. Cultural competency of staff and services;

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

4. Satisfaction with services; and

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

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

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

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

9. Required Language:

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

Contractor Name: HealthRIGHT 360

Program Name: Recovery Residence (Recovery Step-Down)

Appendix A-2

Contract Term: 07/01/22 – 06/30/23

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

Program Name: Perinatal Residential (Women's HOPE)

Program Address: 2261 Bryant Street

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

Telephone: (415) 800-7534

Website: www.healthright360.org

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

Contractor Address, City, State, ZIP:

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

contracts@healthright360.org

Program Director: Shelly Wynne

Telephone: 415-654-9024

Email Address: swynne@healthright360.org

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

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

4. Priority Population:

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

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

**Admission Priority population.*

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

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

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

6. Methodology:

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

A. Outreach, recruitment, promotion, and advertisement

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

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

Admission is open to all adult San Francisco residents with a Substance Use Disorder (SUD) as defined by ASAM criteria. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1563 Mission Street or through

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

TAP (County Central Intake Program) at 1380 Howard Street. Intake orientations happen Monday through Friday for anyone in the community to come to be assessed for placement in any of our modalities. We also get referrals from SF County jails, SF Superior Court system, and other case management groups throughout San Francisco.

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

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

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

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

C. Service delivery model

I. Residential Treatment Services

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

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

ASAM designations:

2261-2263 Bryant Street

3.1 Low intensity services

- ASAM Level 3.1 Residential Services shall include a 24-hour structure with available trained personnel, at least 5 hours of clinical services per week, and prepare beneficiaries for outpatient treatment.

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

- ASAM Level 3.3. Residential Services shall include 24-hour care with trained counselors to stabilize multidimensional imminent danger and less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community and prepare for outpatient treatment.

3.5 High intensity services

- ASAM Level 3.5 Residential Services shall include 24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment and be able to tolerate and use the full milieu of therapeutic community.

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

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

II. Case Management

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

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

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

HR360’s case management model utilizes a collaborative team-based approach to assessment, planning, facilitation, care coordination, evaluation and advocacy for options

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

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

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

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

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

III. Physician Consultation

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

- 1) The DMC physician-to-specialist consultation shall be provided by network physicians, with addiction medicine physicians, addiction psychiatrists, addiction specialist Nurse Practitioners (NPs), or specialist clinical pharmacists to support SUD treatment plans for beneficiaries with complex needs.
- 2) The DMC physician consultation services shall include:
 - a) medication selection;
 - b) dosing;
 - c) side effect management;
 - d) adherence;
 - e) drug-drug interactions; and
 - f) level of care considerations.
- 3) The DMC physician consultation with the Medical Director shall be available by phone and email during clinic hours of operation.
- 4) HR360 shall make the number to a pharmacy 'drug information phone line' available to the clients, and this line (located at DPH's Howard Street Pharmacy) shall be staffed by clinical pharmacists with an SUD specialization.

IV. Recovery Services

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

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

- 1) Community-based recovery and wellness services shall be provided face-to-face, by telephone, or by 'telehealth' with the client to support transfers/transitions. Recovery services shall be provided to beneficiaries whether they are triggered, have relapsed, or as a preventative measure to prevent relapse.
- 2) Service Components:
 - a) Individual and Group Outpatient Counseling to stabilize beneficiaries and reassess if further care is needed;
 - b) Recovery Monitoring: recovery coaching, monitoring via telephone or internet;
 - c) Substance Abuse Assistance: peer-to-peer services and relapse prevention;
 - d) Education and Job Skills: linkages to life skills, employment services, job training and education services;
 - e) Family Support: linkages to childcare, parent education, child development support services, and family/marriage education;
 - f) Support Groups: linkages to self-help and support, and spiritual and faith-based support; and
 - g) Ancillary Services: linkages to housing assistance, transportation, case management, and individual services coordination.
- 3) HR360 shall make relapse prevention counseling available to all beneficiaries through SUD treatment providers.
- 4) HR360 shall provide system-wide training on the Wellness & Recovery Model including appropriate recovery monitoring in primary care and provide consultation services to SUD providers through the Wellness and Recovery Coordinator's Office.
- 5) Coordination and expansion of peer services and training is being developed as part of the workforce development during the DMC-ODS expansion.

D. Discharge Planning and exit criteria and process

Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion is celebrated through a formal ceremony. Unsuccessful completions may include those who left without consent or notification of the program staff, or were asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information. A discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

E. Program staffing

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

See salaries & benefits detail page in Appendix B.

F. Vouchers

N/A

7. Objectives and Measurements:

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

8. Continuous Quality Improvement:**1. Achievement of contract performance objectives and productivity;**

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

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

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

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

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

performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

DMC Chart Audit & Review (DMC programs only)

Daily Audits

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

Weekly Audits

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

Monthly Audits

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

3. Cultural competency of staff and services;

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

4. Satisfaction with services; and

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

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

Contractor Name: HealthRIGHT 360

Appendix A-3

Program Name: HR360 ODS Perinatal Residential SUD Tx

Contract Term: 07/01/22 – 06/30/23

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

9. Required Language:

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

Contractor Name: HealthRIGHT 360
Program Name: Withdrawal Management

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

1. Identifiers:

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

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

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

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

2. Nature of Document:

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

3. Goal Statement:

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

4. Priority Population:

The target population served by HR360 Adult Residential is adults with (poly)substance use disorders (SUD) who live in San Francisco. Their primary drugs of abuse are heroin, crack, alcohol, cocaine, amphetamines, and barbiturates. HR360 serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent.

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

Contractor Name: HealthRIGHT 360
Program Name: Withdrawal Management

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

- Homeless
- Intravenous Drug Users (IDU)

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

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

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

6. Methodology:

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

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

B. Admissions and Intake: Admission is open to all adult San Francisco residents with a Substance Use Disorder (SUD) as defined by ASAM criteria. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1563 Mission Street or through TAP (County Central Intake Program) at 1380 Howard Street. Intake orientations

Contractor Name: HealthRIGHT 360
Program Name: Withdrawal Management

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

happen Monday through Friday for anyone in the community to come and be assessed for placement in any of our modalities. We also get referrals from SF County jails, SF Superior Court system, and other case management groups throughout San Francisco.

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

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

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

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

C. Program Service Delivery Model:

I. Withdrawal Management Services

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

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

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

Services provided in a 24- hour facility where clients reside

ASAM designations:

Contractor Name: HealthRIGHT 360
Program Name: Withdrawal Management

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

815 Buena Vista West & 890 Hayes St

3.2 Withdrawal Management Services

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

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

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

F. Vouchers: N/A

7. Objectives and Measurements:

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

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity;

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

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

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

Contractor Name: HealthRIGHT 360
Program Name: Withdrawal Management

Appendix A-4
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Funding Source

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

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

DMC Chart Audit & Review (DMC programs only)

Daily Audits

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

Weekly Audits

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

Monthly Audits

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

3. Cultural competency of staff and services;

Contractor Name: HealthRIGHT 360
Program Name: Withdrawal Management

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

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

4. Satisfaction with services; and

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

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

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

9. Required Language:

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

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

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

1. Identifiers:

- 1) Program Name: HR360 Adult OP & IOT Services
 Program Address: 1563 Mission Street, 3rd floor
 City, State, Zip Code: San Francisco, CA 94103
 Telephone: (415) 762-3700
 Website: www.healthright360.org
Program Code: 8926OP
- 2) Program Name: African American Healing Center (AAHC)
 Program Address: 1601 Donner #3
 City, State, Zip Code: San Francisco, CA 94124
 Telephone: (415) 762-3700
 Website: www.healthright360.org
Program Code: 87301
- 3) Program Name: Project ADAPT
 Program Address: 2020 Hayes Street
 City, State, Zip Code: San Francisco, CA 94117
 Telephone: (415) 750-5125
 Website: www.healthright360.org
Program Code: 38371
- 4) Program Name: Lee Woodward Counseling Center (LWCC)
 Program Address: 1735 Mission Street
 City, State, Zip Code: San Francisco, CA 94103
 Website: www.healthright360.org
 Telephone: (415) 776-1001
Program Code: 01201

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

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

2. Nature of Document:

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

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

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

3. Goal Statement:

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

4. Priority Population:

The target population served by Outpatient Services are adults, 18 and above, with a Substance Use Disorder (SUD) as defined by ASAM criteria. Primary drugs of abuse include: alcohol, barbiturates, amphetamines, cocaine, crack cocaine, and opiates (including prescription). HR360 serves clients from all racial and cultural backgrounds, and from all economic classes, although the majority of clients are indigent.

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

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

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

6. Methodology:

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

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

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

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

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

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

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

C. Program Service Delivery Model:

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

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

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

The program includes:

ASAM designations:

1.0 Outpatient Services (ODF)

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

2.1 Intensive Outpatient Treatment (IOT)

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

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

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

Program Service Locations: See above addresses of programs.

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

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

Appendix A-5
Contract Term: 07/01/22 – 06/30/23

E. Program Staffing: See salaries & benefits detail page in Appendix B.

F. Vouchers: N/A

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Adult and Older Adult Performance Objectives FY 20-21.

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity;

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, therefore maintains a robust Quality Control Plan in order to ensure that the agency is both achieving our targeted objectives while participants also achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan.

2. Quality of documentation, including a description of the frequency and scope of internal chart audits;

QRR Process: HealthRIGHT 360 requires all program supervisors to audit at least 10% of their files each month for conformance to contract requirements and agency standards. Program supervisors receive a randomly generated list of client names to review using an audit tool tailored to the specifics of their program. Program supervisors are encouraged to use the tool to audit additional files to ensure maximum conformance with program requirements. A corrective action plan must be completed for all deficiencies identified. Completed audit forms are submitted monthly to the Compliance Manager who reviews the forms for accuracy and determines training needs based on patterns of deficiencies.

Additional File Review: In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

Contractor Name: HealthRIGHT 360
Program Name: Outpatient & Intensive Outpatient

Appendix A-5
Contract Term: 07/01/22 – 06/30/23

DMC Chart Audit & Review (DMC programs only)

Daily Audits

- All New Admits *Intake/Admission Audit Tool for a description of listed items checked daily*
- Clinician Follow-up Check
Goal: Minimum 100% of active clients per program

Weekly Audits

- Assessment & Treatment Plans – audit tools on file
Goal: Minimum 20% of active clients per program
- Individual Counseling Session Progress Notes -audit tools on file
Goal: Minimum of 10% active clients per program
- Group Notes
Goal: Minimum 10% of active clients per program
- Weekly Summary Note Requirements for IOP and RTX Clients- audit tools on file
Goal: Minimum 10% of active clients per program
- Staff Credential Checks in Welligent

Monthly Audits

- Discharge Charts
Goal: 100% of clients per program -audit tools on file
- Group Sign-In Sheets Check
Goal: Minimum of 10% of active clients per program

3. Cultural competency of staff and services;

HealthRIGHT 360 is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

4. Satisfaction with services; and

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor Name: HealthRIGHT 360

Program Name: Outpatient & Intensive Outpatient

Appendix A-5

Contract Term: 07/01/22 – 06/30/23

5. Timely completion and use of outcome data, including, but not limited to ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).

To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA for our MH Adult programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

9. Required Language:

N/A

Contractor Name: HealthRIGHT 360
Program Name: Representative Payee Services

Appendix A-6
Contract Term: 07/01/22 – 06/30/23

1. Identifiers:

Program Name: HR360 Representative Payee Services (RPS)
Program Address: 1016 Howard Street
City, State, Zip Code: San Francisco, CA 94103
Telephone: 415-934-3407
www.healthright360.org
Program Code: 88359

Contractor Address, City, State, ZIP:
1563 Mission St, 4th Floor, San Francisco, CA 94103
contracts@healthright360.org

Program Director: Angela Ball, Division Director
Telephone: 415-762-3700
Email Address: anball@healthright360.org

2. Nature of Document:

☐ Original ☒ First Amendment ☐ Revision to Program Budgets (RPB)

3. Goal Statement:

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions.

4. Priority Population:

The program serves recipients receiving financial benefits from Supplemental Security Income (SSI) or Social Security Administration (SSA). These recipients are in need of a representative payee case management services to manage their financial obligations because this target population includes those most difficult to serve due to serious disability or mental health impairments: they present with severe, often untreated mental illness, homelessness, substance misuse and/or other behavioral problems.

Key characteristics of the RPI target population:

- Disability/mental health impairments
- Homelessness/difficulty with social support
- Poly-substance abuse and addictions

Contractor Name: HealthRIGHT 360
Program Name: Representative Payee Services

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Contract Term: 07/01/22 – 06/30/23

5. Modality(s)/Intervention(s):
 N/A

6. Methodology:

The Representative Payee Services program serves recipients in need of financial case management assistance focused on stabilizing basic needs of housing, medical, mental health, and substance misuse care. Case management services will be provided on a monthly basis via monthly check-ins or more frequently if the recipient appears to be intoxicated or under the influence of drugs or alcohol.

A. Outreach and Recruitment: HR360 is well established within the San Francisco community, the criminal justice system, homeless shelters, medical providers, and other substance use treatment programs. We make presentations, maintain a network with community providers and agencies, participate in community meetings and service provider groups, as well as public health meetings, to recruit, promote, outreach and increase referrals to our programs. In addition, we distribute brochures and publications about our programs to interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals, and our outreach team includes 5 individuals who go out into the community to actively engage individuals in care.

The RPS program makes presentations and maintains a working relationship with various community agencies as a way of promoting and increasing the community's knowledge of the services we provide to the recipients. The program services will be promoted through HR360's participation in service provider groups and public health meetings.

B. Admissions and Intake: Upon intake, the recipient will be given a scheduled check day and a budget will be established utilizing the following formula: we will deduct the monthly rent, program service fee and stipulated bills from the monthly gross deposit. The remaining balance is divided by five (5), which represents living expenses for five weeks in the month. If the current month contains only 4 weeks, the 5th weeks' living expense can be requested as a special request (this does not apply to those recipients receiving the maximum weekly amount of \$250.00). If the client does not pick up their 5th week special, their ending balance is automatically given to them (up to the \$250.00 limit) at the end of the month. Once the budget is set for the month, the recipient is encouraged to remain within that budget. However, budget modifications will be made whenever changes are made which reflect benefit amounts.

C. Program Service Delivery Model: The Representative Payee Program is committed to being effective in maintaining the recipients' level of functioning. To accomplish this goal, the program

Contractor Name: HealthRIGHT 360**Appendix A-6****Program Name: Representative Payee Services****Contract Term: 07/01/22 – 06/30/23**

ensures that staff has the capacity to function effectively as compassionate and caring individuals for recipients who are unable to care for themselves. The program consists of three services:

- Financial management conducted in accordance with Social Security Administration rules and regulations
- Connection of the recipient with the needed community services through case management in cooperation with the mental health system
- Transition of the city's mentally ill homeless population into permanent housing.

Recipients will be referred primarily from the Social Security Offices here in San Francisco, senior programs, mental health providers and various hospitals. A phone call secures an intake interview appointment at HR360's facility. If the recipient is unable to come into the office, an out-of-office visit can be made in order to complete the intake.

Program Service Location: The RPI Program is located at 1016 Howard Street, San Francisco, CA.

D. D.Discharge Planning and Exit Criteria and Process: The Representative Payee Program will provide services to the recipient as long as the Social Security Administration deems it necessary that the recipient is required to have a payee or until the recipient opts to terminate financial services. However, our current rate of stay per recipient is greater than one year. Our program will refer recipients interested in Mental Health Services or Residential services provided here at HR360 to the appropriate intake staff. If accepted into either program, the recipient will become eligible for no-fee Representative Payee Services. The monthly fee is based on the current rate approved by Social Security and is deducted from the recipients' benefits.

A majority of the recipients transfer to free payee services (subsidized by the city) within a year after their intake at the HR360 Representative Payee Program. Because city-subsidized Representative Payee services are available for free, only about 40% of HR360 Representative Program recipients have been enrolled for more than 12 months, although a significant number of our clients are long term recipients. Thus, the HR360 Representative Payee Program provides the initial intake to a very difficult population, and successfully links them with housing and other services essential to their remaining in permanent housing. Only a small percentage of the program's recipients remain homeless.

E. Program Staffing: See salaries & benefits detail page in Appendix B.

F. Vouchers: N/A

Contractor Name: HealthRIGHT 360
Program Name: Representative Payee Services

Appendix A-6
Contract Term: 07/01/22 – 06/30/23

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Adult and Older Adult Performance Objectives FY 20-21.

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity;

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, therefore maintains a robust Quality Control Plan in order to ensure that the agency is both achieving our targeted objectives while participants also achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan.

2. Quality of documentation, including a description of the frequency and scope of internal chart audits;

QRR Process: HealthRIGHT 360 requires all program supervisors to audit at least 10% of their files each month for conformance to contract requirements and agency standards. Program supervisors receive a randomly generated list of client names to review using an audit tool tailored to the specifics of their program. Program supervisors are encouraged to use the tool to audit additional files to ensure maximum conformance with program requirements. A corrective action plan must be completed for all deficiencies identified. Completed audit forms are submitted monthly to the Compliance Manager who reviews the forms for accuracy and determines training needs based on patterns of deficiencies.

Additional File Review: In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

Contractor Name: HealthRIGHT 360
Program Name: Representative Payee Services

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Contract Term: 07/01/22 – 06/30/23

DMC Chart Audit & Review (DMC programs only)

Daily Audits

- All New Admits *Intake/Admission Audit Tool for a description of listed items checked daily*
- Clinician Follow-up Check
Goal: Minimum 100% of active clients per program

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- Assessment & Treatment Plans – audit tools on file
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Goal: Minimum of 10% active clients per program
- Group Notes
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Goal: Minimum 10% of active clients per program
- Staff Credential Checks in Welligent

Monthly Audits

- Discharge Charts
Goal: 100% of clients per program -audit tools on file
- Group Sign-In Sheets Check
Goal: Minimum of 10% of active clients per program

3. Cultural competency of staff and services;

HealthRIGHT 360 is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

4. Satisfaction with services; and

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in

Contractor Name: HealthRIGHT 360

Program Name: Representative Payee Services

Appendix A-6

Contract Term: 07/01/22 – 06/30/23

developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

5. Timely completion and use of outcome data, including, but not limited to ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).

To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA for our MH Adult programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

9. Required Language:

N/A

Contractor Name: HealthRIGHT 360**Program Name:** HR360 Adult OP Mental Health Services**Appendix A-7****Contract Term:** 07/01/22 – 06/30/23**1. Identifiers:**

- 1) Program Name: HR360 Adult MH Services
Program Address: 1563 Mission Street, 3rd floor
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 762-3700
Website: www.healthright360.org
Program Code: 38K3OP
- 2) Program Name: Project ADAPT Adult MH Services
Program Address: 2020 Hayes Street
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 750-5125
Website: www.healthright360.org
Program Code: 38K3OP

Contractor Address, City, State, ZIP:
1563 Mission St, 4th Floor, San Francisco, CA 94103
contracts@healthright360.org

Program Director: Angela Ball, Division Director
Telephone: 415-762-3700
Email Address: anball@healthright360.org

2. Nature of Document:

☐ Original ☒ First Amendment ☐ Revision to Program Budgets (RPB)

3. Goal Statement:

To assist participants to maintain or restore personal independence and/or functioning consistent with requirements for learning, development, and enhanced self-sufficiency through treatment of their mental health disorders.

4. Priority Population:

This component serves individuals in the community whose psychiatric disorders are accompanied by a co-morbid substance use disorder (SUD). In many cases, individuals present with longstanding psychiatric histories, numerous psychiatric hospitalizations and crisis services. HR360 serves individuals from all racial and cultural backgrounds and from all economic classes. Participants in this program are either MediCal eligible or qualify under the Short-Doyle law. The agency will provide these outpatient services for clients referred through ACCESS, San Francisco General Hospital, Swords to Plowshares, Baker Places,

Contractor Name: HealthRIGHT 360**Program Name: HR360 Adult OP Mental Health Services****Appendix A-7****Contract Term: 07/01/22 – 06/30/23**

our treatment partners and from within other HR360 programs. These clients must meet medical and service necessity criteria as defined for Medi-CAL services.

- Adult psychiatric disorders
- Co-morbid substance use or dependence
- MediCal eligible or indigent

5. Modality(s)/Intervention(s):

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Unduplicated Clients (UDC)
15/10-57,59: OP MH Svcs – Minute	79,340	35
15/01-09: OP Case Mgmt Brokerage – Minute	1,887	2
15/70-79: OP Crisis Intervention – Minute	696	1
Total UOS Delivered	81,923 minutes of service	
Total UDC Served		38

6. Methodology:

HR360 is a comprehensive behavioral health program providing a wide range of high-quality services to adult San Francisco residents. HR360 emphasizes self-help and peer support in a humanistic therapeutic community and offers special programs for individuals with specific needs. The HR360 environment is multi-cultural, and actively promotes understanding and kinship between people of different backgrounds by encouraging a family atmosphere, the sharing of personal histories, and respect for each individual's challenges and successes. The philosophy of HR360 reflects an emphasis on self-reliance, shared community values, and the development of supportive peer relationships. Group and individual counseling helps individuals focus on issues related to their SUD and mental health issues. Coordinated efforts with ACCESS are designed to maintain appropriate service options for participants. The agency has extensive experience with multiply diagnosed adult clients.

All HR360 community-based programs are staffed with licensed, waived or registered mental health professionals who provide assessments, plan development, individual and group therapy, collateral, case management and crisis intervention services. Additionally, these staffs have been trained in the use of **Dialectical Behavior Therapy** as a treatment modality. DBT skills training and cognitive behavioral therapy are currently being used as an agency standard and are available in all outpatient facilities. **Seeking Safety treatment** has also been adopted as a best practice for clients with PTSD diagnoses and issues with traumatic experiences, which are common with those who have histories of SUD. **Motivational Interviewing** is also a standard best practice HR360 utilizes, bringing a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.

Contractor Name: HealthRIGHT 360**Program Name: HR360 Adult OP Mental Health Services****Appendix A-7****Contract Term: 07/01/22 – 06/30/23**

As an agency, HR360 endeavors to broaden access to treatment in a welcoming way and to identify and eliminate barriers to seeking and remaining in treatment. Potential clients who take prescription medications for medical or psychological disorders and/or utilize methadone or other agonist therapies are welcome to receive services at HR360.

Harm reduction principles are applied in all of our programs, including our abstinence-based residential programs. HR360 teaches formal relapse prevention techniques to all of our clients, using the Bio-Psycho-Spiritual-Social model and ways of effectively self-analyzing and stopping pre-relapse behaviors. Classes are held regularly to help all of our residential and day treatment clients recognize and deal with the behavior that leads to relapse.

A. Outreach, recruitment, promotion, and advertisement:

HR360 is well established within the San Francisco community, the criminal justice system, homeless shelters, medical providers, and other substance use treatment programs. We maintain a network with community providers and agencies, virtually participate in community meetings and service provider groups, as well as public health meetings, to recruit, promote, outreach and increase referrals to our programs. In addition, we distribute brochures and publications about our programs to interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals, and once COVID-19 cases subside and it is safe to do so, our outreach team includes 5 individuals who will go out into the community to actively engage individuals in care.

B. Admission, enrollment and/or intake criteria and process where applicable

The Mental Health Medi-CAL component of HR360's Co-Occurring Disorders program provides mental health services to residents of San Francisco County who meet the County's criteria for medical and service necessity.

Assessments/ Diagnosis & Written Evaluation: The Multi-Service Center, located at 1563 Mission Street in San Francisco, is the central intake site for adult mental health services. After referral from ACCESS, the HR360 intake department, self-referral or any other appropriate referral source, individuals go through the intake assessment process. Intakes to Mental Health Medi-CAL services are scheduled five days a week.

HealthRIGHT 360 mental health clinicians providing services to clients funded through our MediCal/Short Doyle contract obtain and maintain ANSA certification. The ANSA is administered at the time of the opening of the mental health episode and renewed annually or at the time of discharge if the client is available. Because the baseline ANSA is administered at the time of initial assessment at the beginning of mental health services, it is primarily used by our clinicians to help identify life domains that might be prioritized for clinical focus. The information provided by the baseline ANSA informs treatment planning. We have learned that the latest reports (while based on a small number of clients

Contractor Name: HealthRIGHT 360**Appendix A-7****Program Name:** HR360 Adult OP Mental Health Services**Contract Term:** 07/01/22 – 06/30/23

with at least two ANSAs to permit comparison) do indicate that our clients' strengths increase as a result of treatment. Depression, impulsivity, adjustment to trauma, and substance use is decreased.

C. Service delivery model

HR360 integrates a continuum of treatment activities that are based on CCISC program models that have been implemented in other jurisdictions and incorporate numerous evidence-based interventions.

The program includes:

Harm Reduction Interventions that support engagement and build trust during the pre-contemplation and contemplation phases of treatment and at the same time promote individual and public safety. This is primarily accomplished via Motivational Enhancement Therapy interventions.

Three Levels of Active Treatment

- Level I -- Outpatient Treatment for clients who have maintained substantial stability in managing their behavioral health disorders.
- Level II – Intensive Outpatient Treatment is intended both to serve clients stepping down from more intensive levels of care and/or to provide more intensive supports to clients in a lower level of care.
- Level III – Day Treatment is provided for the highest need clients and again as a step-down program and to prevent clients from needing higher levels of service.

This program leverages the limited funding available through this contract with the treatment services and wraparound supports of HR360 to deliver multifaceted programming that incorporates numerous evidence-based practices so as to respond comprehensively to multiple needs of high-risk individuals.

Program Utilization Review Quality Committee: Our PURQC, composed of the Clinical Supervisor, Counselor/Case Manager, and other program staff as appropriate, will review all Initial Authorization and Reauthorization requests. Attention will be paid to Medi-Cal clients to ensure medical necessity of the services being delivered and compliance with the programmatic and billing standards. PURQC meetings will be held bi-monthly to address authorization which includes Assessments, Plan of Care, Progress Notes, continuity of care, treatment, and other related topics. Meeting minutes will be kept in accordance with Medi-Cal regulations.

Program Service Location: The MH OP programs are located at 1563, 3rd floor Mission Street and 2020 Hayes Street, San Francisco, CA.

- D. Discharge Planning and exit criteria and process:** HR360 is committed to providing quality mental health services and SUD treatment to our clients with co-occurring disorders. However, if after a period of treatment, assessment, and clinical review by mental health and substance abuse treatment staff, a client is found to be inappropriate for the Adult Mental Health Program at HR360, Mental Health Discharge Guidelines will be implemented. Discharge from the program may occur under the following circumstances:

Contractor Name: HealthRIGHT 360**Program Name: HR360 Adult OP Mental Health Services****Appendix A-7****Contract Term: 07/01/22 – 06/30/23**

Completion of treatment: Completion of treatment is jointly determined by clinical staff, the client, and applicable, outside coordinating care managers. Decisions about the completion of treatment are informed by the status of goals on the treatment plan as well as behavioral and lifestyle markers. Ideally, a discharge plan should be developed at least two weeks before the completion of the program. The discharge plan will be coordinated with other mental health providers in the client's network of care and should address issues regarding continued mental health treatment, medication support, and linkage to other appropriate service providers for medical, vocational, educational, and housing needs.

Client elects to withdraw before the completion of treatment: In the event that the client chooses to withdraw from the program before the completion of significant treatment goals, a discharge plan should be developed. During a face-to-face session with the client, clinical staff will review the client's progress or lack thereof and offer appropriate referrals dealing with the above-mentioned areas. If the client was receiving medication services through the program, special care will be taken to ensure that the client does not experience a gap in services. In the event that the client suddenly withdraws from treatment and is not available to develop a treatment plan, every effort will be made to contact the client and offer them a face-to-face discharge planning session and follow up with the HR360 psychiatrist.

Client discharged by HR360 before completion of treatment: Clients who engage in threatening or assaultive behavior, repeatedly violate rules, destroy or steal property, or refuse to cooperate with treatment will be discharged from the. Clients and outside case managers will be notified of the discharge and a plan will be created in order to ensure continued services. The specific nature of these plans will be determined by the situation and the nature of the client's existing care network.

Transfer of Care Policy and Procedure: In the interest of ensuring continuity of care and in accordance with San Francisco Community Behavioral Health guidelines, HR360 Adult Mental Health Services maintains that any San Francisco County Medi-Cal eligible client who meets service necessity guidelines will have ongoing access to mental health services upon exiting treatment. At the time of a client's transfer from HR360 treatment services, the client will continue to be followed by their HR360 care manager who, in most cases, is his or her psychotherapist. This HR360 care manager will coordinate with any primary care manager the client may have. The care manager will facilitate transfer of services to another appropriate provider. In the event that a client is involuntarily discharged or elects to leave treatment prematurely (AWOL) and does not wish to return to treatment with HR360, that client will be referred to community resources, if possible. All clients who were prescribed psychotropic medications and are continuing to take those medications at the time of transfer will leave with three days' supply of medication. If clients have been prescribed psychoactive medications, arrangements are made to ensure that the clients have continued access to their medications. A short - term transition plan and case management will establish medication services outside of HR360 SOC.

E. Program Staffing: See salaries & benefits detail page in Appendix B.

F. Vouchers: N/A

Contractor Name: HealthRIGHT 360**Appendix A-7****Program Name: HR360 Adult OP Mental Health Services****Contract Term: 07/01/22 – 06/30/23****7. Objectives and Measurements:**

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Adult and Older Adult Performance Objectives FY 20-21.

8. Continuous Quality Improvement:**1. Achievement of contract performance objectives and productivity;**

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, therefore maintains a robust Quality Control Plan in order to ensure that the agency is both achieving our targeted objectives while participants also achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan.

2. Quality of documentation, including a description of the frequency and scope of internal chart audits;

QRR Process: HealthRIGHT 360 requires all program supervisors to audit at least 10% of their files each month for conformance to contract requirements and agency standards. Program supervisors receive a randomly generated list of client names to review using an audit tool tailored to the specifics of their program. Program supervisors are encouraged to use the tool to audit additional files to ensure maximum conformance with program requirements. A corrective action plan must be completed for all deficiencies identified. Completed audit forms are submitted monthly to the Compliance Manager who reviews the forms for accuracy and determines training needs based on patterns of deficiencies.

Additional File Review: In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

DMC Chart Audit & Review (DMC programs only)**Daily Audits**

Contractor Name: HealthRIGHT 360**Appendix A-7****Program Name: HR360 Adult OP Mental Health Services****Contract Term: 07/01/22 – 06/30/23**

- All New Admits *Intake/Admission Audit Tool for a description of listed items checked daily*
- Clinician Follow-up Check
Goal: Minimum 100% of active clients per program

Weekly Audits

- Assessment & Treatment Plans – audit tools on file
Goal: Minimum 20% of active clients per program
- Individual Counseling Session Progress Notes -audit tools on file
Goal: Minimum of 10% active clients per program
- Group Notes
Goal: Minimum 10% of active clients per program
- Weekly Summary Note Requirements for IOP and RTX Clients- audit tools on file
Goal: Minimum 10% of active clients per program
- Staff Credential Checks in Welligent

Monthly Audits

- Discharge Charts
Goal: 100% of clients per program -audit tools on file
- Group Sign-In Sheets Check
Goal: Minimum of 10% of active clients per program

3. Cultural competency of staff and services;

HealthRIGHT 360 is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

4. Satisfaction with services; and

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

5. Timely completion and use of outcome data, including, but not limited to ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).

To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the

Contractor Name: HealthRIGHT 360

Appendix A-7

Program Name: HR360 Adult OP Mental Health Services

Contract Term: 07/01/22 – 06/30/23

ANSA for our MH Adult programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

9. Required Language:

N/A

Contractor Name: HealthRIGHT 360**Program Name:** ADAPT Mental Health Services**Appendix A-8****Contract Term:** 07/01/22 – 06/30/23**1. Identifiers:**

- 1) Program Name: Project ADAPT Adult MH Services
 Program Address: 2020 Hayes Street
 City, State, Zip Code: San Francisco, CA 94117
 Telephone: (415) 750-5125
 Website: www.healthright360.org
Program Code: 38JBOP

Contractor Address, City, State, ZIP:
 1563 Mission St, 4th Floor, San Francisco, CA 94103
contracts@healthright360.org

Program Director: Angela Ball, Division Director
 Telephone: 415-762-3700
 Email Address: anball@healthright360.org

2. Nature of Document:

☐ Original ☒ First Amendment ☐ Revision to Program Budgets (RPB)

3. Goal Statement:

To assist participants to maintain or restore personal independence and/or functioning consistent with requirements for learning, development, and enhanced self-sufficiency through treatment of their mental health disorders.

4. Priority Population:

This component serves individuals in the community whose psychiatric disorders are accompanied by a co-morbid substance use disorder (SUD). In many cases, individuals present with longstanding psychiatric histories, numerous psychiatric hospitalizations and crisis services. HR360 serves individuals from all racial and cultural backgrounds and from all economic classes. Participants in this program are either MediCal eligible or qualify under the Short-Doyle law. The agency will provide these outpatient services for clients referred through ACCESS, San Francisco General Hospital, Swords to Plowshares, Baker Places, our treatment partners and from within other HR360 programs. These clients must meet medical and service necessity criteria as defined for Medi-CAL services.

- Adult psychiatric disorders
- Co-morbid substance use or dependence
- MediCal eligible or indigent

Contractor Name: HealthRIGHT 360**Program Name: ADAPT Mental Health Services****Appendix A-8****Contract Term: 07/01/22 – 06/30/23****5. Modality(s)/Intervention(s):**

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Unduplicated Clients (UDC)
15/10-57, 59: OP MH Services – Staff Minutes	48,083	19
15/01-09: OP Case Mgt Brokerage – Staff Minutes	730	1
15/70-79: OP Crisis Intervention	340	1
Total UOS Delivered	49,153 minutes of treatment	
Total UDC Served		19

6. Methodology:

HR360 is a comprehensive behavioral health program providing a wide range of high quality services to adult San Francisco residents. HR360 emphasizes self-help and peer support in a humanistic therapeutic community and offers special programs for individuals with specific needs. The HR360 environment is multi-cultural, and actively promotes understanding and kinship between people of different backgrounds by encouraging a family atmosphere, the sharing of personal histories, and respect for each individual's challenges and successes. The philosophy of HR360 reflects an emphasis on self-reliance, shared community values, and the development of supportive peer relationships. Group and individual counseling helps individuals focus on issues related to their SUD and mental health issues. Coordinated efforts with ACCESS are designed to maintain appropriate service options for participants. The agency has extensive experience with multiply diagnosed adult clients.

All HR360 community-based programs are staffed with licensed, waived or registered mental health professionals who provide assessments, plan development, individual and group therapy, collateral, case management and crisis intervention services. Additionally, these staffs have been trained in the use of **Dialectical Behavior Therapy** as a treatment modality. DBT skills training and cognitive behavioral therapy are currently being used as an agency standard and are available in all outpatient facilities. **Seeking Safety treatment** has also been adopted as a best practice for clients with PTSD diagnoses and issues with traumatic experiences, which are common with those who have histories of SUD. **Motivational Interviewing** is also a standard best practice HR360 utilizes, bringing a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.

As an agency, HR360 endeavors to broaden access to treatment in a welcoming way and to identify and eliminate barriers to seeking and remaining in treatment. Potential clients who take prescription medications for medical or psychological disorders and/or utilize methadone or other agonist therapies are welcome to receive services at HR360.

Harm reduction principles are applied in all of our programs, including our abstinence-based residential programs. HR360 teaches formal relapse prevention techniques to all of our clients, using the Bio-Psycho-Spiritual-Social model and ways of effectively self-analyzing and stopping pre-relapse behaviors. Classes are held regularly to help all of our residential and day treatment clients recognize and deal with the behavior that leads to relapse.

Contractor Name: HealthRIGHT 360**Program Name: ADAPT Mental Health Services****Appendix A-8****Contract Term: 07/01/22 – 06/30/23****A. Outreach, recruitment, promotion, and advertisement:**

HR360 is well established within the San Francisco community, the criminal justice system, homeless shelters, medical providers, and other substance use treatment programs. We maintain a network with community providers and agencies, virtually participate in community meetings and service provider groups, as well as public health meetings, to recruit, promote, outreach and increase referrals to our programs. In addition, we distribute brochures and publications about our programs to interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals, and once COVID-19 cases subside and it is safe to do so, our outreach team includes 5 individuals who will go out into the community to actively engage individuals in care.

B. Admission, enrollment and/or intake criteria and process where applicable

The Mental Health Medi-CAL component of HR360's Co-Occurring Disorders program provides mental health services to residents of San Francisco County who meet the County's criteria for medical and service necessity.

Assessments/ Diagnosis & Written Evaluation: The Multi-Service Center, located at 1563 Mission Street in San Francisco, is the central intake site for adult mental health services. After referral from ACCESS, the HR360 intake department, self-referral or any other appropriate referral source, individuals go through the intake assessment process. Intakes to Mental Health Medi-CAL services are scheduled five days a week.

HealthRIGHT 360 mental health clinicians providing services to clients funded through our MediCal/Short Doyle contract obtain and maintain ANSA certification. The ANSA is administered at the time of the opening of the mental health episode and renewed annually or at the time of discharge if the client is available. Because the baseline ANSA is administered at the time of initial assessment at the beginning of mental health services, it is primarily used by our clinicians to help identify life domains that might be prioritized for clinical focus. The information provided by the baseline ANSA informs treatment planning. We have learned that the latest reports (while based on a small number of clients with at least two ANSAs to permit comparison) do indicate that our clients' strengths increase as a result of treatment. Depression, impulsivity, adjustment to trauma, and substance use is decreased.

C. Service delivery model

HR360 integrates a continuum of treatment activities that are based on CCISC program models that have been implemented in other jurisdictions and incorporate numerous evidence-based interventions.

The program includes:

Harm Reduction Interventions that support engagement and build trust during the pre-contemplation and contemplation phases of treatment and at the same time promote individual and public safety. This is primarily accomplished via Motivational Enhancement Therapy interventions.

Contractor Name: HealthRIGHT 360**Appendix A-8****Program Name: ADAPT Mental Health Services****Contract Term: 07/01/22 – 06/30/23****Three Levels of Active Treatment**

- **Level I -- Outpatient Treatment** for clients who have maintained substantial stability in managing their behavioral health disorders.
- **Level II – Intensive Outpatient Treatment** is intended both to serve clients stepping down from more intensive levels or care and/or to provide more intensive supports to clients in a lower level of care.
- **Level III – Day Treatment** is provided for the highest need clients and again as a step-down program and to prevent clients from needing higher levels of service.

This program leverages the limited funding available through this contract with the treatment services and wraparound supports of HR360 to deliver multifaceted programming that incorporates numerous evidence-based practices so as to respond comprehensively to multiple needs of high-risk individuals.

Program Utilization Review Quality Committee: Our PURQC, composed of the Clinical Supervisor, Counselor/Case Manager, and other program staff as appropriate, will review all Initial Authorization and Reauthorization requests. Attention will be paid to Medi-Cal clients to ensure medical necessity of the services being delivered and compliance with the programmatic and billing standards. PURQC meetings will be held bi-monthly to address authorization which includes Assessments, Plan of Care, Progress Notes, continuity of care, treatment, and other related topics. Meeting minutes will be kept in accordance with Medi-Cal regulations.

Program Service Location: The ADAPT MH OP program is located at 2020 Hayes Street, San Francisco, CA.

- D. Discharge Planning and exit criteria and process:** HR360 is committed to providing quality mental health services and SUD treatment to our clients with co-occurring disorders. However, if after a period of treatment, assessment, and clinical review by mental health and substance abuse treatment staff, a client is found to be inappropriate for the Adult Mental Health Program at HR360, Mental Health Discharge Guidelines will be implemented. Discharge from the program may occur under the following circumstances:

Completion of treatment: Completion of treatment is jointly determined by clinical staff, the client, and applicable, outside coordinating care managers. Decisions about the completion of treatment are informed by the status of goals on the treatment plan as well as behavioral and lifestyle markers. Ideally, a discharge plan should be developed at least two weeks before the completion of the program. The discharge plan will be coordinated with other mental health providers in the client's network of care and should address issues regarding continued mental health treatment, medication support, and linkage to other appropriate service providers for medical, vocational, educational, and housing needs.

Client elects to withdraw before the completion of treatment: In the event that the client chooses to withdraw from the program before the completion of significant treatment goals, a discharge plan should be developed. During a face-to-face session with the client, clinical staff will review the

Contractor Name: HealthRIGHT 360**Appendix A-8****Program Name: ADAPT Mental Health Services****Contract Term: 07/01/22 – 06/30/23**

client's progress or lack thereof and offer appropriate referrals dealing with the above-mentioned areas. If the client was receiving medication services through the program, special care will be taken to ensure that the client does not experience a gap in services. In the event that the client suddenly withdraws from treatment and is not available to develop a treatment plan, every effort will be made to contact the client and offer them a face-to-face discharge planning session and follow up with the HR360 psychiatrist.

Client discharged by HR360 before completion of treatment: Clients who engage in threatening or assaultive behavior, repeatedly violate rules, destroy or steal property, or refuse to cooperate with treatment will be discharged from the. Clients and outside case managers will be notified of the discharge and a plan will be created in order to ensure continued services. The specific nature of these plans will be determined by the situation and the nature of the client's existing care network.

Transfer of Care Policy and Procedure: In the interest of ensuring continuity of care and in accordance with San Francisco Community Behavioral Health guidelines, HR360 Adult Mental Health Services maintains that any San Francisco County Medi-Cal eligible client who meets service necessity guidelines will have ongoing access to mental health services upon exiting treatment. At the time of a client's transfer from HR360 treatment services, the client will continue to be followed by their HR360 care manager who, in most cases, is his or her psychotherapist. This HR360 care manager will coordinate with any primary care manager the client may have. The care manager will facilitate transfer of services to another appropriate provider. In the event that a client is involuntarily discharged or elects to leave treatment prematurely (AWOL) and does not wish to return to treatment with HR360, that client will be referred to community resources, if possible. All clients who were prescribed psychotropic medications and are continuing to take those medications at the time of transfer will leave with three days' supply of medication. If clients have been prescribed psychoactive medications, arrangements are made to ensure that the clients have continued access to their medications. A short - term transition plan and case management will establish medication services outside of HR360 SOC.

E. Program Staffing: See salaries & benefits detail page in Appendix B.

F. Vouchers: N/A

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Adult and Older Adult Performance Objectives FY 20-21.

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity;

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, therefore maintains a robust Quality Control Plan in order to ensure that the agency is both

Contractor Name: HealthRIGHT 360**Appendix A-8****Program Name: ADAPT Mental Health Services****Contract Term: 07/01/22 – 06/30/23**

achieving our targeted objectives while participants also achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan.

2. Quality of documentation, including a description of the frequency and scope of internal chart audits;

QRR Process: HealthRIGHT 360 requires all program supervisors to audit at least 10% of their files each month for conformance to contract requirements and agency standards. Program supervisors receive a randomly generated list of client names to review using an audit tool tailored to the specifics of their program. Program supervisors are encouraged to use the tool to audit additional files to ensure maximum conformance with program requirements. A corrective action plan must be completed for all deficiencies identified. Completed audit forms are submitted monthly to the Compliance Manager who reviews the forms for accuracy and determines training needs based on patterns of deficiencies.

Additional File Review: In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

DMC Chart Audit & Review (DMC programs only)

Daily Audits

- All New Admits *Intake/Admission Audit Tool* for a description of listed items checked daily
- Clinician Follow-up Check
Goal: Minimum 100% of active clients per program

Weekly Audits

- Assessment & Treatment Plans – audit tools on file
Goal: Minimum 20% of active clients per program
- Individual Counseling Session Progress Notes -audit tools on file
Goal: Minimum of 10% active clients per program
- Group Notes

Contractor Name: HealthRIGHT 360**Appendix A-8****Program Name: ADAPT Mental Health Services****Contract Term: 07/01/22 – 06/30/23**Goal: Minimum 10% of active clients per program

- Weekly Summary Note Requirements for IOP and RTX Clients- audit tools on file

Goal: Minimum 10% of active clients per program

- Staff Credential Checks in Welligent

Monthly Audits

- Discharge Charts

Goal: 100% of clients per program -audit tools on file

- Group Sign-In Sheets Check

Goal: Minimum of 10% of active clients per program**3. Cultural competency of staff and services;**

HealthRIGHT 360 is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

4. Satisfaction with services; and

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

5. Timely completion and use of outcome data, including, but not limited to ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).

To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA for our MH Adult programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

9. Required Language:

N/A

Contractor Name: HealthRIGHT 360

Program Name: ADAPT Mental Health Services

Appendix A-8

Contract Term: 07/01/22 – 06/30/23

Contractor Name: HealthRIGHT 360**Program Name: WCC Primary Care****Appendix A-9****Contract Term: 07/01/22 – 06/30/23****1. Identifiers:**

Program Name: Women's Community Clinic: Primary Care

Program Address, City, State, ZIP: 1735 Mission Street 1st floor San Francisco, CA 94103

Telephone/FAX: (415) 820-7304

Website Address: www.healthright360.org

Contractor Address, City, State, ZIP:

1563 Mission St, 4th Floor, San Francisco, CA 94103

contracts@healthright360.org

Program Director: JM Jaffe

Telephone: (415) 901-7108

Email Address: jjaffe@lyon-martin.org

Program Code(s) (if applicable): N/A

2. Nature of Document:
☐ Original

 ☒ First Amendment

 ☐ Revision to Program Budgets (RPB)
3. Goal Statement:

To increase access to preventive health care services for uninsured women in San Francisco.

4. Priority Population:

Low-income women, women of color, bisexual, lesbian, and transgender women, and uninsured women and girls who reside in San Francisco.

5. Modality(s)/Intervention(s):

N/A

6. Methodology**A. Outreach, recruitment, promotion, and advertisement:**

Women in San Francisco are informed about the services of the Women's Community Clinic through referral processes of other organizations, our web site, flyers, end listings in the phone book and service directories and by word of mouth. All services are affordable and accessible on a sliding fee scale.

B. Admission & Intake:

The clinic is located at 1735 Mission Street in Son Francisco. It is on the ground floor and is ADA accessible. The Clinic is open 5 days per week, and has many evening hours:

Contractor Name: HealthRIGHT 360**Program Name: WCC Primary Care****Appendix A-9****Contract Term: 07/01/22 – 06/30/23**

Monday	Tuesday	Wednesday	Thursday	Friday
1:00 – 9:00 PM	9:00 – 5:00 PM	9:00 – 5:00 PM	1:00 – 9:00 PM	9:00 – 5:00 PM

Clients can call or stop by the clinic to schedule an appointment. Clients can now also request appointments through our patient portal, MyChart. Each client receives a reminder call one day prior to their scheduled appointment. A client is registered at the front desk by a front desk volunteer or staff member. She is given intake paperwork and asked to provide contact information and a complete health history. As part of the registration process, the client is screened for eligibility in the Family Planning Access Care and Treatment (Family P.A.C.T) program, a California program that funds family planning services for low income women and for eligibility for other insurance programs. An enrollment specialist is available on site to assist with Medi-CAL and Covered CA enrollment.

C. Service delivery model

Next, the client is seen by a volunteer health worker who determines the nature of the client's concern and provides health education relevant to the concern. The health educator takes vital signs, does routine domestic violence and sexual assault screening, and provides health-related education, including information about safer sex practices, STI's, and birth control options. The client is then seen by a licensed clinician who reviews the client's health history, performs a clinical exam as indicated, orders appropriate lab tests, and provides any indicated health education, prescriptions and/or referrals.

D. Discharge Planning and Exit Criteria and Process

Upon checkout at the front desk, the client receives any necessary referral paperwork or handouts and may schedule a follow-up appointment. Clients are also asked to fill out a client satisfaction survey after check-out.

All clients are encouraged to call for lab results. Clients with abnormal labs receive a phone call within 72 hours of receipt of results from a clinician. The clinician discusses all of the client's options for treatment and provides referrals as necessary.

Appointments at Women's Community Clinic typically last 20-60 minutes, excluding wait time. Client confidentiality is emphasized to create a safe and supportive environment and HIPAA policies and protocols are in place.

E. Program Staffing

Staff Supervision, Training and Volunteer Based Model

The Clinic Director provides oversight of clinical services, and is responsible for the medical component of the program and clinical operations. The Clinic Manager is charged with administrative supervision of the Medical Assistants, Health Educators, and Client Services Coordinators. All follow up care and any abnormal test results are tracked by our clinic staff. The Clinic has a paid staff of over 30 people including three paid Nurse Practitioners, three paid

Contractor Name: HealthRIGHT 360**Program Name: WCC Primary Care****Appendix A-9****Contract Term: 07/01/22 – 06/30/23**

Certified Nurse Midwives, one RN, one Medical Assistant, a Clinic Director, Clinic Manager, and two Medical Directors (OBGYN and Internist) along with other Program and Administrative Staff including an Outreach Coordinator and Volunteer Director. The Clinic also has an active Board which oversees the operations of the Clinic and act as community spokespeople and fund raisers.

The Health Educators and Client Services Coordinators who work closely with clients in a variety of capacities, such as client intake and education, are predominantly volunteers. The Clinic is host to over 150 volunteers who provide services to clients in a variety of capacities. This amounts to approximately \$350,000 in cost savings per year. Additionally, over 80% of our volunteer alumni enter into the health professions after their experience volunteering at the Clinic. The Clinic considers itself a training ground for future health care leaders who will enter into their careers with a strong grounding in community health and harm reduction based services.

The staff training plan includes scheduled training in alternating months conducted during clinical staff meetings, and additional educational leave for staff to attend conferences and workshops. Volunteers receive both initial and ongoing training which is a requirement of their volunteer experience at the Women's Community Clinic. The level of training varies according to the volunteer role. In accordance with rules and regulations which govern Women's Community Clinic, certain training such as HIPAA, Cal OSHA requirements and yearly training on Infection Control are mandatory for all clinic staff. Additionally, in 2015-16, the Clinic has implemented a staff training program focused around cultural inclusion and racism - with a focus on our organization as well as our client and community facing programming.

F. Vouchers: N/A

7. Objectives and Measurements:

A. Outcome Objectives

1. By the end of the contract term, at least 80% of eligible patients will receive at least one pap smear within a 3-year period.

Evaluation: Outcome evaluation for this objective will be achieved through a patient registry (Azara DRVS) report. The report will be conducted on an annual basis.
Eligible patients: Patients age 21 -64 with ~ 1 medical visit in the past 12 months.

2. By the end of the contract term, 100% of patients with a high grade positive pap result will receive appropriate follow-up within 6 months of the test result.

Evaluation: Outcome evaluation for this objective will be achieved through a patient registry report (to identify high-level positives) and chart review (to retrieve follow-up information.) The report and chart review will be conducted on an annual basis.

- High-level positive pap result include: LSIL/HSIL or AGC
- Appropriate Follow-up:

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- For LSIL/HSIL: colposcopy evaluation within 6 months
- For AGC: colposcopy plus ECC and EMB as appropriate within 6 months.
- Documentation of referral for specialty care (i.e. LEEP) that needs to be obtained at another health care facility elsewhere
- Records of follow-up include:
 - records for chart;
 - records release in chart; or
 - patient to return to clinic to sign record release
- For patients who have been lost-to-follow-up, documentation of attempts to contact the patient will be kept

3. By the end of the contract term, at least 80% of patients age 24 and under will receive at least one test for Chlamydia within a 12-month period.

Evaluation: Outcome evaluation for this objective will be achieved through a patient registry (Azara DRVS) report. The report will be conducted on a monthly basis. Eligible patients: Patients age 24 and under with ~ 1 medical visit in 1 year.

4. By the end of the contract term, 100% of returning patients with a positive Chlamydia result will be retested within 6 months of the treatment date.

Evaluation: Outcome evaluation for this objective will be achieved through a patient registry report and subsequent chart review. The report and chart review will be conducted on an annual basis.

B. Process Objectives

1. During the contract term, 100% of patients will receive initial and follow-up health assessments, which shall include a medical evaluation (medical history review), and, as indicated, a targeted physical examination, laboratory evaluation, preventive and therapeutic medical services, and referrals to appropriate care.

Evaluation: Outcome evaluation for this objective will be achieved through documentation of relevant baseline, laboratory data, and medical evaluation results within patient charts.

2. During the contract term, 100% of patients will receive initial and follow-up health education assessments to evaluate current high-risk behaviors, along with education and behavioral change and risk reduction interventions.

Evaluation: Outcome evaluation for this objective will be achieved through capture of baseline data in the patient's chart. Patients will receive an individual health education assessment and ongoing health education on preventing STIs, HIV transmission, and the use of safer sex tools such as condoms and dental dams.

8. Continuous Quality Improvement:

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1. Achievement of contract performance objectives and productivity;

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, therefore maintains a robust Quality Control Plan in order to ensure that the agency is both achieving our targeted objectives while participants also achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan.

2. Quality of documentation, including a description of the frequency and scope of internal chart audits;

QRR Process: HealthRIGHT 360 requires all program supervisors to audit at least 10% of their files each month for conformance to contract requirements and agency standards. Program supervisors receive a randomly generated list of client names to review using an audit tool tailored to the specifics of their program. Program supervisors are encouraged to use the tool to audit additional files to ensure maximum conformance with program requirements. A corrective action plan must be completed for all deficiencies identified. Completed audit forms are submitted monthly to the Compliance Manager who reviews the forms for accuracy and determines training needs based on patterns of deficiencies.

Additional File Review: In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

3. Cultural competency of staff and services;

HealthRIGHT 360 is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training,

Contractor Name: HealthRIGHT 360**Program Name: WCC Primary Care****Appendix A-9****Contract Term: 07/01/22 – 06/30/23**

and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

4. Satisfaction with services; and

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

5. Timely completion and use of outcome data, including, but not limited to ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).

To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA for our MH Adult programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

9. Required Language:

N/A

Contractor Name: HealthRIGHT 360
Program Name: WCC Primary Care

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Contract Term: 07/01/22 – 06/30/23

Contractor Name: HealthRIGHT 360**Program Name:** WAHT Workforce Initiative**Appendix A-10****Contract Term:** 07/01/22 – 06/30/23**1. Identifiers:**

Program Name: Western Addition Healthcare Training (WAHT) Workforce Initiative

Program Address, City, State, ZIP: 1735 Mission Street 1st floor

Telephone/FAX: (415) 820-7304

Website Address: www.healthright360.org

Contractor Address, City, State, ZIP:

1563 Mission St, 4th Floor, San Francisco, CA 94103

contracts@healthright360.org

Program Director: JM Jaffe

Telephone: (415) 901-7108

Email Address: jjaffe@lyon-martin.org

Program Code(s) (**if applicable**): N/A**2. Nature of Document:**☐ Original ☒ First Amendment ☐ Revision to Program Budgets (RPB)**3. Goal Statement:**

The WAHT Workforce Initiative increases access to women's health services while also providing community-based workforce development and training with a focus on Western Addition residents.

4. Priority Population:

Our primary target populations are low-income women, women of color, bisexual, lesbian, and transgender women and uninsured women and girls who reside in San Francisco. More specifically, we will also target diverse aged (ranging from 12-50) women of color residing in the Western Addition/Fillmore with a focus on public housing residents who are likely to experience health disparities, barriers to health information and services, and lack of economic opportunities.

The program will focus on the Western Addition (WA), a community in San Francisco that has experienced great disruption and disempowerment-- what was once a thriving community is now home to a concentration of public housing projects and a disenfranchised populace. The WA shares the 94115 zip code with bordering affluent neighborhoods, yet within the WA are some of the city's highest rates of homicide, unemployment, sexually transmitted infections, and uninsured residents.

5. Modality(s)/Intervention(s):

N/A

6. Methodology:

Contractor Name: HealthRIGHT 360**Appendix A-10****Program Name: WAHT Workforce Initiative****Contract Term: 07/01/22 – 06/30/23**

The WAHT Workforce Initiative increases the pool of underrepresented individuals, particularly young women of color, who are exposed to the diverse career opportunities in the health professions. The Western Addition has one of the highest unemployment rates for young people in San Francisco, and with the unprecedented stream of health-related jobs in San Francisco due to implementation of the Affordable Care Act, it is paramount that Western Addition residents are equipped with the tools and skill set to capitalize on the changing healthcare landscape. Our geographic focus of working with young women of color in the Western Addition neighborhood of San Francisco, assures that we're building the workforce capacity of young people in the local community. WAHT uses a community inclusive approach to provide Western Addition residents the opportunity to both improve their economic prospects through workforce development and support the health and wellness of community members through facilitation of community education and outreach. The WAHT Workforce Development Initiative creates several access points for community members to gain health workforce experience through multiple tiers that build over the course of two years.

The Tier paths are summarized below:

I. WAHT Internship Track I: A 20-hour health careers training curriculum for community members interested in gaining more skills and knowledge around women's health and careers in health. Participants are paid and upon graduation are able to move to Internship Track II.

II. WAHT Internship Track II: A 6-month, 12 hour /week curriculum that includes a health worker position at the Women's Community Clinic with job placement support upon successful completion of Track II. Participants will provide direct clinical services as a Health Worker for 9 hours/week and participate in professional development and training activities 3 hours/week. Participants are paid and upon graduation are able to move to the WAHT Fellowship.

III. WAHT Fellowship: An intensive and high level 18-month, 28 hour /week staff position at the Women's Community Clinic with job placement support upon successful completion of Fellowship. The WAHT Fellowship participants will be trained in clinic management and supervision; facilitation and presentation community-based health education and will participate in numerous professional and leadership development activities. WAHT Fellowship participants will also graduate with Medical Assistant and CPR Certifications.

A. Outreach & Recruitment:

Women in San Francisco are informed about the services of the Women's Community Clinic through referral processes of other organizations, our web site, flyers, end listings in the phone book and service directories and by word of mouth. All services are affordable and accessible on a sliding fee scale.

The WAHT Workforce Initiative is also focused on educating and enrolling eligible Western Addition residents in expanded insurance coverage under the Affordable Core Act. A big focus of the Initiative will be in hosting forums and workshops to educate the community on the Affordable Care

Contractor Name: HealthRIGHT 360**Appendix A-10****Program Name:** WAHT Workforce Initiative**Contract Term:** 07/01/22 – 06/30/23

Act (ACA). Initiative participants will get trained on the basic tenets of the ACA and will be the primary facilitators of community-based outreach and education. The Clinic will also have a Certified Enrollment Counselor that will be present and available to enroll community members during outreach activities.

B. Admission, enrollment and/or intake criteria and process where applicable

The clinic is located at 1735 Mission Street in Son Francisco. It is on the ground floor and is ADA accessible. The Clinic is open 5 days per week, and has many evening hours:

Monday	Tuesday	Wednesday	Thursday	Friday
1:00 – 9:00 PM	9:00 – 5:00 PM	9:00 – 5:00 PM	1:00 – 9:00 PM	9:00 – 5:00 PM

Clients can call or stop by the clinic to schedule an appointment. Clients can now also request appointments through our patient portal, MyChart. Each client receives a reminder call one day prior to their scheduled appointment. A client is registered at the front desk by a front desk volunteer or staff member. She is given intake paperwork and asked to provide contact information and a complete health history. As part of the registration process, the client is screened for eligibility in the Family Planning Access Care and Treatment (Family P.A.C.T) program, a California program that funds family planning services for low income women and for eligibility for other insurance programs. An enrollment specialist is available on site to assist with Medi-CAL and Covered CA enrollment.

C. Service delivery model

Next, the client is seen by a volunteer health worker who determines the nature of the client's concern and provides health education relevant to the concern.

D. Discharge Planning and exit criteria and process

Upon checkout at the front desk, the client receives any necessary referral paperwork or handouts and may schedule a follow-up appointment. Clients are also asked to fill out a client satisfaction survey after check-out.

All clients are encouraged to call for lab results. Clients with abnormal labs receive a phone call within 72 hours of receipt of results from a clinician. The clinician discusses all of the client's options for treatment and provides referrals as necessary.

Appointments at Women's Community Clinic typically last 20-60 minutes, excluding wait time. Client confidentiality is emphasized to create a safe and supportive environment and HIPAA policies and protocols are in place.

E. Program staffing

Staff Supervision, Training and Volunteer Based Model

Contractor Name: HealthRIGHT 360**Appendix A-10****Program Name: WAHT Workforce Initiative****Contract Term: 07/01/22 – 06/30/23**

The Clinic Director provides oversight of clinical services and is responsible for the medical component of the program and clinical operations. The Clinic Manager is charged with administrative supervision of the Medical Assistants, Health Educators, and Client Services Coordinators. All follow up care and any abnormal test results are tracked by our clinic staff. The Clinic has a paid staff of over 30 people including three paid Nurse Practitioners, three paid Certified Nurse Midwives, one RN, one Medical Assistant, a Clinic Director, Clinic Manager, and two Medical Directors (OBGYN and Internist) along with other Program and Administrative Staff including an Outreach Coordinator and Volunteer Director. The Clinic also has an active Board which oversees the operations of the Clinic and act as community spokespeople and fund raisers.

The Health Educators and Client Services Coordinators who work closely with clients in a variety of capacities, such as client intake and education, are predominantly volunteers. The Clinic is host to over 150 volunteers who provide services to clients in a variety of capacities. This amounts to approximately \$350,000 in cost savings per year. Additionally, over 80% of our volunteer alumni enter into the health professions after their experience volunteering at the Clinic. The Clinic considers itself a training ground for future health care leaders who will enter into their careers with a strong grounding in community health and harm reduction-based services.

The staff training plan includes scheduled training in alternating months conducted during clinical staff meetings, and additional educational leave for staff to attend conferences and workshops. Volunteers receive both initial and ongoing training which is a requirement of their volunteer experience at the Women's Community Clinic. The level of training varies according to the volunteer role. In accordance with rules and regulations which govern Women's Community Clinic, certain training such as HIPAA, Cal OSHA requirements and yearly training on Infection Control are mandatory for all clinic staff. Additionally, in 2015-16, the Clinic has implemented a staff training program focused around cultural inclusion and racism - with a focus on our organization as well as our client and community facing programming.

F. Vouchers: N/A

7. Objectives and Measurements:

A. Outcome Objectives

1. By the end of the contract term, at least 75% of WAHT Workforce Initiative participants will score 70% or above on a content exam of clinical women's health knowledge.

Evaluation: Outcome evaluation for this objective will be achieved based on exam scores on a women's health content exam; the data will be collected upon completion of each program tier. Participants will be evaluated on discrete knowledge learned using a pre- and post test survey. Participants are expected to increase their knowledge of women's health and primary care services, customer service philosophies, health insurance terms and enrollment. Demonstrable increase in

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"self-efficacy" in- workshop subject matter based on pre and post-test tracking of discrete knowledge gained. The data will be collected by program staff.

2. By the end of the contract term, at least 30% (N=12) of WAHT Workforce Initiative participants will be placed in an internship/permanent job in a health care setting.

Evaluation: Outcome evaluation for this objective will be achieved through Salesforce data tracking. The data will be collected by program staff.

3. By the end of the contract term, 300 community members will be enrolled in MediCal Expansion/ Covered California by a Women's Community Clinic Certified Enrollment Counselor.

Evaluation: Outcome evaluation for this objective will be achieved through CalHeers/Salesforce data tracking. The data will be collected by our Certified Enrollment Counselor.

B. Process Objectives

1. During the contract term, 40 women of color from the Western Addition will receive comprehensive women's health education and health professions leadership development and training at the Women's Community Clinic.

Evaluation: Process evaluation for this objective will be achieved through documentation and tracking of number of participants who have completed each Workforce Initiative tier. The data will be collected by program staff.

2. During the contract term, a minimum of 12 women of color from the Western Addition will complete a short-term site placement at the Women's Community Clinic or at community partner sites including: San Francisco Community Clinic Consortium UCSF, School of Medicine; UCSF, School of Nursing or University of San Francisco.

Evaluation: Process evaluation for this objective will be achieved through documentation and tracking of number of participants who have completed site placements. The data will be collected by program staff.

3. During the contract term, 50% of workforce program participants will complete an updated and revised resume.

Evaluation: Process evaluation for this objective will be achieved through documentation and tracking of number of participants who completed the program's resume workshop. The data will be collected by program staff.

4. During the contract term, WAHT will provide community health education and Affordable Care Act enrollment education to 400 community members.

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Evaluation: Process evaluation for this objective will be achieved through tracking number of attendees/participants at community forums and workshops~ The data will be collected by program staff.

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity;

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, therefore maintains a robust Quality Control Plan in order to ensure that the agency is both achieving our targeted objectives while participants also achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan.

2. Quality of documentation, including a description of the frequency and scope of internal chart audits;

QRR Process: HealthRIGHT 360 requires all program supervisors to audit at least 10% of their files each month for conformance to contract requirements and agency standards. Program supervisors receive a randomly generated list of client names to review using an audit tool tailored to the specifics of their program. Program supervisors are encouraged to use the tool to audit additional files to ensure maximum conformance with program requirements. A corrective action plan must be completed for all deficiencies identified. Completed audit forms are submitted monthly to the Compliance Manager who reviews the forms for accuracy and determines training needs based on patterns of deficiencies.

Additional File Review: In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

Contractor Name: HealthRIGHT 360**Program Name: WAHT Workforce Initiative****Appendix A-10****Contract Term: 07/01/22 – 06/30/23****3. Cultural competency of staff and services;**

HealthRIGHT 360 is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

4. Satisfaction with services; and

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

5. Timely completion and use of outcome data, including, but not limited to ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).

To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA for our MH Adult programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

9. Required Language:

N/A

Contractor Name: HealthRIGHT 360

Program Name: WAHT Workforce Initiative

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Appendix B

Calculation of Charges

1. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 3.3, COMPENSATION, of this Agreement.

Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner. For the purposes of this Section, "General Fund" shall mean all those funds which are not Work Order or Grant funds. "General Fund Appendices" shall mean all those Appendices which include General Fund monies.

(1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

(2) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month for reimbursement of the actual costs for SERVICES of the preceding month. All costs associated with the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those SERVICES rendered during the referenced period of performance. If SERVICES are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY. CITY'S final reimbursement to the CONTRACTOR at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

(2) Cost Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only

those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and MHSA Fund of the CONTRACTOR'S allocation for the applicable fiscal year.

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October through March of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

Budget Summary 2021-22 and 2022-23

Appendix B-1 – Residential

Appendix B-2 --Residential Step Down

Appendix B-3 – Perinatal Residential

Appendix B-4 – Residential Withdrawal Management

Appendix B-5 – Outpatient/Intensive Outpatient

Appendix B-6 – Representative Payee Services

Appendix B-7 – Adult Outpatient

Appendix B-8 –Adapt MH

Appendix B-9 – Women's Community Clinic Primary Care

Appendix B-10 – Women's Community Clinic WAHT

Appendix B-1: Fiscal Intermediary Budget and Fee

B. *COMPENSATION*

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **One Hundred Sixty-Three Million Nine Hundred Thirty Thousand Eight Hundred Seventy-Nine Dollars (\$163,930,879) for the period of July 1, 2018 through June 30, 2025.**

CONTRACTOR understands that, of this maximum dollar obligation, **\$8,427,278** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, not withstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2018 to June 30, 2019	\$ 17,067,250
July 1, 2019 to June 30, 2020	\$ 19,667,814
July 1, 2020 to June 30, 2021	\$ 20,833,562
July 1, 2021 to June 30, 2022	\$ 23,409,108
July 1, 2022 to June 30, 2023	\$ 24,111,381
July 1, 2023 to June 30, 2024	\$ 24,834,722
July 1, 2024 to June 30, 2025	\$ 25,579,764
Subtotal July 1, 2018 to June 30, 2025	\$ 155,503,601
Contingency	\$ 8,427,278
Total July 1, 2018 to June 30, 2025	\$ 163,930,879

CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to

compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

3. Services of Attorneys

No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

4. State or Federal Medi-Cal Revenues

A. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

B. CONTRACTOR further understands and agrees that any State or Federal Medi-Cal funding in this Agreement subject to authorized Federal Financial Participation (FFP) is an estimate, and actual amounts will be determined based on actual services and actual costs, subject to the total compensation amount shown in this Agreement."

5. Reports and Services

No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

6. Monthly Financial Statements, Notification of Proposed Mergers and Notification of Intent to Sell or Lease 890 Hayes Street and/or 214 Haight Street.

In consideration of City's subordination of CONTRACTOR'S Seismic and Safety Loan Program liens on 890 Hayes Street and 214 Haight Street, in 2016, and as a material term of this Agreement, CONTRACTOR shall:

A. Comply with all CITY's asset management and reporting requirements, including, but not limited to, providing SFDPH with monthly financial statements to the Chief Financial Officer located at 101 Grove, Room 308, San Francisco, CA 94110.

B. Provide written notification to SFDPH of any proposed merger negotiations, and obtain City approval of any such proposed merger negotiations prior to executing any documents regarding an intent to enter into merger negotiations or an intent to merge. SFDPH shall respond within thirty (30) business days from the date that CONTRACTOR provides a merger plan to SFDPH.

C. Provide written notification to SFDPH and the Mayor's Office of Housing and Community Development no less than one hundred twenty (120) days prior to any intent to sell or lease

CONTRACTOR's properties located at 890 Hayes Street and/or 214 Haight Street, and obtain City's prior written approval of any sale or lease of such properties, which shall not be unreasonably withheld, conditioned, or delayed. Within 30 days of executing this Agreement, CONTRACTOR shall record a notice, substantially in a form acceptable to the City, against the properties located at 890 Hayes Street and/or 214 Haight Street setting forth City's rights and CONTRACTOR's obligations set forth in this Section 6(C).

Appendix B - DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number 00348							Appendix B, Page 1
Contractor Name HealthRIGHT 360							Fiscal Year 21-22
Contract ID Number 1000010457							Funding Notification Date 01/25/22
Appendix Number	B-1	B-2	B-3	B-4	B-5	B-6	B-7
Provider Number	383806, 383834	383805, 388924	388910	383806, 383834	388926	383835	38K3
Program Name	HR360 Residential	HR360 Residential Step-Down	HR360 Perinatal Residential	HR360 Residential Withdrawal Management	HR360 Outpatient / Intensive OP	HR360 Representative Payee Pgm	Adult Outpatient
Program Code	3834ARS, 3806ARM	88077, 87067	89102	3834RWM, 3806RWM	8926OP, 87301, 38371, 01201, 3873OP, 3837OP, 3873RS, 3837RS	88359	38K3OP
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22
FUNDING USES							
Salaries	\$ 4,092,189	\$ 1,587,800	\$ 767,400	\$ 1,810,000	\$ 2,939,185	\$ 103,565	\$ 230,065
Employee Benefits	\$ 1,309,501	\$ 508,096	\$ 245,569	\$ 579,200	\$ 911,150	\$ 33,140	\$ 73,622
Subtotal Salaries & Employee Benefits	\$ 5,401,690	\$ 2,095,896	\$ 1,012,969	\$ 2,389,200	\$ 3,850,335	\$ 136,705	\$ 303,687
Operating Expenses	\$ 2,375,854	\$ 679,728	\$ 241,304	\$ 308,599	\$ 1,150,530	\$ 20,650	\$ 32,200
Capital Expenses		\$ -					
Subtotal Direct Expenses	\$ 7,777,544	\$ 2,775,624	\$ 1,254,273	\$ 2,697,799	\$ 5,000,865	\$ 157,355	\$ 335,887
Indirect Expenses	\$ 1,166,639	\$ 416,343	\$ 188,139	\$ 404,672	\$ 750,115	\$ 23,600	\$ 50,385
Indirect %	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
TOTAL FUNDING USES	\$ 8,944,183	\$ 3,191,967	\$ 1,442,412	\$ 3,102,471	\$ 5,750,980	\$ 180,955	\$ 386,272
BHS MENTAL HEALTH FUNDING SOURCES							
MH Adult Fed SDMC FFP (50%)							\$ 168,098
MH Adult State 1991 MH Realignment							\$ 182,084
MH Adult County General Fund							\$ 36,090
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 386,272
BHS SUD FUNDING SOURCES							
SUD Fed SABG CRRSAA, CFDA 93.959	\$ 329,692	\$ 112,158					
SUD Fed SABG Discretionary, CFDA 93.959	\$ 1,742,464	\$ 2,140,994		\$ 278,033			
SUD Fed SABG Perinatal Set-Aside, CFDA 93.959			\$ 166,709				
SUD Fed DMC FFP, CFDA 93.778	\$ 3,545,812		\$ 201,887	\$ 699,004	\$ 1,415,370		
SUD Fed Perinatal DMC FFP, CFDA 93.778			\$ 201,887				
SUD State DMC					\$ 593,873		
SUD State Perinatal DMC			\$ 108,708				
SUD State General Fund (ODS Waiver)	\$ 1,909,281		\$ 108,708	\$ 376,386	\$ 168,248		
SUD State Women/Children's Residential			\$ 182,286				
SUD County General Fund	\$ 1,416,934		\$ 472,227	\$ 1,749,048	\$ 2,012,304	\$ 180,955	
SUD County Prop C Homeless Baseline		\$ 938,815			\$ 1,561,185		
TOTAL BHS SUD FUNDING SOURCES	\$ 8,944,183	\$ 3,191,967	\$ 1,442,412	\$ 3,102,471	\$ 5,750,980	\$ 180,955	\$ -
OTHER DPH FUNDING SOURCES							
COPC General Fund - Admin							
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 8,944,183	\$ 3,191,967	\$ 1,442,412	\$ 3,102,471	\$ 5,750,980	\$ 180,955	\$ 386,272
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 8,944,183	\$ 3,191,967	\$ 1,442,412	\$ 3,102,471	\$ 5,750,980	\$ 180,955	\$ 386,272
Prepared By Tony Duong				Phone Number 415-967-7416			

Appendix B - DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number 00348								Appendix B, Page 2
Contractor Name HealthRIGHT 360								Fiscal Year 21-22
Contract ID Number 1000010457								Funding Notification Date 01/25/22
Appendix Number	B-8	B-9	B-10	B-11	B-12	B-13	B-14	
Provider Number	38JB	N/A	N/A					
Program Name	ADAPT MH	Women's Community Clinic Primary Care	Women's Community Clinic WAHT					
Program Code	38JBOP	N/A	N/A					
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22					
FUNDING USES								TOTAL
Salaries	\$ 140,400	\$ 43,780	\$ 62,545	\$ -	\$ -	\$ -	\$ -	\$ 11,776,929
Employee Benefits	\$ 44,925	\$ 11,250	\$ 19,386	\$ -	\$ -	\$ -	\$ -	\$ 3,735,839
Subtotal Salaries & Employee Benefits	\$ 185,325	\$ 55,030	\$ 81,931	\$ -	\$ -	\$ -	\$ -	\$ 15,512,768
Operating Expenses	\$ 16,236	\$ -	\$ 17,885	\$ -	\$ -	\$ -	\$ -	\$ 4,842,986
Capital Expenses								\$ -
Subtotal Direct Expenses	\$ 201,561	\$ 55,030	\$ 99,816	\$ -	\$ -	\$ -	\$ -	\$ 20,355,754
Indirect Expenses	\$ 30,234	\$ 8,253	\$ 14,974	\$ -	\$ -	\$ -	\$ -	\$ 3,053,354
Indirect %	15.0%	15.0%	15.0%	0.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES	\$ 231,795	\$ 63,283	\$ 114,790	\$ -	\$ -	\$ -	\$ -	\$ 23,409,108
							Employee Benefits Rate	31.8%
BHS MENTAL HEALTH FUNDING SOURCES								
MH Adult Fed SDMC FFP (50%)	\$ 44,332							\$ 212,430
MH Adult State 1991 MH Realignment	\$ -							\$ 182,084
MH Adult County General Fund	\$ 187,463							\$ 223,553
								\$ -
								\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 231,795	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 618,067
BHS SUD FUNDING SOURCES								
SUD Fed SABG CRRSAA, CFDA 93.959								\$ 441,850
SUD Fed SABG Discretionary, CFDA 93.959								\$ 4,161,491
SUD Fed SABG Perinatal Set-Aside, CFDA 93.959								\$ 166,709
SUD Fed DMC FFP, CFDA 93.778								\$ 5,862,073
SUD Fed Perinatal DMC FFP, CFDA 93.778								\$ 201,887
SUD State DMC								\$ 593,873
SUD State Perinatal DMC								\$ 108,708
SUD State General Fund (ODS Waiver)								\$ 2,562,623
SUD State Women/Children's Residential								\$ 182,286
SUD County General Fund								\$ 5,831,468
SUD County Prop C Homeless Baseline								\$ 2,500,000
								\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 22,612,968
OTHER DPH FUNDING SOURCES								
COPC General Fund - Admin		\$ 63,283	\$ 114,790					\$ 178,073
								\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ 63,283	\$ 114,790		\$ -	\$ -	\$ -	\$ 178,073
TOTAL DPH FUNDING SOURCES	\$ 231,795	\$ 63,283	\$ 114,790	\$ -	\$ -	\$ -	\$ -	\$ 23,409,108
NON-DPH FUNDING SOURCES								
								\$ -
								\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 231,795	\$ 63,283	\$ 114,790	\$ -	\$ -	\$ -	\$ -	\$ 23,409,108
Prepared By	Tony Duong					Phone Number	415-967-7416	

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00348					Appendix Number		B-1
Provider Name HealthRIGHT 360					Page Number		1
Provider Number 383806, 383834					Fiscal Year		21-22
Contract ID Number 1000010457					Funding Notification Date		01/25/22
Program Name		HR360 Residential					
Program Code		3834ARS; 3806ARM	3834ARS; 3806ARM	3834ARS; 3806ARM	3834ARS; 3806ARM	3834ARS; 3806ARM	
Mode/SFC (MH) or Modality (SUD)		ODS-112	ODS-113	ODS-114	Res-58	Res-58	
Service Description		ODS Residential 3.1	ODS Residential 3.3	ODS Residential 3.5	ODS Room & Board, Residential Treatment	ODS Room & Board, Residential Treatment	
Funding Term		7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	
FUNDING USES							TOTAL
Salaries & Employee Benefits		\$ 132,422	\$ 222,664	\$ 4,179,364	\$ 768,031	\$ 99,209	\$ 5,401,690
Operating Expenses		\$ 21,530	\$ 36,180	\$ 679,250	\$ 1,451,414	\$ 187,480	\$ 2,375,854
Capital Expenses							\$ -
Subtotal Direct Expenses		\$ 153,952	\$ 258,844	\$ 4,858,614	\$ 2,219,445	\$ 286,689	\$ 7,777,544
Indirect Expenses		\$ 23,095	\$ 38,830	\$ 728,794	\$ 332,917	\$ 43,003	\$ 1,166,639
Indirect %		15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
TOTAL FUNDING USES		\$ 177,047	\$ 297,674	\$ 5,587,408	\$ 2,552,362	\$ 329,692	\$ 8,944,183
BHS MENTAL HEALTH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity					
SUD Fed SABG CRRSAA, CFDA 93.959		0				\$ 329,692	\$ 329,692
SUD Fed SABG Discretionary, CFDA 93.959		240646-10000-10001681-0003			\$ 1,742,464		\$ 1,742,464
SUD Fed DMC FFP, CFDA 93.778		240646-10000-10001681-0003	\$ 103,557	\$ 174,113	\$ 3,268,142		\$ 3,545,812
SUD State General Fund (ODS Waiver)		240646-10000-10001681-0003	\$ 55,761	\$ 93,753	\$ 1,759,767		\$ 1,909,281
SUD County General Fund			\$ 17,729	\$ 29,808	\$ 559,499	\$ 809,898	\$ 1,416,934
TOTAL BHS SUD FUNDING SOURCES		\$ 177,047	\$ 297,674	\$ 5,587,408	\$ 2,552,362	\$ 329,692	\$ 8,944,183
OTHER DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 177,047	\$ 297,674	\$ 5,587,408	\$ 2,552,362	\$ 329,692	\$ 8,944,183
NON-DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		177,047	297,674	5,587,408	2,552,362	329,692	8,944,183
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased		4	6	118	128	128	
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service		932	1,567	29,413	28,261	3,651	
Unit Type		Day	Day	Day	Bed Days	Bed Days	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 189.96	\$ 189.96	\$ 189.96	\$ 90.31	\$ 90.30	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 189.96	\$ 189.96	\$ 189.96	\$ 90.31	\$ 90.30	
Published Rate (Medi-Cal Providers Only)		\$ 275.63	\$ 385.88	\$ 330.75	\$ 150.00	\$ 150.00	Total UDC
Unduplicated Clients (UDC)		11	16	323	310	40	350

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010457
Program Name HR360 Residential
Program Code 3834ARS; 3806ARM

Appendix Number B-1
Page Number 2
Fiscal Year 21-22
Funding Notification Date 01/25/22

	TOTAL		Residential - ODS Residential 3.1		Residential - ODS Residential 3.3		Residential - ODS Residential 3.5		Residential - Room and Board		Residential - Room and Board			
Funding Term	7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22			
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
AOD Counselors	6.00	312,670	0.18	\$ 9,110	0.29	\$ 15,365	5.53	\$ 288,195						
Peer Recovery Navigator (PSS)	6.00	270,010	0.18	\$ 7,890	0.29	\$ 13,260	5.53	\$ 248,860						
LPHA	8.00	624,000	0.23	\$ 18,220	0.39	\$ 30,640	7.37	\$ 575,140						
Mental Health Therapist	2.00	156,000	0.06	\$ 4,560	0.10	\$ 7,660	1.84	\$ 143,780						
Clinical Director	2.00	190,000	0.06	\$ 5,550	0.10	\$ 9,330	1.84	\$ 175,120						
Mental Health Training Coordinator	0.00	-	0.00	\$ -	0.00	\$ -	0.00	\$ -						
Health and Wellness Coordinator	2.00	110,000	0.06	\$ 3,210	0.10	\$ 5,400	1.84	\$ 101,390						
Registered Nurse	2.00	210,000	0.06	\$ 6,130	0.10	\$ 10,310	1.84	\$ 193,560						
Medical Director	0.50	130,000	0.01	\$ 3,800	0.02	\$ 6,380	0.46	\$ 119,820						
Program Manager	4.00	300,000	0.12	\$ 8,760	0.20	\$ 14,730	3.69	\$ 276,510						
Program Director	2.00	220,000	0.06	\$ 6,430	0.10	\$ 10,800	1.84	\$ 202,770						
Managing Director	0.75	105,010	0.02	\$ 3,070	0.04	\$ 5,160	0.69	\$ 96,780						
Administrative Assistant	2.00	100,000	0.06	\$ 2,920	0.10	\$ 4,910	1.84	\$ 92,170						
Compliance Quality Improvement	2.00	130,000	0.06	\$ 3,800	0.10	\$ 6,380	1.84	\$ 119,820						
Compliance Quality Assurance	2.00	130,000	0.06	\$ 3,800	0.10	\$ 6,380	1.84	\$ 119,820						
EMR Support	1.00	65,000	0.03	\$ 1,900	0.05	\$ 3,190	0.92	\$ 59,910						
Overnight/Weekend Staff	9.00	393,442	0.00	\$ -	0.00	\$ -	0.00	\$ -	7.97	\$ 348,441	1.03	\$ 45,001		
Food Service	3.00	144,000	0.00	\$ -	0.00	\$ -	0.00	\$ -	2.66	\$ 127,527	0.34	\$ 16,473		
Drivers	3.00	119,557	0.00	\$ -	0.00	\$ -	0.00	\$ -	2.66	\$ 105,880	0.34	\$ 13,677		
Intake Counselor	2.00	110,000	0.06	\$ 3,210	0.10	\$ 5,400	1.84	\$ 101,390						
Intake LPHA	2.00	150,000	0.06	\$ 4,380	0.10	\$ 7,370	1.84	\$ 138,250						
Intake Director	0.50	40,000	0.01	\$ 1,170	0.02	\$ 1,960	0.46	\$ 36,870						
Intake Manager	0.50	32,500	0.01	\$ 950	0.02	\$ 1,600	0.46	\$ 29,950						
Intake Medi-Cal Eligibility Worker	1.00	50,000	0.03	\$ 1,460	0.05	\$ 2,460	0.92	\$ 46,080						
	0.00	-												
	0.00	-												
	0.00	-												
	0.00													
	0.00	-												
	0.00	-												
	0.00	-												
Totals:	63.25	4,092,189	1.41	\$ 100,320	2.37	168,685	44.47	3,166,185	13.28	581,848	1.71	\$ 75,151	0.00	\$ -
Employee Benefits:	32.00%	1,309,501	32.00%	\$ 32,102	32.00%	53,979	32.00%	1,013,179	32.00%	186,183	32.01%	24,058	0.00%	
TOTAL SALARIES & BENEFITS		5,401,690		\$ 132,422		222,664		4,179,364		768,031		\$ 99,209		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
 Program Name HR360 Residential
 Program Code 3834ARS; 3806ARM

Appendix Number B-1
 Page Number 3
 Fiscal Year 21-22
 Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	Residential - ODS Residential 3.1	Residential - ODS Residential 3.3	Residential - ODS Residential 3.5	Residential - Room and Board	Residential - Room and Board	
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	
Rent	\$ 270,920.00	\$ 2,360.00	\$ 3,970.00	\$ 74,490.00	\$ 168,354.00	\$ 21,746.00	
Utilities (telephone, electricity, water, gas)	\$ 586,040.00	\$ 5,100.00	\$ 8,580.00	\$ 161,100.00	\$ 364,214.00	\$ 47,046.00	
Building Repair/Maintenance	\$ 461,850.00	\$ 4,050.00	\$ 6,800.00	\$ 127,700.00	\$ 286,316.00	\$ 36,984.00	
Occupancy Total:	\$ 1,318,810.00	\$ 11,510.00	\$ 19,350.00	\$ 363,290.00	\$ 818,884.00	\$ 105,776.00	\$ -
Office Supplies	\$ 14,670.00	\$ 430.00	\$ 720.00	\$ 13,520.00	\$ -		
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -		
Program Supplies	\$ 48,190.00	\$ 1,410.00	\$ 2,370.00	\$ 44,410.00	\$ -		
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -		
Materials & Supplies Total:	\$ 62,860.00	\$ 1,840.00	\$ 3,090.00	\$ 57,930.00	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -	\$ -	\$ -	\$ -		
Insurance	\$ 78,048.00	\$ 680.00	\$ 1,140.00	\$ 21,460.00	\$ 48,503.00	\$ 6,265.00	
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -		
Permits	\$ 59,350.00	\$ 1,730.00	\$ 2,910.00	\$ 54,710.00	\$ -		
Equipment Lease & Maintenance	\$ 45,400.00	\$ 1,330.00	\$ 2,230.00	\$ 41,840.00	\$ -		
General Operating Total:	\$ 182,798.00	\$ 3,740.00	\$ 6,280.00	\$ 118,010.00	\$ 48,503.00	\$ 6,265.00	\$ -
Local Travel	\$ -	\$ -	\$ -	\$ -			
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -			
Field Expenses	\$ -	\$ -	\$ -	\$ -			
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Depreciation	\$ 506,386.00	\$ 4,440.00	\$ 7,460.00	\$ 140,020.00	\$ 313,917.00	\$ 40,549.00	
Client Healthcare Related/Transportation	\$ 180,000.00	\$ -	\$ -	\$ -	\$ 159,409.00	\$ 20,591.00	
Food	\$ 125,000.00	\$ -	\$ -	\$ -	\$ 110,701.00	\$ 14,299.00	
Other Total:	\$ 811,386.00	\$ 4,440.00	\$ 7,460.00	\$ 140,020.00	\$ 584,027.00	\$ 75,439.00	\$ -
TOTAL OPERATING EXPENSE	\$ 2,375,854.00	\$ 21,530	\$ 36,180	\$ 679,250	\$ 1,451,414	\$ 187,480.00	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00348				Appendix Number B-2			
Provider Name HealthRIGHT 360				Page Number 1			
Provider Number 383805, 388924				Fiscal Year 21-22			
Contract ID Number 1000010457				Funding Notification Date 01/25/22			
Program Name		HR360 Residential Step-Down					
Program Code		88077, 87067	88077, 87067				
Mode/SFC (MH) or Modality (SUD)		Res-59	Res-59				
Service Description		ODS Room & Board Recovery Residences	ODS Room & Board Recovery Residences				
Funding Term		7/1/21-6/30/22	7/1/21-6/30/22				
FUNDING USES							TOTAL
Salaries & Employee Benefits		\$ 2,095,896	\$ -	\$ -	\$ -		\$ 2,095,896
Operating Expenses		\$ 582,178	\$ 97,550	\$ -	\$ -		\$ 679,728
Capital Expenses							\$ -
Subtotal Direct Expenses		\$ 2,678,074	\$ 97,550	\$ -	\$ -	\$ -	\$ 2,775,624
Indirect Expenses		\$ 401,735	\$ 14,608				\$ 416,343
Indirect %		15.0%	15.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES		\$ 3,079,809	\$ 112,158	\$ -	\$ -	\$ -	\$ 3,191,967
BHS MENTAL HEALTH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity					
SUD Fed SABG CRRSAA, CFDA 93.959	0		\$ 112,158				\$ 112,158
SUD Fed SABG Discretionary, CFDA 93.959	240646-10000-10001681-0003	\$ 2,140,994					\$ 2,140,994
SUD County General Fund	240646-10000-10001681-0003						\$ -
SUD County Prop C Homeless Baseline		\$ 938,815					\$ 938,815
TOTAL BHS SUD FUNDING SOURCES		\$ 3,079,809	\$ 112,158	\$ -	\$ -	\$ -	\$ 3,191,967
OTHER DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 3,079,809	\$ 112,158	\$ -	\$ -	\$ -	\$ 3,191,967
NON-DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		3,079,809	112,158	-	-	-	3,191,967
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased		92	92				
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)				
DPH Units of Service		22,667	22,667				
Unit Type		Bed Days	Bed Days	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 135.87	\$ 4.95	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 135.87	\$ 4.95	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)		\$ 150.00	\$ 150.00				Total UDC
Unduplicated Clients (UDC)		92	92				92

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Fiscal Year	21-22
Funding Notification Date	01/25/22

	TOTAL		Recovery Residence		Recovery Residence - ERAF									
Funding Term	7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22									
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Recovery Coach	20.00	\$ 1,026,800	20.00	\$ 1,026,800										
Health and Wellness Coordinators	2.00	\$ 104,000	2.00	\$ 104,000										
Manager	2.00	\$ 160,000	2.00	\$ 160,000										
Managing Director	0.25	\$ 35,000	0.25	\$ 35,000										
Cook	2.00	\$ 84,000	2.00	\$ 84,000										
Administrative Assistant	1.00	\$ 42,000	1.00	\$ 42,000										
Drivers	2.00	\$ 84,000	2.00	\$ 84,000										
Intake Coordinator	1.00	\$ 52,000	1.00	\$ 52,000										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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	0.00	\$ -												
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	0.00	\$ -												
	0.00	\$ -												
Totals:	30.25	\$ 1,587,800	30.25	\$ 1,587,800	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	32.00%	\$ 508,096	32.00%	\$ 508,096	0.00%	\$ -	0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 2,095,896	\$ 2,095,896		\$ -		\$ -		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
Program Name HR360 Residential Step-Down
Program Code 88077, 87067

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Page Number 3
Fiscal Year 21-22
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	Recovery Residence					
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22					
Rent	\$ 113,600.00	\$ 78,350.00	\$ 35,250.00				
Utilities (telephone, electricity, water, gas)	\$ 180,000.00	\$ 180,000.00					
Building Repair/Maintenance	\$ 70,000.00	\$ 70,000.00					
Occupancy Total:	\$ 363,600.00	\$ 328,350.00	\$ 35,250.00	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 12,000.00	\$ 12,000.00					
Photocopying	\$ 12,000.00	\$ 12,000.00					
Program Supplies	\$ 36,000.00	\$ 36,000.00					
Computer Hardware/Software	\$ 14,400.00	\$ 14,400.00					
Materials & Supplies Total:	\$ 74,400.00	\$ 74,400.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 5,306.00	\$ 5,306.00					
Insurance	\$ 50,800.00	\$ 50,800.00					
Professional License	\$ -	\$ -					
Permits	\$ -	\$ -					
Equipment Lease & Maintenance	\$ 12,000.00	\$ 12,000.00					
General Operating Total:	\$ 68,106.00	\$ 68,106.00	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 10,622.00	\$ 10,622.00					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 10,622.00	\$ 10,622.00	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Depreciation	\$ 50,700.00	\$ 50,700.00					
Client Healthcare Related/Transportation	\$ 50,000.00	\$ 50,000.00					
Food	\$ 62,300.00		\$ 62,300.00				
Other Total:	\$ 163,000.00	\$ 100,700.00	\$ 62,300.00	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 679,728.00	\$ 582,178.00	\$ 97,550.00	\$ -	\$ -	\$ -	\$ -

Appendix B - DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)						
DHCS Legal Entity Number 00348				Appendix Number B-3		
Provider Name HealthRIGHT 360				Page Number 1		
Provider Number 388910				Fiscal Year 21-22		
Contract ID Number 1000010457				Funding Notification Date 01/25/22		
Program Name		HR360 Perinatal Residential				
Program Code		89102	89102	89102	89102	
Mode/SFC (MH) or Modality (SUD)		ODS-112	ODS-113	ODS-114	Res-58-1	
Service Description		ODS Residential 3.1	ODS Residential 3.3	ODS Residential 3.5	ODS Room & Board, Residential Treatment (Perinatal Only)	
Funding Term		7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	
FUNDING USES						TOTAL
Salaries & Employee Benefits		\$ 6,739	\$ 6,739	\$ 819,311	\$ 180,180	\$ 1,012,969
Operating Expenses		\$ 1,420	\$ 1,420	\$ 172,630	\$ 65,834	\$ 241,304
Capital Expenses						\$ -
Subtotal Direct Expenses		\$ 8,159	\$ 8,159	\$ 991,941	\$ 246,014	\$ - \$ 1,254,273
Indirect Expenses		\$ 1,223	\$ 1,223	\$ 148,791	\$ 36,902	\$ 188,139
Indirect %		15.0%	15.0%	15.0%	15.0%	0.0% 15.0%
TOTAL FUNDING USES		\$ 9,382	\$ 9,382	\$ 1,140,732	\$ 282,916	\$ - \$ 1,442,412
BHS MENTAL HEALTH FUNDING SOURCES						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity				
SUD Fed SABG Perinatal Set-Aside, CFDA 93.959	240646-10000-10001681-0003				\$ 166,709	\$ 166,709
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$ 1,635	\$ 1,635	\$ 198,617		\$ 201,887
SUD Fed SABG Perinatal Set-Aside, CFDA 93.959	240646-10000-10001681-0003	\$ 1,635	\$ 1,635	\$ 198,617		\$ 201,887
SUD State Perinatal DMC	240646-10000-10001681-0003	\$ 880	\$ 880	\$ 106,948		\$ 108,708
SUD State General Fund (ODS Waiver)	240646-10000-10001681-0003	\$ 880	\$ 880	\$ 106,948		\$ 108,708
SUD State Women/Children's Residential	240646-10000-10001681-0003	\$ 1,476	\$ 1,476	\$ 179,334		\$ 182,286
SUD County General Fund	240646-10000-10001681-0003	\$ 2,876	\$ 2,876	\$ 350,268	\$ 116,207	\$ 472,227
						\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ 9,382	\$ 9,382	\$ 1,140,732	\$ 282,916	\$ - \$ 1,442,412
OTHER DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 9,382	\$ 9,382	\$ 1,140,732	\$ 282,916	\$ - \$ 1,442,412
NON-DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		9,382	9,382	1,140,732	282,916	- 1,442,412
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased		1	1	13	15	
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service		30	30	3,644	3,704	
Unit Type		Day	Day	Day	Bed Days	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 312.73	\$ 312.73	\$ 313.04	\$ 76.38	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 312.73	\$ 312.73	\$ 313.04	\$ 76.38	\$ -
Published Rate (Medi-Cal Providers Only)		\$ 275.63	\$ 385.88	\$ 330.75	\$ 150.00	Total UDC
Unduplicated Clients (UDC)		1	1	40	42	42

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
 Program Name HR360 Perinatal Residential
 Program Code 89102

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 Page Number 3
 Fiscal Year 21-22
 Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	Perinatal Residential 3.1	Perinatal Residential 3.3	Perinatal Residential 3.5	Perinatal Residential - Room and Board		
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22		
Rent	\$ 13,551.00	\$ 70.00	\$ 70.00	\$ 8,140.00	\$ 5,271.00		
Utilities (telephone, electricity, water, gas)	\$ 72,206.00	\$ 380.00	\$ 380.00	\$ 45,680.00	\$ 25,766.00		
Building Repair/Maintenance	\$ 32,758.00	\$ 160.00	\$ 160.00	\$ 19,680.00	\$ 12,758.00		
Occupancy Total:	\$ 118,515.00	\$ 610.00	\$ 610.00	\$ 73,500.00	\$ 43,795.00	\$ -	\$ -
Office Supplies	\$ 7,500.00	\$ 60.00	\$ 60.00	\$ 7,380.00			
Photocopying	\$ -	\$ -	\$ -	\$ -			
Program Supplies	\$ 9,380.00	\$ 80.00	\$ 80.00	\$ 9,220.00			
Computer Hardware/Software	\$ 7,500.00	\$ 60.00	\$ 60.00	\$ 7,380.00			
Materials & Supplies Total:	\$ 24,380.00	\$ 200.00	\$ 200.00	\$ 23,980.00	\$ -	\$ -	\$ -
Training/Staff Development	\$ 7,500.00	\$ 60.00	\$ 60.00	\$ 7,380.00			
Insurance	\$ 9,240.00	\$ 70.00	\$ 70.00	\$ 9,100.00			
Professional License	\$ -	\$ -	\$ -	\$ -			
Permits	\$ -	\$ -	\$ -	\$ -			
Equipment Lease & Maintenance	\$ 18,750.00	\$ 150.00	\$ 150.00	\$ 18,450.00			
General Operating Total:	\$ 35,490.00	\$ 280.00	\$ 280.00	\$ 34,930.00	\$ -	\$ -	\$ -
Local Travel	\$ 4,510.00	\$ 40.00	\$ 40.00	\$ 4,430.00			
Out-of-Town Travel	\$ -	\$ -	\$ -				
Field Expenses	\$ -	\$ -	\$ -				
Staff Travel Total:	\$ 4,510.00	\$ 40.00	\$ 40.00	\$ 4,430.00	\$ -	\$ -	\$ -
	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Depreciation	\$ 36,370.00	\$ 290.00	\$ 290.00	\$ 35,790.00			
Client Healthcare Related/Transportation	\$ 5,980.00	\$ -	\$ -	\$ -	\$ 5,980.00		
Food	\$ 16,059.00	\$ -	\$ -	\$ -	\$ 16,059.00		
Other Total:	\$ 58,409.00	\$ 290.00	\$ 290.00	\$ 35,790.00	\$ 22,039.00	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 241,304.00	\$ 1,420.00	\$ 1,420.00	\$ 172,630.00	\$ 65,834.00	\$ -	\$ -

Appendix B - DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)						
DHCS Legal Entity Number 00348				Appendix Number B-4		
Provider Name HealthRIGHT 360				Page Number 1		
Provider Number 383806, 383834				Fiscal Year 21-22		
Contract ID Number 1000010457				Funding Notification Date 01/25/22		
Program Name		HR360 Residential Withdrawal Management				
Program Code		3834RWM, 3806RWM	3834RWM, 3806RWM			
Mode/SFC (MH) or Modality (SUD)		ODS-109	Res-58			
Service Description		ODS Withdrawal Management 3.2	ODS Room & Board, Residential Treatment			
Funding Term		7/1/21-6/30/22	7/1/21-6/30/22			
FUNDING USES						TOTAL
Salaries & Employee Benefits		\$ 1,866,480	\$ 522,720	\$ -	\$ -	\$ 2,389,200
Operating Expenses		\$ 104,065	\$ 204,534	\$ -	\$ -	\$ 308,599
Capital Expenses						\$ -
Subtotal Direct Expenses		\$ 1,970,545	\$ 727,254	\$ -	\$ -	\$ 2,697,799
Indirect Expenses		\$ 295,584	\$ 109,088			\$ 404,672
Indirect %		15.0%	15.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES		\$ 2,266,129	\$ 836,342	\$ -	\$ -	\$ 3,102,471
BHS MENTAL HEALTH FUNDING SOURCES						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity				
SUD Fed SABG Discretionary, CFDA 93.959	240646-10000-10001681-0003	\$ -	\$ 278,033			\$ 278,033
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$ 699,004				\$ 699,004
SUD State General Fund (ODS Waiver)	240646-10000-10001681-0003	\$ 376,386				\$ 376,386
SUD County General Fund	240646-10000-10001681-0003	\$ 1,190,739	\$ 558,309			\$ 1,749,048
						\$ -
						\$ -
						\$ -
						\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ 2,266,129	\$ 836,342	\$ -	\$ -	\$ 3,102,471
OTHER DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 2,266,129	\$ 836,342	\$ -	\$ -	\$ 3,102,471
NON-DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		2,266,129	836,342	-	-	3,102,471
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased		30	36			
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)			
DPH Units of Service		7,667	11,422			
Unit Type		Day	Bed Days	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 295.57	\$ 73.22	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 295.57	\$ 73.22	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)		\$ 500.00	\$ 150.00			Total UDC
Unduplicated Clients (UDC)		511	761			761

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Page Number	2
Fiscal Year	21-22
Funding Notification Date	01/25/22

	TOTAL		Residential - ODS Withdraw Mgmt 3.2		Residential - Room and Board									
Funding Term	7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22									
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
AOD Counselors	7.00	\$ 350,000	7.00	\$ 350,000										
Peer Recovery Navigator (PSS)	6.00	\$ 270,000			6.00	\$ 270,000								
LPHA	3.00	\$ 225,000	3.00	\$ 225,000										
Medical Director	0.50	\$ 120,000	0.50	\$ 120,000										
Program Manager	2.00	\$ 170,000	2.00	\$ 170,000										
Registered Nurse	2.00	\$ 170,000	2.00	\$ 170,000										
Food Service	2.00	\$ 84,000			2.00	\$ 84,000								
Drivers	1.00	\$ 42,000			1.00	\$ 42,000								
Intake Counselor	2.00	\$ 104,000	2.00	\$ 104,000										
Intake LPHA	2.00	\$ 150,000	2.00	\$ 150,000										
Intake Director	0.50	\$ 40,000	0.50	\$ 40,000										
Intake Manager	0.50	\$ 35,000	0.50	\$ 35,000										
Intake Medi-Cal Eligibility Worker	1.00	\$ 50,000	1.00	\$ 50,000										
	0.00	\$ -												
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Totals:	29.50	\$ 1,810,000	20.50	\$ 1,414,000	9.00	\$ 396,000	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	32.00%	\$ 579,200	32.00%	\$ 452,480	32.00%	\$ 126,720	0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 2,389,200	\$ 1,866,480		\$ 522,720		\$ -		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
Program Name HR360 Residential Withdrawal Management
Program Code 3834RWM, 3806RWM

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Page Number 3
Fiscal Year 21-22
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	Residential - ODS Withdraw Mgmt 3.2	Residential - Room and Board				
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22				
Rent	\$ 45,249.00	\$ 16,100.00	\$ 29,149.00				
Utilities (telephone, electricity, water, gas)	\$ 59,388.00	\$ 19,500.00	\$ 39,888.00				
Building Repair/Maintenance	\$ 34,183.00	\$ 15,289.00	\$ 18,894.00				
Occupancy Total:	\$ 138,820.00	\$ 50,889.00	\$ 87,931.00	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 2,588.00	\$ 2,588.00					
Photocopying	\$ -	\$ -					
Program Supplies	\$ 8,502.00	\$ 8,502.00					
Computer Hardware/Software	\$ -	\$ -					
Materials & Supplies Total:	\$ 11,090.00	\$ 11,090.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -					
Insurance	\$ 12,498.00	\$ 4,100.00	\$ 8,398.00				
Professional License	\$ -	\$ -					
Permits	\$ 10,476.00	\$ 10,476.00					
Equipment Lease & Maintenance	\$ 8,010.00	\$ 8,010.00					
General Operating Total:	\$ 30,984.00	\$ 22,586.00	\$ 8,398.00	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Depreciation	\$ 59,351.00	\$ 19,500.00	\$ 39,851.00				
Client Healthcare Related/Transportation	\$ 17,200.00		\$ 17,200.00				
Food	\$ 51,154.00		\$ 51,154.00				
Other Total:	\$ 127,705.00	\$ 19,500.00	\$ 108,205.00	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 308,599.00	\$ 104,065.00	\$ 204,534.00	\$ -	\$ -	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)														
DHCS Legal Entity Number 00348												Appendix Number		B-5
Provider Name HealthRIGHT 360												Page Number		1
Provider Number 388926												Fiscal Year		21-22
Contract ID Number 1000010457												Funding Notification Date		01/25/22
Program Name		HR360 Outpatient / Intensive OP												
Program Code		3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837RS, 3873RS, 8926RS	3837RS, 3873RS, 8926RS	3837RS, 3873RS, 8926RS	3837RS, 3873RS, 8926RS	
Mode/SFC (MH) or Modality (SUD)		ODS-91g	ODS-91i	ODS-91i	ODS-91g	ODS-91cm	ODS-105i	ODS-105g	ODS-105cm	ODS-91rsi	ODS-91rsg	ODS-91rscm	ODS-91rsm	
Service Description		ODS OT Group Counseling	ODS OT Individual Counseling	ODS OT Individual Counseling	ODS OT Group Counseling	ODS OT Case Management	ODS IOT Individual Counseling	ODS IOT Group Counseling	ODS IOT Case Management	Recovery Services Individual	ODS OT Recovery Services Group	Recovery Services Case Management	Recovery Services Monitoring	
Funding Term		7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	
FUNDING USES														TOTAL
Salaries & Employee Benefits		\$ 166,763	\$ 878,381	\$ 1,342,226	\$ 595,290	\$ 115,693	\$ 276,698	\$ 191,810	\$ 81,534	\$ 124,817	\$ 74,081	\$ 3,042	\$ -	\$ 3,850,335
Operating Expenses		\$ 49,850	\$ 262,560	\$ 401,030	\$ 177,840	\$ 34,550	\$ 82,670	\$ 57,330	\$ 24,370	\$ 37,280	\$ 22,130	\$ 920	\$ -	\$ 1,150,530
Capital Expenses														\$ -
Subtotal Direct Expenses		\$ 216,613	\$ 1,140,941	\$ 1,743,256	\$ 773,130	\$ 150,243	\$ 359,368	\$ 249,140	\$ 105,904	\$ 162,097	\$ 96,211	\$ 3,962	\$ -	\$ 5,000,865
Indirect Expenses		\$ 32,489	\$ 171,142	\$ 261,491	\$ 115,969	\$ 22,533	\$ 53,908	\$ 37,362	\$ 15,881	\$ 24,312	\$ 14,433	\$ 595	\$ -	\$ 750,115
Indirect %		15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	0.0%	15.0%
TOTAL FUNDING USES		\$ 249,102	\$ 1,312,083	\$ 2,004,747	\$ 889,099	\$ 172,776	\$ 413,276	\$ 286,502	\$ 121,785	\$ 186,409	\$ 110,644	\$ 4,557	\$ -	\$ 5,750,980
BHS MENTAL HEALTH FUNDING SOURCES														
														\$ -
														\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity												
SUD Fed DMC FFP, CFDA 93.778		240646-10000-10001681-0003			\$ 713,513	\$ 263,072	\$ 49,584	\$ 156,248	\$ 109,381	\$ 46,831	\$ 47,429	\$ 28,152	\$ 1,160	\$ 1,415,370
SUD State DMC		240646-10000-10001681-0003			\$ 363,628	\$ 151,525	\$ 37,398			\$ 25,540	\$ 15,159	\$ 623		\$ 593,873
SUD State General Fund (ODS Waiver)		240646-10000-10001681-0003						\$ 110,281	\$ 47,158	\$ 10,809				\$ 168,248
SUD County General Fund		240646-10000-10001681-0003			\$ 927,606	\$ 474,502	\$ 85,794	\$ 146,747	\$ 129,963	\$ 64,145	\$ 113,440	\$ 67,333	\$ 2,774	\$ 2,012,304
SUD County Prop C Homeless Baseline		0			\$ 249,102	\$ 1,312,083								\$ 1,561,185
														\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ 249,102	\$ 1,312,083	\$ 2,004,747	\$ 889,099	\$ 172,776	\$ 413,276	\$ 286,502	\$ 121,785	\$ 186,409	\$ 110,644	\$ 4,557	\$ -	\$ 5,750,980
OTHER DPH FUNDING SOURCES														
														\$ -
														\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -					\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 249,102	\$ 1,312,083	\$ 2,004,747	\$ 889,099	\$ 172,776	\$ 413,276	\$ 286,502	\$ 121,785	\$ 186,409	\$ 110,644	\$ 4,557	\$ -	\$ 5,750,980
NON-DPH FUNDING SOURCES														
														\$ -
														\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		249,102	1,312,083	2,004,747	889,099	172,776	413,276	286,502	121,785	186,409	110,644	4,557	-	5,750,980
BHS UNITS OF SERVICE AND UNIT COST														
Number of Beds Purchased														
SUD Only - Number of Outpatient Group Counseling Sessions		917			1,100			925			171			
SUD Only - Licensed Capacity for Narcotic Treatment Programs														
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service		2,404	12,660	19,338	8,576	1,666	3,986	2,764	1,175	1,798	1,067	44	0	
Unit Type		15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 103.62	\$ 103.64	\$ 103.67	\$ 103.67	\$ 103.71	\$ 103.68	\$ 103.65	\$ 103.65	\$ 103.68	\$ 103.70	\$ 103.57	\$ -	
ost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 103.62	\$ 103.64	\$ 103.67	\$ 103.67	\$ 103.71	\$ 103.68	\$ 103.65	\$ 103.65	\$ 103.68	\$ 103.70	\$ 103.57	\$ -	
Published Rate (Medi-Cal Providers Only)		\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	Total UDC
Unduplicated Clients (UDC)		97	97	202	202	202	83	83	83	150	150	150		532

	TOTAL		ODS OT Group		ODS OT Individual		ODS OT Individual		ODS OT Group		ODS OT Case		ODS IOT Individual		ODS IOT Group		ODS IOT Case		ODS OT Recovery		ODS OT Recovery		ODS OT Recovery		ODS OT Recovery	
Funding Term	7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
AOD Counselor - Certified	10.00	\$ 519,465	0.43	\$ 22,430	2.28	\$ 118,360	3.49	\$ 181,150	1.55	\$ 80,380	0.30	\$ 15,665	0.72	\$ 37,370	0.50	\$ 25,850	0.21	\$ 10,980	0.32	\$ 16,850.00	0.19	\$ 10,010.00	0.01	\$ 420.00	0.00	
Peer Support	10.00	\$ 500,000	0.43	\$ 21,670	2.28	\$ 114,100	3.49	\$ 174,290	1.55	\$ 77,290	0.30	\$ 15,010	0.72	\$ 35,920	0.50	\$ 24,910	0.21	\$ 10,590	0.32	\$ 16,200.00	0.19	\$ 9,620.00	0.01	\$ 400.00	0.00	
LPHA	10.00	\$ 750,000	0.43	\$ 32,500	2.28	\$ 171,150	3.49	\$ 261,430	1.55	\$ 115,940	0.30	\$ 22,520	0.72	\$ 53,890	0.50	\$ 37,370	0.21	\$ 15,880	0.32	\$ 24,310.00	0.19	\$ 14,420.00	0.01	\$ 590.00	0.00	
MH Training	0.80	\$ 68,000	0.03	\$ 2,950	0.18	\$ 15,520	0.28	\$ 23,700	0.12	\$ 10,510	0.02	\$ 2,040	0.06	\$ 4,890	0.04	\$ 3,390	0.02	\$ 1,440	0.03	\$ 2,200.00	0.02	\$ 1,310.00	0.00	\$ 50.00	0.00	
Medical Director	0.25	\$ 56,250	0.01	\$ 2,440	0.06	\$ 12,840	0.09	\$ 19,610	0.04	\$ 8,700	0.01	\$ 1,690	0.02	\$ 4,040	0.01	\$ 2,800	0.01	\$ 1,190	0.01	\$ 1,820.00	0.00	\$ 1,080.00	0.00	\$ 40.00	0.00	
Program Director	2.00	\$ 210,010	0.09	\$ 9,100	0.46	\$ 47,920	0.70	\$ 73,200	0.31	\$ 32,460	0.06	\$ 6,310	0.14	\$ 15,090	0.10	\$ 10,460	0.04	\$ 4,450	0.06	\$ 6,810.00	0.04	\$ 4,040.00	0.00	\$ 170.00	0.00	
Lead	1.28	\$ 112,200	0.06	\$ 4,860	0.29	\$ 25,600	0.45	\$ 39,110	0.20	\$ 17,340	0.04	\$ 3,370	0.09	\$ 8,060	0.06	\$ 5,590	0.03	\$ 2,380	0.04	\$ 3,640.00	0.02	\$ 2,160.00	0.00	\$ 90.00	0.00	
Program Manager AAHC	1.00	\$ 65,010	0.04	\$ 2,820	0.23	\$ 14,830	0.35	\$ 22,660	0.15	\$ 10,050	0.03	\$ 1,950	0.07	\$ 4,670	0.05	\$ 3,240	0.02	\$ 1,380	0.03	\$ 2,110.00	0.02	\$ 1,250.00	0.00	\$ 50.00	0.00	
Admin Assistant	4.00	\$ 192,000	0.17	\$ 8,320	0.91	\$ 43,810	1.39	\$ 66,930	0.62	\$ 29,680	0.12	\$ 5,770	0.29	\$ 13,790	0.20	\$ 9,570	0.08	\$ 4,070	0.13	\$ 6,220.00	0.08	\$ 3,690.00	0.00	\$ 150.00	0.00	
Compliance QI	1.00	\$ 65,010	0.04	\$ 2,820	0.23	\$ 14,830	0.35	\$ 22,660	0.15	\$ 10,050	0.03	\$ 1,950	0.07	\$ 4,670	0.05	\$ 3,240	0.02	\$ 1,380	0.03	\$ 2,110.00	0.02	\$ 1,250.00	0.00	\$ 50.00	0.00	
Compliance QA	1.00	\$ 65,010	0.04	\$ 2,820	0.23	\$ 14,830	0.35	\$ 22,660	0.15	\$ 10,050	0.03	\$ 1,950	0.07	\$ 4,670	0.05	\$ 3,240	0.02	\$ 1,380	0.03	\$ 2,110.00	0.02	\$ 1,250.00	0.00	\$ 50.00	0.00	
EMR Support	1.00	\$ 65,010	0.04	\$ 2,820	0.23	\$ 14,830	0.35	\$ 22,660	0.15	\$ 10,050	0.03	\$ 1,950	0.07	\$ 4,670	0.05	\$ 3,240	0.02	\$ 1,380	0.03	\$ 2,110.00	0.02	\$ 1,250.00	0.00	\$ 50.00	0.00	
Intake Counselor	2.00	\$ 110,000	0.09	\$ 4,770	0.46	\$ 25,100	0.70	\$ 38,340	0.31	\$ 17,000																

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
Program Name HR360 Outpatient / Intensive OP
Program Code 8926OP, 87301, 38371, 01201, 3873OP, 3837OP, 3873RS, 3837RS

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Page Number 3
Fiscal Year 21-22
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	ODS OT Group Counseling	ODS OT Individual Counseling	ODS OT Individual Counseling	ODS OT Group Counseling	ODS OT Case Management	ODS IOT Individual Counseling	ODS IOT Group Counseling	ODS IOT Case Management	ODS OT Recovery Services Individual	ODS OT Recovery Services Group	ODS OT Recovery Services Case Management	ODS OT Recovery Services Monitoring
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22
Rent/Mortgage	\$ 437,710.00	\$ 18,970.00	\$ 99,880.00	\$ 152,570.00	\$ 67,660.00	\$ 13,140.00	\$ 31,450.00	\$ 21,810.00	\$ 9,270.00	\$ 14,190.00	\$ 8,420.00	\$ 350.00	
Utilities (telephone, electricity, water, gas)	\$ 120,000.00	\$ 5,200.00	\$ 27,380.00	\$ 41,830.00	\$ 18,550.00	\$ 3,600.00	\$ 8,620.00	\$ 5,980.00	\$ 2,540.00	\$ 3,890.00	\$ 2,310.00	\$ 100.00	
Building Repair/Maintenance	\$ 75,000.00	\$ 3,250.00	\$ 17,120.00	\$ 26,140.00	\$ 11,590.00	\$ 2,250.00	\$ 5,390.00	\$ 3,740.00	\$ 1,590.00	\$ 2,430.00	\$ 1,440.00	\$ 60.00	
Occupancy Total:	\$ 632,710.00	\$ 27,420.00	\$ 144,380.00	\$ 220,540.00	\$ 97,800.00	\$ 18,990.00	\$ 45,460.00	\$ 31,530.00	\$ 13,400.00	\$ 20,510.00	\$ 12,170.00	\$ 510.00	\$ -
Office Supplies	\$ 28,200.00	\$ 1,220.00	\$ 6,440.00	\$ 9,830.00	\$ 4,360.00	\$ 850.00	\$ 2,030.00	\$ 1,400.00	\$ 600.00	\$ 910.00	\$ 540.00	\$ 20.00	
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Program Supplies	\$ 28,200.00	\$ 1,220.00	\$ 6,440.00	\$ 9,830.00	\$ 4,360.00	\$ 850.00	\$ 2,030.00	\$ 1,400.00	\$ 600.00	\$ 910.00	\$ 540.00	\$ 20.00	
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Materials & Supplies Total:	\$ 56,400.00	\$ 2,440.00	\$ 12,880.00	\$ 19,660.00	\$ 8,720.00	\$ 1,700.00	\$ 4,060.00	\$ 2,800.00	\$ 1,200.00	\$ 1,820.00	\$ 1,080.00	\$ 40.00	\$ -
Training/Staff Development	\$ 17,990.00	\$ 780.00	\$ 4,110.00	\$ 6,270.00	\$ 2,780.00	\$ 540.00	\$ 1,290.00	\$ 900.00	\$ 380.00	\$ 580.00	\$ 350.00	\$ 10.00	
Insurance	\$ 32,540.00	\$ 1,410.00	\$ 7,420.00	\$ 11,340.00	\$ 5,030.00	\$ 980.00	\$ 2,340.00	\$ 1,620.00	\$ 690.00	\$ 1,050.00	\$ 630.00	\$ 30.00	
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Permits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Equipment Lease & Maintenance	\$ 20,650.00	\$ 890.00	\$ 4,710.00	\$ 7,200.00	\$ 3,190.00	\$ 620.00	\$ 1,480.00	\$ 1,030.00	\$ 440.00	\$ 670.00	\$ 400.00	\$ 20.00	
General Operating Total:	\$ 71,180.00	\$ 3,080.00	\$ 16,240.00	\$ 24,810.00	\$ 11,000.00	\$ 2,140.00	\$ 5,110.00	\$ 3,550.00	\$ 1,510.00	\$ 2,300.00	\$ 1,380.00	\$ 60.00	\$ -
Local Travel	\$ 22,220.00	\$ 960.00	\$ 5,070.00	\$ 7,740.00	\$ 3,430.00	\$ 670.00	\$ 1,600.00	\$ 1,110.00	\$ 470.00	\$ 720.00	\$ 430.00	\$ 20.00	
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Staff Travel Total:	\$ 22,220.00	\$ 960.00	\$ 5,070.00	\$ 7,740.00	\$ 3,430.00	\$ 670.00	\$ 1,600.00	\$ 1,110.00	\$ 470.00	\$ 720.00	\$ 430.00	\$ 20.00	\$ -
	\$ -	\$ -											
	\$ -	\$ -											
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -							\$ -	\$ -	\$ -	\$ -
Facility Depreciation	\$ 308,000.00	\$ 13,350.00	\$ 70,290.00	\$ 107,360.00	\$ 47,610.00	\$ 9,250.00	\$ 22,130.00	\$ 15,350.00	\$ 6,520.00	\$ 9,980.00	\$ 5,920.00	\$ 240.00	
Client Healthcare Related/Transportation	\$ 36,010.00	\$ 1,560.00	\$ 8,220.00	\$ 12,550.00	\$ 5,570.00	\$ 1,080.00	\$ 2,590.00	\$ 1,790.00	\$ 760.00	\$ 1,170.00	\$ 690.00	\$ 30.00	
Food	\$ 24,010.00	\$ 1,040.00	\$ 5,480.00	\$ 8,370.00	\$ 3,710.00	\$ 720.00	\$ 1,720.00	\$ 1,200.00	\$ 510.00	\$ 780.00	\$ 460.00	\$ 20.00	
Other Total:	\$ 368,020.00	\$ 15,950.00	\$ 83,990.00	\$ 128,280.00	\$ 56,890.00	\$ 11,050.00	\$ 26,440.00	\$ 18,340.00	\$ 7,790.00	\$ 11,930.00	\$ 7,070.00	\$ 290.00	\$ -
TOTAL OPERATING EXPENSE	\$ 1,150,530.00	\$ 49,850.00	\$ 262,560.00	\$ 401,030.00	\$ 177,840.00	\$ 34,550.00	\$ 82,670.00	\$ 57,330.00	\$ 24,370.00	\$ 37,280.00	\$ 22,130.00	\$ 920.00	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00348		Appendix Number B-6				
Provider Name HealthRIGHT 360		Page Number 1				
Provider Number 383835		Fiscal Year 21-22				
Contract ID Number 1000010457		Funding Notification Date 01/25/22				
Program Name	HR360 Representative Payee Pgm					
Program Code	88359					
Mode/SFC (MH) or Modality (SUD)	Anc-68					
Service Description	SA-Ancillary Svcs Case Mgmt					
Funding Term	7/1/21-6/30/22					
FUNDING USES						TOTAL
Salaries & Employee Benefits	\$ 136,705	\$ -	\$ -	\$ -		\$ 136,705
Operating Expenses	\$ 20,650	\$ -	\$ -	\$ -		\$ 20,650
Capital Expenses						\$ -
Subtotal Direct Expenses	\$ 157,355	\$ -	\$ -	\$ -	\$ -	\$ 157,355
Indirect Expenses	\$ 23,600					\$ 23,600
Indirect %	15.0%	0.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES	\$ 180,955	\$ -	\$ -	\$ -	\$ -	\$ 180,955
BHS MENTAL HEALTH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity					
SUD County General Fund	240646-10000-10001681-0003	\$ 180,955				\$ 180,955
						\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ 180,955	\$ -	\$ -	\$ -	\$ -	\$ 180,955
OTHER DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 180,955	\$ -	\$ -	\$ -	\$ -	\$ 180,955
NON-DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	180,955	-	-	-	-	180,955
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method	Cost Reimbursement (CR)					
DPH Units of Service	464					
Unit Type	Hours	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 390.41	\$ -	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 390.41	\$ -	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)						Total UDC
Unduplicated Clients (UDC)	75					75

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Page Number	2
Fiscal Year	21-22
Funding Notification Date	01/25/22

	TOTAL		HR360 Representative Payee Pgm											
Funding Term	7/1/21-6/30/22		7/1/21-6/30/22											
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Representative Payee	1.00	\$ 38,565	1.00	\$ 38,565										
Program Manager	1.00	\$ 65,000	1.00	\$ 65,000										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	2.00	\$ 103,565.00	2.00	\$ 103,565	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	32.00%	\$ 33,140.00	32.00%	\$ 33,140	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 136,705.00	\$ 136,705		\$ -		\$ -		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
Program Name HR360 Representative Payee Pgm
Program Code 88359

Appendix Number B-6
Page Number 3
Fiscal Year 21-22
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	HR360 Representative Payee Pgm						
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22						
Rent	\$ 12,000.00	\$ 12,000.00						
Utilities (telephone, electricity, water, gas)	\$ 2,000.00	\$ 2,000.00						
Building Repair/Maintenance	\$ -							
Occupancy Total:	\$ 14,000.00	\$ 14,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 6,000.00	\$ 6,000.00						
Photocopying	\$ -							
Program Supplies	\$ 650.00	\$ 650.00						
Computer Hardware/Software	\$ -							
Materials & Supplies Total:	\$ 6,650.00	\$ 6,650.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -							
Insurance	\$ -							
Professional License	\$ -							
Permits	\$ -							
Equipment Lease & Maintenance	\$ -							
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -							
Out-of-Town Travel	\$ -							
Field Expenses	\$ -							
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -							
	\$ -							
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -							
	\$ -							
	\$ -							
Other Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 20,650.00	\$ 20,650.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00348				Appendix Number B-7	
Provider Name HealthRIGHT 360				Page Number 1	
Provider Number 383834				Fiscal Year 21-22	
Contract ID Number 1000010457				Funding Notification Date 01/25/22	
Program Name	Adult Outpatient				
Program Code	38K3OP	38K3OP	38K3OP		
Mode/SFC (MH) or Modality (SUD)	15/10-57, 59	15/01-09	15/70-79		
Service Description	OP-MH Svcs	OP-Case Mgt Brokerage	OP-Crisis Intervention		
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22		
FUNDING USES					TOTAL
Salaries & Employee Benefits	\$ 294,320	\$ 5,480	\$ 3,887	\$ -	\$ 303,687
Operating Expenses	\$ 29,650	\$ 2,150	\$ 400	\$ -	\$ 32,200
Capital Expenses					\$ -
Subtotal Direct Expenses	\$ 323,970	\$ 7,630	\$ 4,287	\$ -	\$ 335,887
Indirect Expenses	\$ 48,595	\$ 1,146	\$ 644		\$ 50,385
Indirect %	15.0%	15.0%	15.0%	0.0%	0.0%
TOTAL FUNDING USES	\$ 372,565	\$ 8,776	\$ 4,931	\$ -	\$ 386,272
BHS MENTAL HEALTH FUNDING SOURCES					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 162,228	\$ 3,772	\$ 2,098	\$ 168,098
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	\$ 175,544	\$ 4,176	\$ 2,364	\$ 182,084
MH Adult County General Fund	251984-10000-10001792-0001	\$ 34,793	\$ 828	\$ 469	\$ 36,090
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 372,565	\$ 8,776	\$ 4,931	\$ 386,272
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity				
					\$ -
					\$ -
					\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES					
					\$ -
					\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 372,565	\$ 8,776	\$ 4,931	\$ 386,272
NON-DPH FUNDING SOURCES					
					\$ -
					\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		372,565	8,776	4,931	386,272
BHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased					
SUD Only - Number of Outpatient Group Counseling Sessions					
SUD Only - Licensed Capacity for Narcotic Treatment Programs					
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service	79,340	1,887	696		
Unit Type	Staff Minute	Staff Minute	Staff Minute	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 4.70	\$ 4.65	\$ 7.08	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 4.70	\$ 4.65	\$ 7.08	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)	\$ 9.64	\$ 7.42	\$ 18.54		Total UDC
Unduplicated Clients (UDC)	35	2	1		38

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010457
Program Name Adult Outpatient
Program Code 38K3OP

Appendix Number	B-7
Page Number	2
Fiscal Year	21-22
Funding Notification Date	01/25/22

	TOTAL		Adult Outpatient - MH Services		Adult Outpatient - Case Management		Adult Outpatient - Crisis Intervention							
Funding Term	7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22		7/1/21-6/30/22							
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Case Manager	0.50	\$ 25,120.00	0.49	\$ 23,480	0.01	\$ 1,470	0.01	\$ 170						
Director of MH Services	0.30	\$ 36,000.00	0.27	\$ 35,220	0.02	\$ 540	0.02	\$ 240						
Therapist	1.50	\$ 103,500.00	1.46	\$ 99,880	0.02	\$ 1,540	0.02	\$ 2,080						
MH Manager	0.50	\$ 42,360.00	0.49	\$ 41,500	0.01	\$ 570	0.01	\$ 290						
Admin Assistant	0.50	\$ 23,085.00	0.49	\$ 22,890	0.01	\$ 30	0.01	\$ 165						
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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	0.00	\$ -												
Totals:	3.30	\$ 230,065.00	3.18	\$ 222,970.00	0.06	\$ 4,150.00	0.06	\$ 2,945.00	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	32.00%	\$ 73,622.00	32.00%	\$ 71,350.00	32.05%	\$ 1,330.00	31.99%	\$ 942.00	0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 303,687.00	\$ 294,320.00		\$ 5,480.00		\$ 3,887.00		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
Program Name Adult Outpatient
Program Code 38K3OP

Appendix Number B-7
Page Number 3
Fiscal Year 21-22
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	Adult Outpatient - MH Services	Adult Outpatient - Case Management	Adult Outpatient - Crisis Intervention			
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22			
Rent	\$ 16,576.00	\$ 15,264.00	\$ 1,107.00	\$ 205.00			
Utilities (telephone, electricity, water, gas)	\$ 5,967.00	\$ 5,495.00	\$ 398.00	\$ 74.00			
Building Repair/Maintenance	\$ 1,990.00	\$ 1,832.00	\$ 133.00	\$ 25.00			
Occupancy Total:	\$ 24,533.00	\$ 22,591.00	\$ 1,638.00	\$ 304.00	\$ -	\$ -	\$ -
Office Supplies	\$ 796.00	\$ 733.00	\$ 53.00	\$ 10.00			
Photocopying	\$ -						
Program Supplies	\$ 2,123.00	\$ 1,954.00	\$ 142.00	\$ 27.00			
Computer Hardware/Software	\$ 1,327.00	\$ 1,221.00	\$ 89.00	\$ 17.00			
Materials & Supplies Total:	\$ 4,246.00	\$ 3,908.00	\$ 284.00	\$ 54.00	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -					
Insurance	\$ 1,300.00	\$ 1,197.00	\$ 87.00	\$ 16.00			
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ 1,458.00	\$ 1,343.00	\$ 97.00	\$ 18.00			
General Operating Total:	\$ 2,758.00	\$ 2,540.00	\$ 184.00	\$ 34.00	\$ -	\$ -	\$ -
Local Travel	\$ -	\$ -					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -					
Client Healthcare Related/Transportation	\$ 663.00	\$ 611.00	\$ 44.00	\$ 8.00			
	\$ -	\$ -					
Other Total:	\$ 663.00	\$ 611.00	\$ 44.00	\$ 8.00	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 32,200.00	\$ 29,650.00	\$ 2,150.00	\$ 400.00	\$ -	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00348				Appendix Number B-8		
Provider Name HealthRIGHT 360				Page Number 1		
Provider Number 383807				Fiscal Year 21-22		
Contract ID Number 1000010457				Funding Notification Date 01/25/22		
Program Name	ADAPT MH					
Program Code	38JBOP	38JBOP	38JBOP			
Mode/SFC (MH) or Modality (SUD)	15/10-57, 59	15/01-09	15/70-79			
Service Description	OP-MH Svcs	OP-Case Mgt Brokerage	OP-Crisis Intervention			
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22			
FUNDING USES						TOTAL
Salaries & Employee Benefits	\$ 180,508	\$ 2,731	\$ 2,086	\$ -		\$ 185,325
Operating Expenses	\$ 16,007	\$ 224	\$ 5	\$ -		\$ 16,236
Capital Expenses						\$ -
Subtotal Direct Expenses	\$ 196,515	\$ 2,955	\$ 2,091	\$ -	\$ -	\$ 201,561
Indirect Expenses	\$ 29,477	\$ 443	\$ 314			\$ 30,234
Indirect %	15.0%	15.0%	15.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES	\$ 225,992	\$ 3,398	\$ 2,405	\$ -	\$ -	\$ 231,795
BHS MENTAL HEALTH FUNDING SOURCES						
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 43,222	\$ 650	\$ 460		\$ 44,332
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001					
MH Adult County General Fund	251984-10000-10001792-0001	\$ 182,770	\$ 2,748	\$ 1,945		\$ 187,463
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 225,992	\$ 3,398	\$ 2,405	\$ -	\$ -	\$ 231,795
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity					
						\$ -
						\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 225,992	\$ 3,398	\$ 2,405	\$ -	\$ -	\$ 231,795
NON-DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	225,992	3,398	2,405	-	-	231,795
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)			
DPH Units of Service	48,083	730	340			
Unit Type	Staff Minute	Staff Minute	Staff Minute	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 4.70	\$ 4.65	\$ 7.07	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 4.70	\$ 4.65	\$ 7.07	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)	\$ 9.64	\$ 7.42	\$ 18.54			Total UDC
Unduplicated Clients (UDC)	19	1	1			19

Form Revised 5/31/2019

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
Program Name ADAPT MH
Program Code 38JBOP

Appendix Number B-8
Page Number 3
Fiscal Year 21-22
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	ADAPT MH - MH Services	ADAPT MH - Case Management	ADAPT MH - Crisis Intervention			
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22	7/1/21-6/30/22			
Rent	\$ 8,360.00	\$ 8,241.00	\$ 115.00	\$ 4.00			
Utilities (telephone, electricity, water, gas)	\$ 3,009.00	\$ 2,967.00	\$ 41.00	\$ 1.00			
Building Repair/Maintenance	\$ 1,002.00	\$ 988.00	\$ 14.00	\$ -			
Occupancy Total:	\$ 12,371.00	\$ 12,196.00	\$ 170.00	\$ 5.00	\$ -	\$ -	\$ -
Office Supplies	\$ 401.00	\$ 395.00	\$ 6.00	\$ -			
Photocopying	\$ -	\$ -	\$ -	\$ -			
Program Supplies	\$ 1,070.00	\$ 1,055.00	\$ 15.00	\$ -			
Computer Hardware/Software	\$ 668.00	\$ 659.00	\$ 9.00	\$ -			
Materials & Supplies Total:	\$ 2,139.00	\$ 2,109.00	\$ 30.00	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -	\$ -	\$ -			
Insurance	\$ 655.00	\$ 646.00	\$ 9.00	\$ -			
Professional License	\$ -	\$ -	\$ -	\$ -			
Permits	\$ -	\$ -	\$ -	\$ -			
Equipment Lease & Maintenance	\$ 736.00	\$ 726.00	\$ 10.00	\$ -			
General Operating Total:	\$ 1,391.00	\$ 1,372.00	\$ 19.00	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -	\$ -					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -					
Client Healthcare Related/Transportation	\$ 335.00	\$ 330.00	\$ 5.00	\$ -			
	\$ -	\$ -					
Other Total:	\$ 335.00	\$ 330.00	\$ 5.00	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 16,236.00	\$ 16,007.00	\$ 224.00	\$ 5.00	\$ -	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00348				Appendix Number		B-9
Provider Name HealthRIGHT 360				Page Number		1
Provider Number 383837				Fiscal Year		21-22
Contract ID Number 1000010457				Funding Notification Date		01/25/22
Program Name	Women's Community Clinic Primary Care					
Program Code	N/A					
Mode/SFC (MH) or Modality (SUD)	N/A					
Service Description	Primary Care					
Funding Term	7/1/21-6/30/22					
FUNDING USES						TOTAL
Salaries & Employee Benefits	\$ 55,030	\$ -	\$ -	\$ -		\$ 55,030
Operating Expenses	\$ -	\$ -	\$ -	\$ -		\$ -
Capital Expenses						\$ -
Subtotal Direct Expenses	\$ 55,030	\$ -	\$ -	\$ -	\$ -	\$ 55,030
Indirect Expenses	\$ 8,253					\$ 8,253
Indirect %	15.0%	0.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES	\$ 63,283	\$ -	\$ -	\$ -	\$ -	\$ 63,283
BHS MENTAL HEALTH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity					
						\$ -
						\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES						
COPC General Fund - Admin	251892-10000-10001992-0002	\$ 63,283				\$ 63,283
						\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ 63,283	\$ -	\$ -	\$ -	\$ -	\$ 63,283
TOTAL DPH FUNDING SOURCES	\$ 63,283	\$ -	\$ -	\$ -	\$ -	\$ 63,283
NON-DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	63,283	-	-	-	-	63,283
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method	Cost Reimbursement (CR)					
DPH Units of Service	554					
Unit Type	Hours	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 114.18	\$ -	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 114.18	\$ -	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)						Total UDC
Unduplicated Clients (UDC)	185					185

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010457
 Program Name Women's Community Clinic Primary Care
 Program Code N/A

Appendix Number	B-9
Page Number	2
Fiscal Year	21-22
Funding Notification Date	01/25/22

	TOTAL		Women's Community Clinic Primary Care											
Funding Term	7/1/21-6/30/22		7/1/21-6/30/22											
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Staff Clinician	0.35	\$ 43,780.00	0.35	\$ 43,780										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	0.35	\$ 43,780.00	0.35	\$ 43,780.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	25.70%	\$ 11,250.00	25.70%	\$ 11,250.00	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 55,030.00	\$ 55,030.00		\$ -		\$ -		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
Program Name Women's Community Clinic Primary Care
Program Code N/A

Appendix Number B-9
Page Number 3
Fiscal Year 21-22
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	Women's Community Clinic Primary Care					
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22					
Rent	\$ -						
Utilities (telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ -						
Photocopying	\$ -						
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -						
	\$ -						
	\$ -						
Other Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00348						Appendix Number B-10	
Provider Name HealthRIGHT 360						Page Number 1	
Provider Number 38K3						Fiscal Year 21-22	
Contract ID Number 1000010457						Funding Notification Date 01/25/22	
Program Name		Women's Community Clinic WAHT					
Program Code		N/A					
Mode/SFC (MH) or Modality (SUD)		N/A					
Service Description		Healthcare Training					
Funding Term		7/1/21-6/30/22					
FUNDING USES							TOTAL
Salaries & Employee Benefits		\$ 81,931	\$ -	\$ -	\$ -	\$ -	\$ 81,931
Operating Expenses		\$ 17,885	\$ -	\$ -	\$ -	\$ -	\$ 17,885
Capital Expenses							\$ -
Subtotal Direct Expenses		\$ 99,816	\$ -	\$ -	\$ -	\$ -	\$ 99,816
Indirect Expenses		\$ 14,974	\$ -	\$ -	\$ -	\$ -	\$ 14,974
Indirect %		15.00%	0.00%	0.00%	0.0%	0.0%	15.0%
TOTAL FUNDING USES		\$ 114,790	\$ -	\$ -	\$ -	\$ -	\$ 114,790
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity						
							\$ -
							\$ -
							\$ -
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES							
							\$ -
							\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES							
COPC General Fund - Admin	251892-10000-10001992-0002	\$ 114,790					\$ 114,790
							\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ 114,790	\$ -	\$ -	\$ -	\$ -	\$ 114,790
TOTAL DPH FUNDING SOURCES		\$ 114,790	\$ -	\$ -	\$ -	\$ -	\$ 114,790
NON-DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		114,790	-	-	-	-	114,790
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method		Cost Reimbursement (CR)					
DPH Units of Service		593			0	0	0
Unit Type		Hours	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 193.74	\$ -	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 193.74	\$ -	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)							Total UDC
Unduplicated Clients (UDC)		143					143

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010457
 Program Name Women's Community Clinic WAHT
 Program Code N/A

Appendix Number	B-10
Page Number	2
Fiscal Year	21-22
Funding Notification Date	01/25/22

	TOTAL		Women's Community Clinic WHAT											
Funding Term	7/1/21-6/30/22		7/1/21-6/30/22											
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director of Workforce and Outreach	0.10	\$ 7,950	0.10	\$ 7,950										
Community Programs Manager	0.25	\$ 16,380	0.25	\$ 16,380										
Community Programs Associate	0.32	\$ 13,975	0.32	\$ 13,975										
WHAT Fellow	0.36	\$ 24,240	0.36	\$ 24,240										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
Totals:	1.03	\$ 62,545.00	1.03	\$ 62,545.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	31.00%	\$ 19,386.00	31.00%	\$ 19,386.00	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -
TOTAL SALARIES & BENEFITS		\$ 81,931.00	\$ 81,931.00		\$ -		\$ -		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
Program Name Women's Community Clinic WAHT
Program Code N/A

Appendix Number B-10
Page Number 3
Fiscal Year 21-22
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	Women's Community Clinic WHAT						
Funding Term	7/1/21-6/30/22	7/1/21-6/30/22						
Rent	\$ 6,000.00	\$ 6,000.00						
Utilities (telephone, electricity, water, gas)	\$ 4,000.00	\$ 4,000.00						
Building Repair/Maintenance	\$ 2,200.00	\$ 2,200.00						
Occupancy Total:	\$ 12,200.00	\$ 12,200.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 600.00	\$ 600.00						
Photocopying	\$ -							
Program Supplies	\$ 2,285.00	\$ 2,285.00						
Computer Hardware/Software	\$ -							
Materials & Supplies Total:	\$ 2,885.00	\$ 2,885.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -							
Insurance	\$ -							
Professional License	\$ -							
Permits	\$ -							
Equipment Lease & Maintenance	\$ -							
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 800.00	\$ 800.00						
Out-of-Town Travel	\$ -							
Field Expenses	\$ -							
Staff Travel Total:	\$ 800.00	\$ 800.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -							
	\$ -							
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -							
Stipends	\$ 2,000.00	\$ 2,000.00						
	\$ -							
Other Total:	\$ 2,000.00	\$ 2,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 17,885.00	\$ 17,885.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Appendix B - DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number 00348							Appendix B, Page 1
Contractor Name HealthRIGHT 360							Fiscal Year 22-23
Contract ID Number 1000010457							Funding Notification Date 01/25/22
Appendix Number	B-1	B-2	B-3	B-4	B-5	B-6	B-7
Provider Number	383806, 383834	383805, 388924	388910	383806, 383834	388926	383835	38K3
Program Name	HR360 Residential	HR360 Residential Step-Down	HR360 Perinatal Residential	HR360 Residential Withdrawal Management	HR360 Outpatient / Intensive OP	HR360 Representative Payee Pgm	Adult Outpatient
Program Code	3834ARS, 3806ARM	88077, 87067	89102	3834RWM, 3806RWM	8926OP, 87301, 38371, 01201, 3873OP, 3837OP, 3873RS, 3837RS	88359	38K3OP
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23
FUNDING USES							
Salaries	\$ 4,092,189	\$ 1,587,800	\$ 767,400	\$ 1,810,000	\$ 2,939,185	\$ 103,565	\$ 230,065
Employee Benefits	\$ 1,309,501	\$ 508,096	\$ 245,569	\$ 579,200	\$ 911,150	\$ 33,140	\$ 73,622
Subtotal Salaries & Employee Benefits	\$ 5,401,690	\$ 2,095,896	\$ 1,012,969	\$ 2,389,200	\$ 3,850,335	\$ 136,705	\$ 303,687
Operating Expenses	\$ 2,375,854	\$ 679,728	\$ 241,304	\$ 308,599	\$ 1,150,530	\$ 20,650	\$ 32,200
Capital Expenses		\$ -					
Subtotal Direct Expenses	\$ 7,777,544	\$ 2,775,624	\$ 1,254,273	\$ 2,697,799	\$ 5,000,865	\$ 157,355	\$ 335,887
Indirect Expenses	\$ 1,166,639	\$ 416,343	\$ 188,139	\$ 404,672	\$ 750,115	\$ 23,600	\$ 50,385
Indirect %	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
TOTAL FUNDING USES	\$ 8,944,183	\$ 3,191,967	\$ 1,442,412	\$ 3,102,471	\$ 5,750,980	\$ 180,955	\$ 386,272
BHS MENTAL HEALTH FUNDING SOURCES							
MH Adult Fed SDMC FFP (50%)							\$ 168,098
MH Adult State 1991 MH Realignment							\$ 182,084
MH Adult County General Fund							\$ 36,090
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 386,272
BHS SUD FUNDING SOURCES							
SUD Fed SABG CRRSAA, CFDA 93.959	\$ 329,692	\$ 112,158					
SUD Fed SABG Discretionary, CFDA 93.959	\$ 1,742,464	\$ 2,140,994		\$ 278,033			
SUD Fed SABG Perinatal Set-Aside, CFDA 93.959			\$ 166,709				
SUD Fed DMC FFP, CFDA 93.778	\$ 3,545,812		\$ 201,887	\$ 699,004	\$ 1,415,370		
SUD Fed Perinatal DMC FFP, CFDA 93.778			\$ 201,887				
SUD State DMC					\$ 593,873		
SUD State Perinatal DMC			\$ 108,708				
SUD State General Fund (ODS Waiver)	\$ 1,909,281		\$ 108,708	\$ 376,386	\$ 168,248		
SUD State Women/Children's Residential			\$ 182,286				
SUD County General Fund	\$ 1,416,934		\$ 472,227	\$ 1,749,048	\$ 2,012,304	\$ 180,955	
SUD County Prop C Homeless Baseline		\$ 938,815			\$ 1,561,185		
TOTAL BHS SUD FUNDING SOURCES	\$ 8,944,183	\$ 3,191,967	\$ 1,442,412	\$ 3,102,471	\$ 5,750,980	\$ 180,955	\$ -
OTHER DPH FUNDING SOURCES							
COPC General Fund - Admin							
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 8,944,183	\$ 3,191,967	\$ 1,442,412	\$ 3,102,471	\$ 5,750,980	\$ 180,955	\$ 386,272
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 8,944,183	\$ 3,191,967	\$ 1,442,412	\$ 3,102,471	\$ 5,750,980	\$ 180,955	\$ 386,272
Prepared By Tony Duong				Phone Number 415-967-7416			

Appendix B - DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number 00348								Appendix B, Page 2
Contractor Name HealthRIGHT 360								Fiscal Year 22-23
Contract ID Number 1000010457								Funding Notification Date 01/25/22
Appendix Number	B-8	B-9	B-10	B-11	B-12	B-13	B-14	
Provider Number	38JB	N/A	N/A					
Program Name	ADAPT MH	Women's Community Clinic Primary Care	Women's Community Clinic WAHT					
Program Code	38JBOP	N/A	N/A					
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23					
FUNDING USES								TOTAL
Salaries	\$ 140,400	\$ 43,780	\$ 62,545	\$ -	\$ -	\$ -	\$ -	\$ 11,776,929
Employee Benefits	\$ 44,925	\$ 11,250	\$ 19,386	\$ -	\$ -	\$ -	\$ -	\$ 3,735,839
Subtotal Salaries & Employee Benefits	\$ 185,325	\$ 55,030	\$ 81,931	\$ -	\$ -	\$ -	\$ -	\$ 15,512,768
Operating Expenses	\$ 16,236	\$ -	\$ 17,885	\$ -	\$ -	\$ -	\$ -	\$ 4,842,986
Capital Expenses								\$ -
Subtotal Direct Expenses	\$ 201,561	\$ 55,030	\$ 99,816	\$ -	\$ -	\$ -	\$ -	\$ 20,355,754
Indirect Expenses	\$ 30,234	\$ 8,253	\$ 14,974	\$ -	\$ -	\$ -	\$ -	\$ 3,053,354
Indirect %	15.0%	15.0%	15.0%	0.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES	\$ 231,795	\$ 63,283	\$ 114,790	\$ -	\$ -	\$ -	\$ -	\$ 23,409,108
							Employee Benefits Rate	31.8%
BHS MENTAL HEALTH FUNDING SOURCES								
MH Adult Fed SDMC FFP (50%)	\$ 44,332							\$ 212,430
MH Adult State 1991 MH Realignment	\$ -							\$ 182,084
MH Adult County General Fund	\$ 187,463							\$ 223,553
								\$ -
								\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 231,795	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 618,067
BHS SUD FUNDING SOURCES								
SUD Fed SABG CRRSAA, CFDA 93.959								\$ 441,850
SUD Fed SABG Discretionary, CFDA 93.959								\$ 4,161,491
SUD Fed SABG Perinatal Set-Aside, CFDA 93.959								\$ 166,709
SUD Fed DMC FFP, CFDA 93.778								\$ 5,862,073
SUD Fed Perinatal DMC FFP, CFDA 93.778								\$ 201,887
SUD State DMC								\$ 593,873
SUD State Perinatal DMC								\$ 108,708
SUD State General Fund (ODS Waiver)								\$ 2,562,623
SUD State Women/Children's Residential								\$ 182,286
SUD County General Fund								\$ 5,831,468
SUD County Prop C Homeless Baseline								\$ 2,500,000
								\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 22,612,968
OTHER DPH FUNDING SOURCES								
COPC General Fund - Admin		\$ 63,283	\$ 114,790					\$ 178,073
								\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ 63,283	\$ 114,790		\$ -	\$ -	\$ -	\$ 178,073
TOTAL DPH FUNDING SOURCES	\$ 231,795	\$ 63,283	\$ 114,790	\$ -	\$ -	\$ -	\$ -	\$ 23,409,108
NON-DPH FUNDING SOURCES								
								\$ -
								\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 231,795	\$ 63,283	\$ 114,790	\$ -	\$ -	\$ -	\$ -	\$ 23,409,108
Prepared By Tony Duong					Phone Number 415-967-7416			

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00348					Appendix Number		B-1
Provider Name HealthRIGHT 360					Page Number		1
Provider Number 383806, 383834					Fiscal Year		22-23
Contract ID Number 1000010457					Funding Notification Date		01/25/22
Program Name		HR360 Residential					
Program Code		3834ARS; 3806ARM	3834ARS; 3806ARM	3834ARS; 3806ARM	3834ARS; 3806ARM	3834ARS; 3806ARM	
Mode/SFC (MH) or Modality (SUD)		ODS-112	ODS-113	ODS-114	Res-58	Res-58	
Service Description		ODS Residential 3.1	ODS Residential 3.3	ODS Residential 3.5	ODS Room & Board, Residential Treatment	ODS Room & Board, Residential Treatment	
Funding Term		7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	
FUNDING USES							TOTAL
Salaries & Employee Benefits		\$ 132,422	\$ 222,664	\$ 4,179,364	\$ 768,031	\$ 99,209	\$ 5,401,690
Operating Expenses		\$ 21,530	\$ 36,180	\$ 679,250	\$ 1,451,414	\$ 187,480	\$ 2,375,854
Capital Expenses							\$ -
Subtotal Direct Expenses		\$ 153,952	\$ 258,844	\$ 4,858,614	\$ 2,219,445	\$ 286,689	\$ 7,777,544
Indirect Expenses		\$ 23,095	\$ 38,830	\$ 728,794	\$ 332,917	\$ 43,003	\$ 1,166,639
Indirect %		15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
TOTAL FUNDING USES		\$ 177,047	\$ 297,674	\$ 5,587,408	\$ 2,552,362	\$ 329,692	\$ 8,944,183
BHS MENTAL HEALTH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity					
SUD Fed SABG CRRSAA, CFDA 93.959		0				\$ 329,692	\$ 329,692
SUD Fed SABG Discretionary, CFDA 93.959		240646-10000-10001681-0003			\$ 1,742,464		\$ 1,742,464
SUD Fed DMC FFP, CFDA 93.778		240646-10000-10001681-0003	\$ 103,557	\$ 174,113	\$ 3,268,142		\$ 3,545,812
SUD State General Fund (ODS Waiver)		240646-10000-10001681-0003	\$ 55,761	\$ 93,753	\$ 1,759,767		\$ 1,909,281
SUD County General Fund			\$ 17,729	\$ 29,808	\$ 559,499	\$ 809,898	\$ 1,416,934
TOTAL BHS SUD FUNDING SOURCES		\$ 177,047	\$ 297,674	\$ 5,587,408	\$ 2,552,362	\$ 329,692	\$ 8,944,183
OTHER DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 177,047	\$ 297,674	\$ 5,587,408	\$ 2,552,362	\$ 329,692	\$ 8,944,183
NON-DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		177,047	297,674	5,587,408	2,552,362	329,692	8,944,183
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased		4	6	118	128	128	
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service		932	1,567	29,413	28,261	3,651	
Unit Type		Day	Day	Day	Bed Days	Bed Days	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 189.96	\$ 189.96	\$ 189.96	\$ 90.31	\$ 90.30	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 189.96	\$ 189.96	\$ 189.96	\$ 90.31	\$ 90.30	
Published Rate (Medi-Cal Providers Only)		\$ 275.63	\$ 385.88	\$ 330.75	\$ 150.00	\$ 150.00	Total UDC
Unduplicated Clients (UDC)		11	16	323	310	40	350

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010457
Program Name HR360 Residential
Program Code 3834ARS; 3806ARM

Appendix Number B-1
Page Number 2
Fiscal Year 22-23
Funding Notification Date 01/25/22

	TOTAL		Residential - ODS Residential 3.1		Residential - ODS Residential 3.3		Residential - ODS Residential 3.5		Residential - Room and Board		Residential - Room and Board			
Funding Term	7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23			
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
AOD Counselors	6.00	312,670	0.18	\$ 9,110	0.29	\$ 15,365	5.53	\$ 288,195						
Peer Recovery Navigator (PSS)	6.00	270,010	0.18	\$ 7,890	0.29	\$ 13,260	5.53	\$ 248,860						
LPHA	8.00	624,000	0.23	\$ 18,220	0.39	\$ 30,640	7.37	\$ 575,140						
Mental Health Therapist	2.00	156,000	0.06	\$ 4,560	0.10	\$ 7,660	1.84	\$ 143,780						
Clinical Director	2.00	190,000	0.06	\$ 5,550	0.10	\$ 9,330	1.84	\$ 175,120						
Mental Health Training Coordinator	0.00	-	0.00	\$ -	0.00	\$ -	0.00	\$ -						
Health and Wellness Coordinator	2.00	110,000	0.06	\$ 3,210	0.10	\$ 5,400	1.84	\$ 101,390						
Registered Nurse	2.00	210,000	0.06	\$ 6,130	0.10	\$ 10,310	1.84	\$ 193,560						
Medical Director	0.50	130,000	0.01	\$ 3,800	0.02	\$ 6,380	0.46	\$ 119,820						
Program Manager	4.00	300,000	0.12	\$ 8,760	0.20	\$ 14,730	3.69	\$ 276,510						
Program Director	2.00	220,000	0.06	\$ 6,430	0.10	\$ 10,800	1.84	\$ 202,770						
Managing Director	0.75	105,010	0.02	\$ 3,070	0.04	\$ 5,160	0.69	\$ 96,780						
Administrative Assistant	2.00	100,000	0.06	\$ 2,920	0.10	\$ 4,910	1.84	\$ 92,170						
Compliance Quality Improvement	2.00	130,000	0.06	\$ 3,800	0.10	\$ 6,380	1.84	\$ 119,820						
Compliance Quality Assurance	2.00	130,000	0.06	\$ 3,800	0.10	\$ 6,380	1.84	\$ 119,820						
EMR Support	1.00	65,000	0.03	\$ 1,900	0.05	\$ 3,190	0.92	\$ 59,910						
Overnight/Weekend Staff	9.00	393,442	0.00	\$ -	0.00	\$ -	0.00	\$ -	7.97	\$ 348,441	1.03	\$ 45,001		
Food Service	3.00	144,000	0.00	\$ -	0.00	\$ -	0.00	\$ -	2.66	\$ 127,527	0.34	\$ 16,473		
Drivers	3.00	119,557	0.00	\$ -	0.00	\$ -	0.00	\$ -	2.66	\$ 105,880	0.34	\$ 13,677		
Intake Counselor	2.00	110,000	0.06	\$ 3,210	0.10	\$ 5,400	1.84	\$ 101,390						
Intake LPHA	2.00	150,000	0.06	\$ 4,380	0.10	\$ 7,370	1.84	\$ 138,250						
Intake Director	0.50	40,000	0.01	\$ 1,170	0.02	\$ 1,960	0.46	\$ 36,870						
Intake Manager	0.50	32,500	0.01	\$ 950	0.02	\$ 1,600	0.46	\$ 29,950						
Intake Medi-Cal Eligibility Worker	1.00	50,000	0.03	\$ 1,460	0.05	\$ 2,460	0.92	\$ 46,080						
	0.00	-												
	0.00	-												
	0.00	-												
	0.00													
	0.00	-												
	0.00	-												
	0.00	-												
	0.00	-												
Totals:	63.25	4,092,189	1.41	\$ 100,320	2.37	168,685	44.47	3,166,185	13.28	581,848	1.71	\$ 75,151	0.00	\$ -
Employee Benefits:	32.00%	1,309,501	32.00%	\$ 32,102	32.00%	53,979	32.00%	1,013,179	32.00%	186,183	32.01%	24,058	0.00%	
TOTAL SALARIES & BENEFITS		5,401,690		\$ 132,422		222,664		4,179,364		768,031		\$ 99,209		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
 Program Name HR360 Residential
 Program Code 3834ARS; 3806ARM

Appendix Number B-1
 Page Number 3
 Fiscal Year 22-23
 Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	Residential - ODS Residential 3.1	Residential - ODS Residential 3.3	Residential - ODS Residential 3.5	Residential - Room and Board	Residential - Room and Board	
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	
Rent	\$ 270,920.00	\$ 2,360.00	\$ 3,970.00	\$ 74,490.00	\$ 168,354.00	\$ 21,746.00	
Utilities (telephone, electricity, water, gas)	\$ 586,040.00	\$ 5,100.00	\$ 8,580.00	\$ 161,100.00	\$ 364,214.00	\$ 47,046.00	
Building Repair/Maintenance	\$ 461,850.00	\$ 4,050.00	\$ 6,800.00	\$ 127,700.00	\$ 286,316.00	\$ 36,984.00	
Occupancy Total:	\$ 1,318,810.00	\$ 11,510.00	\$ 19,350.00	\$ 363,290.00	\$ 818,884.00	\$ 105,776.00	\$ -
Office Supplies	\$ 14,670.00	\$ 430.00	\$ 720.00	\$ 13,520.00	\$ -		
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -		
Program Supplies	\$ 48,190.00	\$ 1,410.00	\$ 2,370.00	\$ 44,410.00	\$ -		
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -		
Materials & Supplies Total:	\$ 62,860.00	\$ 1,840.00	\$ 3,090.00	\$ 57,930.00	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -	\$ -	\$ -	\$ -		
Insurance	\$ 78,048.00	\$ 680.00	\$ 1,140.00	\$ 21,460.00	\$ 48,503.00	\$ 6,265.00	
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -		
Permits	\$ 59,350.00	\$ 1,730.00	\$ 2,910.00	\$ 54,710.00	\$ -		
Equipment Lease & Maintenance	\$ 45,400.00	\$ 1,330.00	\$ 2,230.00	\$ 41,840.00	\$ -		
General Operating Total:	\$ 182,798.00	\$ 3,740.00	\$ 6,280.00	\$ 118,010.00	\$ 48,503.00	\$ 6,265.00	\$ -
Local Travel	\$ -	\$ -	\$ -	\$ -			
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -			
Field Expenses	\$ -	\$ -	\$ -	\$ -			
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -			
	\$ -	\$ -	\$ -	\$ -			
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Depreciation	\$ 506,386.00	\$ 4,440.00	\$ 7,460.00	\$ 140,020.00	\$ 313,917.00	\$ 40,549.00	
Client Healthcare Related/Transportation	\$ 180,000.00	\$ -	\$ -	\$ -	\$ 159,409.00	\$ 20,591.00	
Food	\$ 125,000.00	\$ -	\$ -	\$ -	\$ 110,701.00	\$ 14,299.00	
Other Total:	\$ 811,386.00	\$ 4,440.00	\$ 7,460.00	\$ 140,020.00	\$ 584,027.00	\$ 75,439.00	\$ -
TOTAL OPERATING EXPENSE	\$ 2,375,854.00	\$ 21,530	\$ 36,180	\$ 679,250	\$ 1,451,414	\$ 187,480.00	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00348				Appendix Number B-2			
Provider Name HealthRIGHT 360				Page Number 1			
Provider Number 383805, 388924				Fiscal Year 22-23			
Contract ID Number 1000010457				Funding Notification Date 01/25/22			
Program Name		HR360 Residential Step-Down					
Program Code		88077, 87067	88077, 87067				
Mode/SFC (MH) or Modality (SUD)		Res-59	Res-59				
Service Description		ODS Room & Board Recovery Residences	ODS Room & Board Recovery Residences				
Funding Term		7/1/22-6/30/23	7/1/22-6/30/23				
FUNDING USES							TOTAL
Salaries & Employee Benefits		\$ 2,095,896	\$ -	\$ -	\$ -		\$ 2,095,896
Operating Expenses		\$ 582,178	\$ 97,550	\$ -	\$ -		\$ 679,728
Capital Expenses							\$ -
Subtotal Direct Expenses		\$ 2,678,074	\$ 97,550	\$ -	\$ -	\$ -	\$ 2,775,624
Indirect Expenses		\$ 401,735	\$ 14,608				\$ 416,343
Indirect %		15.0%	15.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES		\$ 3,079,809	\$ 112,158	\$ -	\$ -	\$ -	\$ 3,191,967
BHS MENTAL HEALTH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity					
SUD Fed SABG CRRSAA, CFDA 93.959	0		\$ 112,158				\$ 112,158
SUD Fed SABG Discretionary, CFDA 93.959	240646-10000-10001681-0003	\$ 2,140,994					\$ 2,140,994
SUD County General Fund	240646-10000-10001681-0003						\$ -
SUD County Prop C Homeless Baseline		\$ 938,815					\$ 938,815
TOTAL BHS SUD FUNDING SOURCES		\$ 3,079,809	\$ 112,158	\$ -	\$ -	\$ -	\$ 3,191,967
OTHER DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 3,079,809	\$ 112,158	\$ -	\$ -	\$ -	\$ 3,191,967
NON-DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		3,079,809	112,158	-	-	-	3,191,967
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased		92	92				
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)				
DPH Units of Service		22,667	22,667				
Unit Type		Bed Days	Bed Days	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 135.87	\$ 4.95	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 135.87	\$ 4.95	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)		\$ 150.00	\$ 150.00				Total UDC
Unduplicated Clients (UDC)		92	92				92

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010457
 Program Name HR360 Residential Step-Down
 Program Code 88077, 87067

Appendix Number	B-2
Page Number	2
Fiscal Year	22-23
Funding Notification Date	01/25/22

	TOTAL		Recovery Residence		Recovery Residence - ERAF									
Funding Term	7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23									
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Recovery Coach	20.00	\$ 1,026,800	20.00	\$ 1,026,800										
Health and Wellness Coordinators	2.00	\$ 104,000	2.00	\$ 104,000										
Manager	2.00	\$ 160,000	2.00	\$ 160,000										
Managing Director	0.25	\$ 35,000	0.25	\$ 35,000										
Cook	2.00	\$ 84,000	2.00	\$ 84,000										
Administrative Assistant	1.00	\$ 42,000	1.00	\$ 42,000										
Drivers	2.00	\$ 84,000	2.00	\$ 84,000										
Intake Coordinator	1.00	\$ 52,000	1.00	\$ 52,000										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	30.25	\$ 1,587,800	30.25	\$ 1,587,800	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	32.00%	\$ 508,096	32.00%	\$ 508,096	0.00%	\$ -	0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 2,095,896	\$ 2,095,896		\$ -		\$ -		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
Program Name HR360 Residential Step-Down
Program Code 88077, 87067

Appendix Number B-2
Page Number 3
Fiscal Year 22-23
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	Recovery Residence					
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23					
Rent	\$ 113,600.00	\$ 78,350.00	\$ 35,250.00				
Utilities (telephone, electricity, water, gas)	\$ 180,000.00	\$ 180,000.00					
Building Repair/Maintenance	\$ 70,000.00	\$ 70,000.00					
Occupancy Total:	\$ 363,600.00	\$ 328,350.00	\$ 35,250.00	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 12,000.00	\$ 12,000.00					
Photocopying	\$ 12,000.00	\$ 12,000.00					
Program Supplies	\$ 36,000.00	\$ 36,000.00					
Computer Hardware/Software	\$ 14,400.00	\$ 14,400.00					
Materials & Supplies Total:	\$ 74,400.00	\$ 74,400.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 5,306.00	\$ 5,306.00					
Insurance	\$ 50,800.00	\$ 50,800.00					
Professional License	\$ -	\$ -					
Permits	\$ -	\$ -					
Equipment Lease & Maintenance	\$ 12,000.00	\$ 12,000.00					
General Operating Total:	\$ 68,106.00	\$ 68,106.00	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 10,622.00	\$ 10,622.00					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 10,622.00	\$ 10,622.00	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Depreciation	\$ 50,700.00	\$ 50,700.00					
Client Healthcare Related/Transportation	\$ 50,000.00	\$ 50,000.00					
Food	\$ 62,300.00		\$ 62,300.00				
Other Total:	\$ 163,000.00	\$ 100,700.00	\$ 62,300.00	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 679,728.00	\$ 582,178.00	\$ 97,550.00	\$ -	\$ -	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)						
DHCS Legal Entity Number 00348				Appendix Number B-3		
Provider Name HealthRIGHT 360				Page Number 1		
Provider Number 388910				Fiscal Year 22-23		
Contract ID Number 1000010457				Funding Notification Date 01/25/22		
Program Name		HR360 Perinatal Residential				
Program Code		89102	89102	89102	89102	
Mode/SFC (MH) or Modality (SUD)		ODS-112	ODS-113	ODS-114	Res-58-1	
Service Description		ODS Residential 3.1	ODS Residential 3.3	ODS Residential 3.5	ODS Room & Board, Residential Treatment (Perinatal Only)	
Funding Term		7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	
FUNDING USES						TOTAL
Salaries & Employee Benefits		\$ 6,739	\$ 6,739	\$ 819,311	\$ 180,180	\$ 1,012,969
Operating Expenses		\$ 1,420	\$ 1,420	\$ 172,630	\$ 65,834	\$ 241,304
Capital Expenses						\$ -
Subtotal Direct Expenses		\$ 8,159	\$ 8,159	\$ 991,941	\$ 246,014	\$ - \$ 1,254,273
Indirect Expenses		\$ 1,223	\$ 1,223	\$ 148,791	\$ 36,902	\$ 188,139
Indirect %		15.0%	15.0%	15.0%	15.0%	0.0% 15.0%
TOTAL FUNDING USES		\$ 9,382	\$ 9,382	\$ 1,140,732	\$ 282,916	\$ - \$ 1,442,412
BHS MENTAL HEALTH FUNDING SOURCES						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity				
SUD Fed SABG Perinatal Set-Aside, CFDA 93.959	240646-10000-10001681-0003				\$ 166,709	\$ 166,709
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$ 1,635	\$ 1,635	\$ 198,617		\$ 201,887
SUD Fed SABG Perinatal Set-Aside, CFDA 93.959	240646-10000-10001681-0003	\$ 1,635	\$ 1,635	\$ 198,617		\$ 201,887
SUD State Perinatal DMC	240646-10000-10001681-0003	\$ 880	\$ 880	\$ 106,948		\$ 108,708
SUD State General Fund (ODS Waiver)	240646-10000-10001681-0003	\$ 880	\$ 880	\$ 106,948		\$ 108,708
SUD State Women/Children's Residential	240646-10000-10001681-0003	\$ 1,476	\$ 1,476	\$ 179,334		\$ 182,286
SUD County General Fund	240646-10000-10001681-0003	\$ 2,876	\$ 2,876	\$ 350,268	\$ 116,207	\$ 472,227
						\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ 9,382	\$ 9,382	\$ 1,140,732	\$ 282,916	\$ - \$ 1,442,412
OTHER DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 9,382	\$ 9,382	\$ 1,140,732	\$ 282,916	\$ - \$ 1,442,412
NON-DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		9,382	9,382	1,140,732	282,916	- 1,442,412
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased		1	1	13	15	
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service		30	30	3,644	3,704	
Unit Type		Day	Day	Day	Bed Days	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 312.73	\$ 312.73	\$ 313.04	\$ 76.38	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 312.73	\$ 312.73	\$ 313.04	\$ 76.38	\$ -
Published Rate (Medi-Cal Providers Only)		\$ 275.63	\$ 385.88	\$ 330.75	\$ 150.00	Total UDC
Unduplicated Clients (UDC)		1	1	40	42	42

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010457
 Program Name HR360 Perinatal Residential
 Program Code 89102

Appendix Number	B-3
Page Number	2
Fiscal Year	22-23
Funding Notification Date	01/25/22

	TOTAL		Perinatal Residential 3.1		Perinatal Residential 3.3		Perinatal Residential 3.5		Perinatal Residential - Room and Board					
Funding Term	7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23					
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
AOD Counselors	3.00	\$ 143,980	0.02	\$ 1,155	0.02	\$ 1,155	2.95	\$ 141,670						
Parenting Specialist/Peer Navigator	2.00	\$ 96,000	0.02	\$ 780	0.02	\$ 780	1.97	\$ 94,440						
Clinical Director (LPHA)	1.00	\$ 82,500	0.01	\$ 670	0.01	\$ 670	0.98	\$ 81,160						
Therapist	1.00	\$ 66,990	0.01	\$ 540	0.01	\$ 540	0.98	\$ 65,910						
Program Manager	1.00	\$ 65,010	0.01	\$ 530	0.01	\$ 530	0.98	\$ 63,950						
Program Director	1.00	\$ 85,000	0.01	\$ 690	0.01	\$ 690	0.98	\$ 83,620						
Managing Director	0.05	\$ 6,400	0.00	\$ 50	0.00	\$ 50	0.05	\$ 6,300						
Administrative Assistant	1.00	\$ 48,250	0.01	\$ 390	0.01	\$ 390	0.98	\$ 47,470						
Compliance Quality Improvement	0.13	\$ 8,100	0.02	\$ 70	0.01	\$ 70	0.10	\$ 7,960						
Compliance Quality Assurance	0.13	\$ 8,100	0.02	\$ 70	0.01	\$ 70	0.10	\$ 7,960						
Overnight/Weekend Staff	2.00	\$ 78,000	0.00	\$ -	0.00	\$ -	0.00	\$ -	2.00	\$ 78,000				
Food Service	1.00	\$ 39,000	0.00	\$ -	0.00	\$ -	0.00	\$ -	1.00	\$ 39,000				
Drivers	0.50	\$ 19,500	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.50	\$ 19,500				
Intake Counselor	0.05	\$ 3,030	0.00	\$ 20	0.00	\$ 20	0.05	\$ 2,990						
Intake LPHA	0.05	\$ 5,060	0.00	\$ 40	0.00	\$ 40	0.05	\$ 4,980						
Intake Director	0.05	\$ 5,060	0.00	\$ 40	0.00	\$ 40	0.05	\$ 4,980						
Intake Manager	0.05	\$ 4,390	0.00	\$ 40	0.00	\$ 40	0.05	\$ 4,310						
Intake Medi-Cal Eligibility Worker	0.05	\$ 3,030	0.00	\$ 20	0.00	\$ 20	0.05	\$ 2,990						
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
Totals:	14.05	\$ 767,400.00	0.11	\$ 5,105	0.12	\$ 5,105	10.32	\$ 620,690	3.50	\$ 136,500	0.00	\$ -	0.00	\$ -
Employee Benefits:	32.00%	\$ 245,569.00	32.01%	\$ 1,634	32.01%	\$ 1,634	32.00%	\$ 198,621	32.00%	\$ 43,680	0.00%	\$ -	0.00%	
TOTAL SALARIES & BENEFITS		\$ 1,012,969.00	\$ 6,739		\$ 6,739		\$ 819,311		\$ 180,180		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
 Program Name HR360 Perinatal Residential
 Program Code 89102

Appendix Number B-3
 Page Number 3
 Fiscal Year 22-23
 Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	Perinatal Residential 3.1	Perinatal Residential 3.3	Perinatal Residential 3.5	Perinatal Residential - Room and Board		
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23		
Rent	\$ 13,551.00	\$ 70.00	\$ 70.00	\$ 8,140.00	\$ 5,271.00		
Utilities (telephone, electricity, water, gas)	\$ 72,206.00	\$ 380.00	\$ 380.00	\$ 45,680.00	\$ 25,766.00		
Building Repair/Maintenance	\$ 32,758.00	\$ 160.00	\$ 160.00	\$ 19,680.00	\$ 12,758.00		
Occupancy Total:	\$ 118,515.00	\$ 610.00	\$ 610.00	\$ 73,500.00	\$ 43,795.00	\$ -	\$ -
Office Supplies	\$ 7,500.00	\$ 60.00	\$ 60.00	\$ 7,380.00			
Photocopying	\$ -	\$ -	\$ -	\$ -			
Program Supplies	\$ 9,380.00	\$ 80.00	\$ 80.00	\$ 9,220.00			
Computer Hardware/Software	\$ 7,500.00	\$ 60.00	\$ 60.00	\$ 7,380.00			
Materials & Supplies Total:	\$ 24,380.00	\$ 200.00	\$ 200.00	\$ 23,980.00	\$ -	\$ -	\$ -
Training/Staff Development	\$ 7,500.00	\$ 60.00	\$ 60.00	\$ 7,380.00			
Insurance	\$ 9,240.00	\$ 70.00	\$ 70.00	\$ 9,100.00			
Professional License	\$ -	\$ -	\$ -	\$ -			
Permits	\$ -	\$ -	\$ -	\$ -			
Equipment Lease & Maintenance	\$ 18,750.00	\$ 150.00	\$ 150.00	\$ 18,450.00			
General Operating Total:	\$ 35,490.00	\$ 280.00	\$ 280.00	\$ 34,930.00	\$ -	\$ -	\$ -
Local Travel	\$ 4,510.00	\$ 40.00	\$ 40.00	\$ 4,430.00			
Out-of-Town Travel	\$ -	\$ -	\$ -				
Field Expenses	\$ -	\$ -	\$ -				
Staff Travel Total:	\$ 4,510.00	\$ 40.00	\$ 40.00	\$ 4,430.00	\$ -	\$ -	\$ -
	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Depreciation	\$ 36,370.00	\$ 290.00	\$ 290.00	\$ 35,790.00			
Client Healthcare Related/Transportation	\$ 5,980.00	\$ -	\$ -	\$ -	\$ 5,980.00		
Food	\$ 16,059.00	\$ -	\$ -	\$ -	\$ 16,059.00		
Other Total:	\$ 58,409.00	\$ 290.00	\$ 290.00	\$ 35,790.00	\$ 22,039.00	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 241,304.00	\$ 1,420.00	\$ 1,420.00	\$ 172,630.00	\$ 65,834.00	\$ -	\$ -

Appendix B - DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)						
DHCS Legal Entity Number 00348				Appendix Number B-4		
Provider Name HealthRIGHT 360				Page Number 1		
Provider Number 383806, 383834				Fiscal Year 22-23		
Contract ID Number 1000010457				Funding Notification Date 01/25/22		
Program Name		HR360 Residential Withdrawal Management				
Program Code		3834RWM, 3806RWM	3834RWM, 3806RWM			
Mode/SFC (MH) or Modality (SUD)		ODS-109	Res-58			
Service Description		ODS Withdrawal Management 3.2	ODS Room & Board, Residential Treatment			
Funding Term		7/1/22-6/30/23	7/1/22-6/30/23			
FUNDING USES						TOTAL
Salaries & Employee Benefits		\$ 1,866,480	\$ 522,720	\$ -	\$ -	\$ 2,389,200
Operating Expenses		\$ 104,065	\$ 204,534	\$ -	\$ -	\$ 308,599
Capital Expenses						\$ -
Subtotal Direct Expenses		\$ 1,970,545	\$ 727,254	\$ -	\$ -	\$ 2,697,799
Indirect Expenses		\$ 295,584	\$ 109,088			\$ 404,672
Indirect %		15.0%	15.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES		\$ 2,266,129	\$ 836,342	\$ -	\$ -	\$ 3,102,471
BHS MENTAL HEALTH FUNDING SOURCES						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity				
SUD Fed SABG Discretionary, CFDA 93.959	240646-10000-10001681-0003	\$ -	\$ 278,033			\$ 278,033
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$ 699,004				\$ 699,004
SUD State General Fund (ODS Waiver)	240646-10000-10001681-0003	\$ 376,386				\$ 376,386
SUD County General Fund	240646-10000-10001681-0003	\$ 1,190,739	\$ 558,309			\$ 1,749,048
						\$ -
						\$ -
						\$ -
						\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ 2,266,129	\$ 836,342	\$ -	\$ -	\$ 3,102,471
OTHER DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 2,266,129	\$ 836,342	\$ -	\$ -	\$ 3,102,471
NON-DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		2,266,129	836,342	-	-	3,102,471
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased		30	36			
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)			
DPH Units of Service		7,667	11,422			
Unit Type		Day	Bed Days	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 295.57	\$ 73.22	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 295.57	\$ 73.22	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)		\$ 500.00	\$ 150.00			
Unduplicated Clients (UDC)		511	761			Total UDC 761

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010457

Program Name HR360 Residential Withdrawal Management

Program Code 3834RWM, 3806RWMAppendix Number B-4Page Number 2

Fiscal Year	22-23
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Funding Notification Date	01/25/22
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	TOTAL		Residential - ODS Withdraw Mgmt 3.2		Residential - Room and Board									
Funding Term	7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23									
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
AOD Counselors	7.00	\$ 350,000	7.00	\$ 350,000										
Peer Recovery Navigator (PSS)	6.00	\$ 270,000			6.00	\$ 270,000								
LPHA	3.00	\$ 225,000	3.00	\$ 225,000										
Medical Director	0.50	\$ 120,000	0.50	\$ 120,000										
Program Manager	2.00	\$ 170,000	2.00	\$ 170,000										
Registered Nurse	2.00	\$ 170,000	2.00	\$ 170,000										
Food Service	2.00	\$ 84,000			2.00	\$ 84,000								
Drivers	1.00	\$ 42,000			1.00	\$ 42,000								
Intake Counselor	2.00	\$ 104,000	2.00	\$ 104,000										
Intake LPHA	2.00	\$ 150,000	2.00	\$ 150,000										
Intake Director	0.50	\$ 40,000	0.50	\$ 40,000										
Intake Manager	0.50	\$ 35,000	0.50	\$ 35,000										
Intake Medi-Cal Eligibility Worker	1.00	\$ 50,000	1.00	\$ 50,000										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
Totals:	29.50	\$ 1,810,000	20.50	\$ 1,414,000	9.00	\$ 396,000	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	32.00%	\$ 579,200	32.00%	\$ 452,480	32.00%	\$ 126,720	0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 2,389,200	\$ 1,866,480		\$ 522,720		\$ -		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
Program Name HR360 Residential Withdrawal Management
Program Code 3834RWM, 3806RWM

Appendix Number B-4
Page Number 3
Fiscal Year 22-23
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	Residential - ODS Withdraw Mgmt 3.2	Residential - Room and Board				
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23				
Rent	\$ 45,249.00	\$ 16,100.00	\$ 29,149.00				
Utilities (telephone, electricity, water, gas)	\$ 59,388.00	\$ 19,500.00	\$ 39,888.00				
Building Repair/Maintenance	\$ 34,183.00	\$ 15,289.00	\$ 18,894.00				
Occupancy Total:	\$ 138,820.00	\$ 50,889.00	\$ 87,931.00	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 2,588.00	\$ 2,588.00					
Photocopying	\$ -	\$ -					
Program Supplies	\$ 8,502.00	\$ 8,502.00					
Computer Hardware/Software	\$ -	\$ -					
Materials & Supplies Total:	\$ 11,090.00	\$ 11,090.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -					
Insurance	\$ 12,498.00	\$ 4,100.00	\$ 8,398.00				
Professional License	\$ -	\$ -					
Permits	\$ 10,476.00	\$ 10,476.00					
Equipment Lease & Maintenance	\$ 8,010.00	\$ 8,010.00					
General Operating Total:	\$ 30,984.00	\$ 22,586.00	\$ 8,398.00	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Depreciation	\$ 59,351.00	\$ 19,500.00	\$ 39,851.00				
Client Healthcare Related/Transportation	\$ 17,200.00		\$ 17,200.00				
Food	\$ 51,154.00		\$ 51,154.00				
Other Total:	\$ 127,705.00	\$ 19,500.00	\$ 108,205.00	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 308,599.00	\$ 104,065.00	\$ 204,534.00	\$ -	\$ -	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)														
DHCS Legal Entity Number 00348												Appendix Number		B-5
Provider Name HealthRIGHT 360												Page Number		1
Provider Number 388926												Fiscal Year		22-23
Contract ID Number 1000010457												Funding Notification Date		01/25/22
Program Name		HR360 Outpatient / Intensive OP												
Program Code		3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837OP, 8926OP, 3873OP, 01201	3837RS, 3873RS, 8926RS	3837RS, 3873RS, 8926RS	3837RS, 3873RS, 8926RS	3837RS, 3873RS, 8926RS	
Mode/SFC (MH) or Modality (SUD)		ODS-91g	ODS-91i	ODS-91i	ODS-91g	ODS-91cm	ODS-105i	ODS-105g	ODS-105cm	ODS-91rsi	ODS-91rsg	ODS-91rscm	ODS-91rsm	
Service Description		ODS OT Group Counseling	ODS OT Individual Counseling	ODS OT Individual Counseling	ODS OT Group Counseling	ODS OT Case Management	ODS IOT Individual Counseling	ODS IOT Group Counseling	ODS IOT Case Management	Recovery Services Individual	ODS OT Recovery Services Group	Recovery Services Case Management	Recovery Services Monitoring	
Funding Term		7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	
FUNDING USES														TOTAL
Salaries & Employee Benefits		\$ 166,763	\$ 878,381	\$ 1,342,226	\$ 595,290	\$ 115,693	\$ 276,698	\$ 191,810	\$ 81,534	\$ 124,817	\$ 74,081	\$ 3,042	\$ -	\$ 3,850,335
Operating Expenses		\$ 49,850	\$ 262,560	\$ 401,030	\$ 177,840	\$ 34,550	\$ 82,670	\$ 57,330	\$ 24,370	\$ 37,280	\$ 22,130	\$ 920	\$ -	\$ 1,150,530
Capital Expenses														\$ -
Subtotal Direct Expenses		\$ 216,613	\$ 1,140,941	\$ 1,743,256	\$ 773,130	\$ 150,243	\$ 359,368	\$ 249,140	\$ 105,904	\$ 162,097	\$ 96,211	\$ 3,962	\$ -	\$ 5,000,865
Indirect Expenses		\$ 32,489	\$ 171,142	\$ 261,491	\$ 115,969	\$ 22,533	\$ 53,908	\$ 37,362	\$ 15,881	\$ 24,312	\$ 14,433	\$ 595	\$ -	\$ 750,115
Indirect %		15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	0.0%	15.0%
TOTAL FUNDING USES		\$ 249,102	\$ 1,312,083	\$ 2,004,747	\$ 889,099	\$ 172,776	\$ 413,276	\$ 286,502	\$ 121,785	\$ 186,409	\$ 110,644	\$ 4,557	\$ -	\$ 5,750,980
BHS MENTAL HEALTH FUNDING SOURCES														
														\$ -
														\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity												
SUD Fed DMC FFP, CFDA 93.778		240646-10000-10001681-0003			\$ 713,513	\$ 263,072	\$ 49,584	\$ 156,248	\$ 109,381	\$ 46,831	\$ 47,429	\$ 28,152	\$ 1,160	\$ 1,415,370
SUD State DMC		240646-10000-10001681-0003			\$ 363,628	\$ 151,525	\$ 37,398			\$ 25,540	\$ 15,159	\$ 623		\$ 593,873
SUD State General Fund (ODS Waiver)		240646-10000-10001681-0003						\$ 110,281	\$ 47,158	\$ 10,809				\$ 168,248
SUD County General Fund		240646-10000-10001681-0003			\$ 927,606	\$ 474,502	\$ 85,794	\$ 146,747	\$ 129,963	\$ 64,145	\$ 113,440	\$ 67,333	\$ 2,774	\$ 2,012,304
SUD County Prop C Homeless Baseline		0			\$ 249,102	\$ 1,312,083								\$ 1,561,185
														\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ 249,102	\$ 1,312,083	\$ 2,004,747	\$ 889,099	\$ 172,776	\$ 413,276	\$ 286,502	\$ 121,785	\$ 186,409	\$ 110,644	\$ 4,557	\$ -	\$ 5,750,980
OTHER DPH FUNDING SOURCES														
														\$ -
														\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -					\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 249,102	\$ 1,312,083	\$ 2,004,747	\$ 889,099	\$ 172,776	\$ 413,276	\$ 286,502	\$ 121,785	\$ 186,409	\$ 110,644	\$ 4,557	\$ -	\$ 5,750,980
NON-DPH FUNDING SOURCES														
														\$ -
														\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		249,102	1,312,083	2,004,747	889,099	172,776	413,276	286,502	121,785	186,409	110,644	4,557	-	5,750,980
BHS UNITS OF SERVICE AND UNIT COST														
Number of Beds Purchased														
SUD Only - Number of Outpatient Group Counseling Sessions		917			1,100			925			171			
SUD Only - Licensed Capacity for Narcotic Treatment Programs														
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service		2,404	12,660	19,338	8,576	1,666	3,986	2,764	1,175	1,798	1,067	44	0	
Unit Type		15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	15 minutes	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 103.62	\$ 103.64	\$ 103.67	\$ 103.67	\$ 103.71	\$ 103.68	\$ 103.65	\$ 103.65	\$ 103.68	\$ 103.70	\$ 103.57	\$ -	
ost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 103.62	\$ 103.64	\$ 103.67	\$ 103.67	\$ 103.71	\$ 103.68	\$ 103.65	\$ 103.65	\$ 103.68	\$ 103.70	\$ 103.57	\$ -	
Published Rate (Medi-Cal Providers Only)		\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	\$ 125.00	Total UDC
Unduplicated Clients (UDC)		97	97	202	202	202	83	83	83	150	150	150		532

	TOTAL		ODS OT Group		ODS OT Individual		ODS OT Individual		ODS OT Group		ODS OT Case		ODS IOT Individual		ODS IOT Group		ODS IOT Case		ODS OT Recovery		ODS OT Recovery		ODS OT Recovery		ODS OT Recovery	
Funding Term	7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
AOD Counselor - Certified	10.00	\$ 519,465	0.43	\$ 22,430	2.28	\$ 118,360	3.49	\$ 181,150	1.55	\$ 80,380	0.30	\$ 15,665	0.72	\$ 37,370	0.50	\$ 25,850	0.21	\$ 10,980	0.32	\$ 16,850.00	0.19	\$ 10,010.00	0.01	\$ 420.00	0.00	
Peer Support	10.00	\$ 500,000	0.43	\$ 21,670	2.28	\$ 114,100	3.49	\$ 174,290	1.55	\$ 77,290	0.30	\$ 15,010	0.72	\$ 35,920	0.50	\$ 24,910	0.21	\$ 10,590	0.32	\$ 16,200.00	0.19	\$ 9,620.00	0.01	\$ 400.00	0.00	
LPHA	10.00	\$ 750,000	0.43	\$ 32,500	2.28	\$ 171,150	3.49	\$ 261,430	1.55	\$ 115,940	0.30	\$ 22,520	0.72	\$ 53,890	0.50	\$ 37,370	0.21	\$ 15,880	0.32	\$ 24,310.00	0.19	\$ 14,420.00	0.01	\$ 590.00	0.00	
MH Training	0.80	\$ 68,000	0.03	\$ 2,950	0.18	\$ 15,520	0.28	\$ 23,700	0.12	\$ 10,510	0.02	\$ 2,040	0.06	\$ 4,890	0.04	\$ 3,390	0.02	\$ 1,440	0.03	\$ 2,200.00	0.02	\$ 1,310.00	0.00	\$ 50.00	0.00	
Medical Director	0.25	\$ 56,250	0.01	\$ 2,440	0.06	\$ 12,840	0.09	\$ 19,610	0.04	\$ 8,700	0.01	\$ 1,690	0.02	\$ 4,040	0.01	\$ 2,800	0.01	\$ 1,190	0.01	\$ 1,820.00	0.00	\$ 1,080.00	0.00	\$ 40.00	0.00	
Program Director	2.00	\$ 210,010	0.09	\$ 9,100	0.46	\$ 47,920	0.70	\$ 73,200	0.31	\$ 32,460	0.06	\$ 6,310	0.14	\$ 15,090	0.10	\$ 10,460	0.04	\$ 4,450	0.06	\$ 6,810.00	0.04	\$ 4,040.00	0.00	\$ 170.00	0.00	
Lead	1.28	\$ 112,200	0.06	\$ 4,860	0.29	\$ 25,600	0.45	\$ 39,110	0.20	\$ 17,340	0.04	\$ 3,370	0.09	\$ 8,060	0.06	\$ 5,590	0.03	\$ 2,380	0.04	\$ 3,640.00	0.02	\$ 2,160.00	0.00	\$ 90.00	0.00	
Program Manager AAHC	1.00	\$ 65,010	0.04	\$ 2,820	0.23	\$ 14,830	0.35	\$ 22,660	0.15	\$ 10,050	0.03	\$ 1,950	0.07	\$ 4,670	0.05	\$ 3,240	0.02	\$ 1,380	0.03	\$ 2,110.00	0.02	\$ 1,250.00	0.00	\$ 50.00	0.00	
Admin Assistant	4.00	\$ 192,000	0.17	\$ 8,320	0.91	\$ 43,810	1.39	\$ 66,930	0.62	\$ 29,680	0.12	\$ 5,770	0.29	\$ 13,790	0.20	\$ 9,570	0.08	\$ 4,070	0.13	\$ 6,220.00	0.08	\$ 3,690.00	0.00	\$ 150.00	0.00	
Compliance QI	1.00	\$ 65,010	0.04	\$ 2,820	0.23	\$ 14,830	0.35	\$ 22,660	0.15	\$ 10,050	0.03	\$ 1,950	0.07	\$ 4,670	0.05	\$ 3,240	0.02	\$ 1,380	0.03	\$ 2,110.00	0.02	\$ 1,250.00	0.00	\$ 50.00	0.00	
Compliance QA	1.00	\$ 65,010	0.04	\$ 2,820	0.23	\$ 14,830	0.35	\$ 22,660	0.15	\$ 10,050	0.03	\$ 1,950	0.07	\$ 4,670	0.05	\$ 3,240	0.02	\$ 1,380	0.03	\$ 2,110.00	0.02	\$ 1,250.00	0.00	\$ 50.00	0.00	
EMR Support	1.00	\$ 65,010	0.04	\$ 2,820	0.23	\$ 14,830	0.35	\$ 22,660	0.15	\$ 10,050	0.03	\$ 1,950	0.07	\$ 4,670	0.05	\$ 3,240	0.02	\$ 1,380	0.03	\$ 2,110.00	0.02	\$ 1,250.00	0.00	\$ 50.00	0.00	
Intake Counselor	2.00	\$ 110,000	0.09	\$ 4,770	0.46	\$ 25,100	0.70	\$ 38,340	0.31	\$ 17,000																

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
Program Name HR360 Outpatient / Intensive OP
Program Code 8926OP, 87301, 38371, 01201, 3873OP, 3837OP, 3873RS, 3837RS

Appendix Number B-5
Page Number 3
Fiscal Year 22-23
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	ODS OT Group Counseling	ODS OT Individual Counseling	ODS OT Individual Counseling	ODS OT Group Counseling	ODS OT Case Management	ODS IOT Individual Counseling	ODS IOT Group Counseling	ODS IOT Case Management	ODS OT Recovery Services Individual	ODS OT Recovery Services Group	ODS OT Recovery Services Case Management	ODS OT Recovery Services Monitoring
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23
Rent/Mortgage	\$ 437,710.00	\$ 18,970.00	\$ 99,880.00	\$ 152,570.00	\$ 67,660.00	\$ 13,140.00	\$ 31,450.00	\$ 21,810.00	\$ 9,270.00	\$ 14,190.00	\$ 8,420.00	\$ 350.00	
Utilities (telephone, electricity, water, gas)	\$ 120,000.00	\$ 5,200.00	\$ 27,380.00	\$ 41,830.00	\$ 18,550.00	\$ 3,600.00	\$ 8,620.00	\$ 5,980.00	\$ 2,540.00	\$ 3,890.00	\$ 2,310.00	\$ 100.00	
Building Repair/Maintenance	\$ 75,000.00	\$ 3,250.00	\$ 17,120.00	\$ 26,140.00	\$ 11,590.00	\$ 2,250.00	\$ 5,390.00	\$ 3,740.00	\$ 1,590.00	\$ 2,430.00	\$ 1,440.00	\$ 60.00	
Occupancy Total:	\$ 632,710.00	\$ 27,420.00	\$ 144,380.00	\$ 220,540.00	\$ 97,800.00	\$ 18,990.00	\$ 45,460.00	\$ 31,530.00	\$ 13,400.00	\$ 20,510.00	\$ 12,170.00	\$ 510.00	\$ -
Office Supplies	\$ 28,200.00	\$ 1,220.00	\$ 6,440.00	\$ 9,830.00	\$ 4,360.00	\$ 850.00	\$ 2,030.00	\$ 1,400.00	\$ 600.00	\$ 910.00	\$ 540.00	\$ 20.00	
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Program Supplies	\$ 28,200.00	\$ 1,220.00	\$ 6,440.00	\$ 9,830.00	\$ 4,360.00	\$ 850.00	\$ 2,030.00	\$ 1,400.00	\$ 600.00	\$ 910.00	\$ 540.00	\$ 20.00	
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Materials & Supplies Total:	\$ 56,400.00	\$ 2,440.00	\$ 12,880.00	\$ 19,660.00	\$ 8,720.00	\$ 1,700.00	\$ 4,060.00	\$ 2,800.00	\$ 1,200.00	\$ 1,820.00	\$ 1,080.00	\$ 40.00	\$ -
Training/Staff Development	\$ 17,990.00	\$ 780.00	\$ 4,110.00	\$ 6,270.00	\$ 2,780.00	\$ 540.00	\$ 1,290.00	\$ 900.00	\$ 380.00	\$ 580.00	\$ 350.00	\$ 10.00	
Insurance	\$ 32,540.00	\$ 1,410.00	\$ 7,420.00	\$ 11,340.00	\$ 5,030.00	\$ 980.00	\$ 2,340.00	\$ 1,620.00	\$ 690.00	\$ 1,050.00	\$ 630.00	\$ 30.00	
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Permits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Equipment Lease & Maintenance	\$ 20,650.00	\$ 890.00	\$ 4,710.00	\$ 7,200.00	\$ 3,190.00	\$ 620.00	\$ 1,480.00	\$ 1,030.00	\$ 440.00	\$ 670.00	\$ 400.00	\$ 20.00	
General Operating Total:	\$ 71,180.00	\$ 3,080.00	\$ 16,240.00	\$ 24,810.00	\$ 11,000.00	\$ 2,140.00	\$ 5,110.00	\$ 3,550.00	\$ 1,510.00	\$ 2,300.00	\$ 1,380.00	\$ 60.00	\$ -
Local Travel	\$ 22,220.00	\$ 960.00	\$ 5,070.00	\$ 7,740.00	\$ 3,430.00	\$ 670.00	\$ 1,600.00	\$ 1,110.00	\$ 470.00	\$ 720.00	\$ 430.00	\$ 20.00	
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Staff Travel Total:	\$ 22,220.00	\$ 960.00	\$ 5,070.00	\$ 7,740.00	\$ 3,430.00	\$ 670.00	\$ 1,600.00	\$ 1,110.00	\$ 470.00	\$ 720.00	\$ 430.00	\$ 20.00	\$ -
	\$ -	\$ -											
	\$ -	\$ -											
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -							\$ -	\$ -	\$ -	\$ -
Facility Depreciation	\$ 308,000.00	\$ 13,350.00	\$ 70,290.00	\$ 107,360.00	\$ 47,610.00	\$ 9,250.00	\$ 22,130.00	\$ 15,350.00	\$ 6,520.00	\$ 9,980.00	\$ 5,920.00	\$ 240.00	
Client Healthcare Related/Transportation	\$ 36,010.00	\$ 1,560.00	\$ 8,220.00	\$ 12,550.00	\$ 5,570.00	\$ 1,080.00	\$ 2,590.00	\$ 1,790.00	\$ 760.00	\$ 1,170.00	\$ 690.00	\$ 30.00	
Food	\$ 24,010.00	\$ 1,040.00	\$ 5,480.00	\$ 8,370.00	\$ 3,710.00	\$ 720.00	\$ 1,720.00	\$ 1,200.00	\$ 510.00	\$ 780.00	\$ 460.00	\$ 20.00	
Other Total:	\$ 368,020.00	\$ 15,950.00	\$ 83,990.00	\$ 128,280.00	\$ 56,890.00	\$ 11,050.00	\$ 26,440.00	\$ 18,340.00	\$ 7,790.00	\$ 11,930.00	\$ 7,070.00	\$ 290.00	\$ -
TOTAL OPERATING EXPENSE	\$ 1,150,530.00	\$ 49,850.00	\$ 262,560.00	\$ 401,030.00	\$ 177,840.00	\$ 34,550.00	\$ 82,670.00	\$ 57,330.00	\$ 24,370.00	\$ 37,280.00	\$ 22,130.00	\$ 920.00	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00348				Appendix Number B-6		
Provider Name HealthRIGHT 360				Page Number 1		
Provider Number 383835				Fiscal Year 22-23		
Contract ID Number 1000010457				Funding Notification Date 01/25/22		
Program Name		HR360 Representative Payee Pgm				
Program Code		88359				
Mode/SFC (MH) or Modality (SUD)		Anc-68				
Service Description		SA-Ancillary Svcs Case Mgmt				
Funding Term		7/1/22-6/30/23				
FUNDING USES						TOTAL
Salaries & Employee Benefits		\$ 136,705	\$ -	\$ -	\$ -	\$ 136,705
Operating Expenses		\$ 20,650	\$ -	\$ -	\$ -	\$ 20,650
Capital Expenses						\$ -
Subtotal Direct Expenses		\$ 157,355	\$ -	\$ -	\$ -	\$ 157,355
Indirect Expenses		\$ 23,600				\$ 23,600
Indirect %		15.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES		\$ 180,955	\$ -	\$ -	\$ -	\$ 180,955
BHS MENTAL HEALTH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity				
SUD County General Fund	240646-10000-10001681-0003	\$ 180,955				\$ 180,955
						\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ 180,955	\$ -	\$ -	\$ -	\$ 180,955
OTHER DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 180,955	\$ -	\$ -	\$ -	\$ 180,955
NON-DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		180,955	-	-	-	180,955
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method		Cost Reimbursement (CR)				
DPH Units of Service		464				
Unit Type		Hours	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 390.41	\$ -	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 390.41	\$ -	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)						Total UDC
Unduplicated Clients (UDC)		75				75

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010457
 Program Name HR360 Representative Payee Pgm
 Program Code 88359

Appendix Number	B-6
Page Number	2
Fiscal Year	22-23
Funding Notification Date	01/25/22

	TOTAL		HR360 Representative Payee Pgm											
Funding Term	7/1/22-6/30/23		7/1/22-6/30/23											
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Representative Payee	1.00	\$ 38,565	1.00	\$ 38,565										
Program Manager	1.00	\$ 65,000	1.00	\$ 65,000										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	2.00	\$ 103,565.00	2.00	\$ 103,565	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	32.00%	\$ 33,140.00	32.00%	\$ 33,140	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 136,705.00	\$ 136,705		\$ -		\$ -		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
Program Name HR360 Representative Payee Pgm
Program Code 88359

Appendix Number B-6
Page Number 3
Fiscal Year 22-23
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	HR360 Representative Payee Pgm						
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23						
Rent	\$ 12,000.00	\$ 12,000.00						
Utilities (telephone, electricity, water, gas)	\$ 2,000.00	\$ 2,000.00						
Building Repair/Maintenance	\$ -							
Occupancy Total:	\$ 14,000.00	\$ 14,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 6,000.00	\$ 6,000.00						
Photocopying	\$ -							
Program Supplies	\$ 650.00	\$ 650.00						
Computer Hardware/Software	\$ -							
Materials & Supplies Total:	\$ 6,650.00	\$ 6,650.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -							
Insurance	\$ -							
Professional License	\$ -							
Permits	\$ -							
Equipment Lease & Maintenance	\$ -							
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -							
Out-of-Town Travel	\$ -							
Field Expenses	\$ -							
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -							
	\$ -							
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -							
	\$ -							
	\$ -							
Other Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 20,650.00	\$ 20,650.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00348				Appendix Number B-7	
Provider Name HealthRIGHT 360				Page Number 1	
Provider Number 383834				Fiscal Year 22-23	
Contract ID Number 1000010457				Funding Notification Date 01/25/22	
Program Name	Adult Outpatient				
Program Code	38K3OP	38K3OP	38K3OP		
Mode/SFC (MH) or Modality (SUD)	15/10-57, 59	15/01-09	15/70-79		
Service Description	OP-MH Svcs	OP-Case Mgt Brokerage	OP-Crisis Intervention		
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23		
FUNDING USES					TOTAL
Salaries & Employee Benefits	\$ 294,320	\$ 5,480	\$ 3,887	\$ -	\$ 303,687
Operating Expenses	\$ 29,650	\$ 2,150	\$ 400	\$ -	\$ 32,200
Capital Expenses					\$ -
Subtotal Direct Expenses	\$ 323,970	\$ 7,630	\$ 4,287	\$ -	\$ 335,887
Indirect Expenses	\$ 48,595	\$ 1,146	\$ 644		\$ 50,385
Indirect %	15.0%	15.0%	15.0%	0.0%	15.0%
TOTAL FUNDING USES	\$ 372,565	\$ 8,776	\$ 4,931	\$ -	\$ 386,272
BHS MENTAL HEALTH FUNDING SOURCES					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 162,228	\$ 3,772	\$ 2,098	\$ 168,098
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	\$ 175,544	\$ 4,176	\$ 2,364	\$ 182,084
MH Adult County General Fund	251984-10000-10001792-0001	\$ 34,793	\$ 828	\$ 469	\$ 36,090
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 372,565	\$ 8,776	\$ 4,931	\$ 386,272
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity				
					\$ -
					\$ -
					\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES					
					\$ -
					\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 372,565	\$ 8,776	\$ 4,931	\$ 386,272
NON-DPH FUNDING SOURCES					
					\$ -
					\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		372,565	8,776	4,931	386,272
BHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased					
SUD Only - Number of Outpatient Group Counseling Sessions					
SUD Only - Licensed Capacity for Narcotic Treatment Programs					
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service	79,340	1,887	696		
Unit Type	Staff Minute	Staff Minute	Staff Minute	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 4.70	\$ 4.65	\$ 7.08	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 4.70	\$ 4.65	\$ 7.08	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)	\$ 9.64	\$ 7.42	\$ 18.54		Total UDC
Unduplicated Clients (UDC)	35	2	1		38

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010457
 Program Name Adult Outpatient
 Program Code 38K3OP

Appendix Number	B-7
Page Number	2
Fiscal Year	22-23
Funding Notification Date	01/25/22

	TOTAL		Adult Outpatient - MH Services		Adult Outpatient - Case Management		Adult Outpatient - Crisis Intervention							
Funding Term	7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23							
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Case Manager	0.50	\$ 25,120.00	0.49	\$ 23,480	0.01	\$ 1,470	0.01	\$ 170						
Director of MH Services	0.30	\$ 36,000.00	0.27	\$ 35,220	0.02	\$ 540	0.02	\$ 240						
Therapist	1.50	\$ 103,500.00	1.46	\$ 99,880	0.02	\$ 1,540	0.02	\$ 2,080						
MH Manager	0.50	\$ 42,360.00	0.49	\$ 41,500	0.01	\$ 570	0.01	\$ 290						
Admin Assistant	0.50	\$ 23,085.00	0.49	\$ 22,890	0.01	\$ 30	0.01	\$ 165						
	0.00	\$ -												
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Totals:	3.30	\$ 230,065.00	3.18	\$ 222,970.00	0.06	\$ 4,150.00	0.06	\$ 2,945.00	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	32.00%	\$ 73,622.00	32.00%	\$ 71,350.00	32.05%	\$ 1,330.00	31.99%	\$ 942.00	0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 303,687.00	\$ 294,320.00		\$ 5,480.00		\$ 3,887.00		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
Program Name Adult Outpatient
Program Code 38K3OP

Appendix Number B-7
Page Number 3
Fiscal Year 22-23
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	Adult Outpatient - MH Services	Adult Outpatient - Case Management	Adult Outpatient - Crisis Intervention			
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23			
Rent	\$ 16,576.00	\$ 15,264.00	\$ 1,107.00	\$ 205.00			
Utilities (telephone, electricity, water, gas)	\$ 5,967.00	\$ 5,495.00	\$ 398.00	\$ 74.00			
Building Repair/Maintenance	\$ 1,990.00	\$ 1,832.00	\$ 133.00	\$ 25.00			
Occupancy Total:	\$ 24,533.00	\$ 22,591.00	\$ 1,638.00	\$ 304.00	\$ -	\$ -	\$ -
Office Supplies	\$ 796.00	\$ 733.00	\$ 53.00	\$ 10.00			
Photocopying	\$ -						
Program Supplies	\$ 2,123.00	\$ 1,954.00	\$ 142.00	\$ 27.00			
Computer Hardware/Software	\$ 1,327.00	\$ 1,221.00	\$ 89.00	\$ 17.00			
Materials & Supplies Total:	\$ 4,246.00	\$ 3,908.00	\$ 284.00	\$ 54.00	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -					
Insurance	\$ 1,300.00	\$ 1,197.00	\$ 87.00	\$ 16.00			
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ 1,458.00	\$ 1,343.00	\$ 97.00	\$ 18.00			
General Operating Total:	\$ 2,758.00	\$ 2,540.00	\$ 184.00	\$ 34.00	\$ -	\$ -	\$ -
Local Travel	\$ -	\$ -					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -					
Client Healthcare Related/Transportation	\$ 663.00	\$ 611.00	\$ 44.00	\$ 8.00			
	\$ -	\$ -					
Other Total:	\$ 663.00	\$ 611.00	\$ 44.00	\$ 8.00	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 32,200.00	\$ 29,650.00	\$ 2,150.00	\$ 400.00	\$ -	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00348				Appendix Number		B-8
Provider Name HealthRIGHT 360				Page Number		1
Provider Number 383807				Fiscal Year		22-23
Contract ID Number 1000010457				Funding Notification Date		01/25/22
Program Name	ADAPT MH					
Program Code	38JBOP	38JBOP	38JBOP			
Mode/SFC (MH) or Modality (SUD)	15/10-57, 59	15/01-09	15/70-79			
Service Description	OP-MH Svcs	OP-Case Mgt Brokerage	OP-Crisis Intervention			
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23			
FUNDING USES						TOTAL
Salaries & Employee Benefits	\$ 180,508	\$ 2,731	\$ 2,086	\$ -		\$ 185,325
Operating Expenses	\$ 16,007	\$ 224	\$ 5	\$ -		\$ 16,236
Capital Expenses						\$ -
Subtotal Direct Expenses	\$ 196,515	\$ 2,955	\$ 2,091	\$ -	\$ -	\$ 201,561
Indirect Expenses	\$ 29,477	\$ 443	\$ 314			\$ 30,234
Indirect %	15.0%	15.0%	15.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES	\$ 225,992	\$ 3,398	\$ 2,405	\$ -	\$ -	\$ 231,795
BHS MENTAL HEALTH FUNDING SOURCES						
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 43,222	\$ 650	\$ 460		\$ 44,332
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001					
MH Adult County General Fund	251984-10000-10001792-0001	\$ 182,770	\$ 2,748	\$ 1,945		\$ 187,463
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 225,992	\$ 3,398	\$ 2,405	\$ -	\$ -	\$ 231,795
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity					
						\$ -
						\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 225,992	\$ 3,398	\$ 2,405	\$ -	\$ -	\$ 231,795
NON-DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	225,992	3,398	2,405	-	-	231,795
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)			
DPH Units of Service	48,083	730	340			
Unit Type	Staff Minute	Staff Minute	Staff Minute	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 4.70	\$ 4.65	\$ 7.07	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 4.70	\$ 4.65	\$ 7.07	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)	\$ 9.64	\$ 7.42	\$ 18.54			Total UDC
Unduplicated Clients (UDC)	19	1	1			19

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010457
 Program Name ADAPT MH
 Program Code 38JBOP

Appendix Number	B-8
Page Number	2
Fiscal Year	22-23
Funding Notification Date	01/25/22

	TOTAL		ADAPT MH - MH Services		ADAPT MH - Case Management		ADAPT MH - Crisis Intervention							
Funding Term	7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23		7/1/22-6/30/23							
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Case Manager	0.50	\$ 25,820.00	0.49	\$ 25,435	0.01	\$ 385.00								
Director of MH Services	0.10	\$ 12,000.00	0.09	\$ 11,740	0.01	\$ 180.00	0.01	\$ 80.00						
Therapist	1.00	\$ 69,000.00	0.97	\$ 66,710	0.01	\$ 1,025.00	0.02	\$ 1,265.00						
MH Manager	0.25	\$ 21,180.00	0.24	\$ 20,750	0.00	\$ 285.00	0.00	\$ 145.00						
Admin Assistant	0.25	\$ 12,400.00	0.24	\$ 12,115	0.00	\$ 195.00	0.00	\$ 90.00						
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Totals:	2.10	\$ 140,400.00	2.04	\$ 136,750.00	0.03	\$ 2,070.00	0.03	\$ 1,580.00	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	32.00%	\$ 44,925.00	32.00%	\$ 43,758.00	31.93%	\$ 661.00	32.03%	\$ 506.00	0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 185,325.00	\$ 180,508.00		\$ 2,731.00		\$ 2,086.00		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
Program Name ADAPT MH
Program Code 38JBOP

Appendix Number B-8
Page Number 3
Fiscal Year 22-23
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	ADAPT MH - MH Services	ADAPT MH - Case Management	ADAPT MH - Crisis Intervention			
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23	7/1/22-6/30/23			
Rent	\$ 8,360.00	\$ 8,241.00	\$ 115.00	\$ 4.00			
Utilities (telephone, electricity, water, gas)	\$ 3,009.00	\$ 2,967.00	\$ 41.00	\$ 1.00			
Building Repair/Maintenance	\$ 1,002.00	\$ 988.00	\$ 14.00	\$ -			
Occupancy Total:	\$ 12,371.00	\$ 12,196.00	\$ 170.00	\$ 5.00	\$ -	\$ -	\$ -
Office Supplies	\$ 401.00	\$ 395.00	\$ 6.00	\$ -			
Photocopying	\$ -	\$ -	\$ -	\$ -			
Program Supplies	\$ 1,070.00	\$ 1,055.00	\$ 15.00	\$ -			
Computer Hardware/Software	\$ 668.00	\$ 659.00	\$ 9.00	\$ -			
Materials & Supplies Total:	\$ 2,139.00	\$ 2,109.00	\$ 30.00	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -	\$ -	\$ -			
Insurance	\$ 655.00	\$ 646.00	\$ 9.00	\$ -			
Professional License	\$ -	\$ -	\$ -	\$ -			
Permits	\$ -	\$ -	\$ -	\$ -			
Equipment Lease & Maintenance	\$ 736.00	\$ 726.00	\$ 10.00	\$ -			
General Operating Total:	\$ 1,391.00	\$ 1,372.00	\$ 19.00	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -	\$ -					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -					
Client Healthcare Related/Transportation	\$ 335.00	\$ 330.00	\$ 5.00	\$ -			
	\$ -	\$ -					
Other Total:	\$ 335.00	\$ 330.00	\$ 5.00	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 16,236.00	\$ 16,007.00	\$ 224.00	\$ 5.00	\$ -	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00348				Appendix Number		B-9
Provider Name HealthRIGHT 360				Page Number		1
Provider Number 383837				Fiscal Year		22-23
Contract ID Number 1000010457				Funding Notification Date		01/25/22
Program Name		Women's Community Clinic Primary Care				
Program Code		N/A				
Mode/SFC (MH) or Modality (SUD)		N/A				
Service Description		Primary Care				
Funding Term		7/1/22-6/30/23				
FUNDING USES						TOTAL
Salaries & Employee Benefits		\$ 55,030	\$ -	\$ -	\$ -	\$ 55,030
Operating Expenses		\$ -	\$ -	\$ -	\$ -	\$ -
Capital Expenses						\$ -
Subtotal Direct Expenses		\$ 55,030	\$ -	\$ -	\$ -	\$ 55,030
Indirect Expenses		\$ 8,253				\$ 8,253
Indirect %		15.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES		\$ 63,283	\$ -	\$ -	\$ -	\$ 63,283
BHS MENTAL HEALTH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity				
						\$ -
						\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES						
COPC General Fund - Admin		251892-10000-10001992-0002	\$ 63,283			\$ 63,283
						\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ 63,283	\$ -	\$ -	\$ -	\$ 63,283
TOTAL DPH FUNDING SOURCES		\$ 63,283	\$ -	\$ -	\$ -	\$ 63,283
NON-DPH FUNDING SOURCES						
						\$ -
						\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		63,283	-	-	-	63,283
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method		Cost Reimbursement (CR)				
DPH Units of Service		554				
Unit Type		Hours	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 114.18	\$ -	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 114.18	\$ -	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)						Total UDC
Unduplicated Clients (UDC)		185				185

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010457
 Program Name Women's Community Clinic Primary Care
 Program Code N/A

Appendix Number	B-9
Page Number	2
Fiscal Year	22-23
Funding Notification Date	01/25/22

	TOTAL		Women's Community Clinic Primary Care											
Funding Term	7/1/22-6/30/23		7/1/22-6/30/23											
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Staff Clinician	0.35	\$ 43,780.00	0.35	\$ 43,780										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
Totals:	0.35	\$ 43,780.00	0.35	\$ 43,780.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	25.70%	\$ 11,250.00	25.70%	\$ 11,250.00	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 55,030.00	\$ 55,030.00		\$ -		\$ -		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
Program Name Women's Community Clinic Primary Care
Program Code N/A

Appendix Number B-9
Page Number 3
Fiscal Year 22-23
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	Women's Community Clinic Primary Care						
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23						
Rent	\$ -							
Utilities (telephone, electricity, water, gas)	\$ -							
Building Repair/Maintenance	\$ -							
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ -							
Photocopying	\$ -							
Program Supplies	\$ -							
Computer Hardware/Software	\$ -							
Materials & Supplies Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -							
Insurance	\$ -							
Professional License	\$ -							
Permits	\$ -							
Equipment Lease & Maintenance	\$ -							
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -							
Out-of-Town Travel	\$ -							
Field Expenses	\$ -							
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -							
	\$ -							
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -							
	\$ -							
	\$ -							
Other Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Number 00348						Appendix Number B-10	
Provider Name HealthRIGHT 360						Page Number 1	
Provider Number 38K3						Fiscal Year 22-23	
Contract ID Number 1000010457						Funding Notification Date 01/25/22	
Program Name		Women's Community Clinic WAHT					
Program Code		N/A					
Mode/SFC (MH) or Modality (SUD)		N/A					
Service Description		Healthcare Training					
Funding Term		7/1/22-6/30/23					
FUNDING USES							TOTAL
Salaries & Employee Benefits		\$ 81,931	\$ -	\$ -	\$ -	\$ -	\$ 81,931
Operating Expenses		\$ 17,885	\$ -	\$ -	\$ -	\$ -	\$ 17,885
Capital Expenses							\$ -
Subtotal Direct Expenses		\$ 99,816	\$ -	\$ -	\$ -	\$ -	\$ 99,816
Indirect Expenses		\$ 14,974	\$ -	\$ -	\$ -	\$ -	\$ 14,974
Indirect %		15.00%	0.00%	0.00%	0.0%	0.0%	15.0%
TOTAL FUNDING USES		\$ 114,790	\$ -	\$ -	\$ -	\$ -	\$ 114,790
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity						
							\$ -
							\$ -
							\$ -
							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHS SUD FUNDING SOURCES							
							\$ -
							\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES							
COPC General Fund - Admin	251892-10000-10001992-0002	\$ 114,790					\$ 114,790
							\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ 114,790	\$ -	\$ -	\$ -	\$ -	\$ 114,790
TOTAL DPH FUNDING SOURCES		\$ 114,790	\$ -	\$ -	\$ -	\$ -	\$ 114,790
NON-DPH FUNDING SOURCES							
							\$ -
							\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		114,790	-	-	-	-	114,790
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method		Cost Reimbursement (CR)					
DPH Units of Service		593			0	0	0
Unit Type		Hours	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 193.74	\$ -	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 193.74	\$ -	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)							Total UDC
Unduplicated Clients (UDC)		143					143

Appendix Number	B-10
Page Number	2
Fiscal Year	22-23
Funding Notification Date	01/25/22

	TOTAL		Women's Community Clinic WHAT											
Funding Term	7/1/22-6/30/23		7/1/22-6/30/23											
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director of Workforce and Outreach	0.10	\$ 7,950	0.10	\$ 7,950										
Community Programs Manager	0.25	\$ 16,380	0.25	\$ 16,380										
Community Programs Associate	0.32	\$ 13,975	0.32	\$ 13,975										
WHAT Fellow	0.36	\$ 24,240	0.36	\$ 24,240										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	1.03	\$ 62,545.00	1.03	\$ 62,545.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	31.00%	\$ 19,386.00	31.00%	\$ 19,386.00	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -
TOTAL SALARIES & BENEFITS		\$ 81,931.00	\$ 81,931.00		\$ -		\$ -		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
Program Name Women's Community Clinic WAHT
Program Code N/A

Appendix Number B-10
Page Number 3
Fiscal Year 22-23
Funding Notification Date 01/25/22

Expense Categories & Line Items	TOTAL	Women's Community Clinic WHAT						
Funding Term	7/1/22-6/30/23	7/1/22-6/30/23						
Rent	\$ 6,000.00	\$ 6,000.00						
Utilities (telephone, electricity, water, gas)	\$ 4,000.00	\$ 4,000.00						
Building Repair/Maintenance	\$ 2,200.00	\$ 2,200.00						
Occupancy Total:	\$ 12,200.00	\$ 12,200.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 600.00	\$ 600.00						
Photocopying	\$ -							
Program Supplies	\$ 2,285.00	\$ 2,285.00						
Computer Hardware/Software	\$ -							
Materials & Supplies Total:	\$ 2,885.00	\$ 2,885.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -							
Insurance	\$ -							
Professional License	\$ -							
Permits	\$ -							
Equipment Lease & Maintenance	\$ -							
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 800.00	\$ 800.00						
Out-of-Town Travel	\$ -							
Field Expenses	\$ -							
Staff Travel Total:	\$ 800.00	\$ 800.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -							
	\$ -							
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -							
Stipends	\$ 2,000.00	\$ 2,000.00						
	\$ -							
Other Total:	\$ 2,000.00	\$ 2,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 17,885.00	\$ 17,885.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Position Title	FTE	Amount
Chief Executive Officer	0.52	152,274
Chief Financial Officer	0.60	137,474
Chief Information Officer	0.48	109,276
Chief Operating Officer	0.12	27,498
VP of Quality and Compliance	0.35	40,187
VP of Development	0.18	35,250
Research and Evaluation Director	0.49	35,552
Workforce Development Director	0.06	4,923
Controller	0.60	79,904
Grants Director	0.49	54,991
Budget Manager	0.34	27,279
Fiscal Projects Director	0.28	42,298
Budget/Fiscal Analyst	0.49	40,402
Payroll Manager	0.43	52,028
Budget Coordinator	0.43	35,250
General Ledger Accountant	0.09	7,544
Accounts Payable	1.00	65,116
Billing Specialist	1.00	65,116
Billing Assistant	1.00	65,116
Human Resources Director	0.19	24,241
Human Resources Analyst	0.57	35,250
Human Resources Coordinator	0.46	28,503
Electronic Medical Records Manager	0.43	34,899
EMR OPs Software Development Director	0.56	63,449
EMR Training and Data Analyst	0.29	19,583
Client Programmer II	0.17	11,797
IT Manager - Data Control	0.56	37,759
Senior IT Systems Analyst	0.32	22,556
IT Analyst	0.48	34,189
PC Support Analyst	0.48	34,189
IT Specialist - Data Specialist	0.35	25,627
IT Specialist - Data Entry	0.33	23,299
IT Specialist - Data Control	0.33	23,299
IT Data Analyst	0.12	8,551
Donations Manager	0.48	38,772
Travel Coordinator	0.22	18,878
Administrative Assistant	0.29	18,046
Procurement Manager	0.52	35,250
Driver/Procurement Assistant	0.06	4,323
Facility Operations Director	0.04	3,405
Transportation and Facility Manager	0.02	2,129
Maintenance Staff	0.07	5,172
Subtotal:	16.28	1,630,644
Employee Benefits:	32.0%	521,806
Total Salaries and Employee Benefits:		2,152,450

Expenses (Use expense account name in the ledger.)	Amount
Rent	220,488
Utilities (Telephone, Electricity, Water, Gas)	79,269
Building Repair/Maintenance	6,661
Office Supplies	54,226
Insurance	103,238
Training/Staff Development	13,080
Staff Travel (Local & Out of Town)	84,995
Rental of Equipment	67,420
Payroll Service	23,595
IT Licenses	73,782
Program Licenses	174,150
Total Operating Costs	900,904
Total Indirect Costs	3,053,354

Appendix F
Invoice

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Contract ID#
1000010457

Contractor: HealthRIGHT360 - FSP# 1000010457

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 746-1916

Fax No.: (415)

Funding Term : 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

BHS

INVOICE NUMBER:	M68JL21
Template Version	Amendment 1
	User Cd
Ct. PO No.: POHM	SFGOV-0000546153
Fund Source:	MH Adult Fed SDMC/ State/ County - GF
Invoice Period :	July 2021
Final Invoice:	(Check if Yes)

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-7 - Adult Outpatient PC# - 38K3OP - 251984-10000-10001792-0001												
15/ 10 - 57, 59 OP-MH Svcs	79,340				\$ 4.70	\$ -	0.00		0.00%		79,340	
15/ 01 - 09 OP - Case Mgt Brokerage	1,887				\$ 4.65	\$ -	0.00		0.00%		1,887	
15/ 70- 79 OP - Crisis Intervention	696				\$ 7.08	\$ -	0.00		0.00%		696	
TOTAL	81,923		0.00				0.00		0.00%		81,923	
	Budget Amount				\$ 386,272.00		Expenses To Date		% of Budget		Remaining Budget	
							\$ -		0.00%		\$ 386,272.00	

SUBTOTAL AMOUNT DUE	\$ -
Less: Initial Payment Recovery	
(For DPH Use) Other Adjustments	
NET REIMBURSEMENT	\$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103
Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

Appendix F
PAGE A

Contract ID#
1000010457

INVOICE NUMBER: PC4JL21

Contractor: HealthRIGHT360 - FSP# 1000010457

Template Version: Amendment 1

Address: 1735 Mission St., San Francisco, CA 94103

Ct. PO No.: POHM SFGOV-0000548658

Tel. No.: (415) 692-8225
Fax No.: (415)



Fund Source: COPC General Fund - Admin

Invoice Period: July 2021

Funding Term: 07/01/2021 - 06/30/2022

Final Invoice: (Check if Yes)

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-9 Women's Community Clinic - Primary Care 251892-10000-10001992-0002	554	185			-	-	0%	0%	554	185	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	10,541	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 43,780.00	\$ -	\$ -	0.00%	\$ 43,780.00
Fringe Benefits	\$ 11,250.00	\$ -	\$ -	0.00%	\$ 11,250.00
Total Personnel Expenses	\$ 55,030.00	\$ -	\$ -	0.00%	\$ 55,030.00
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 55,030.00	\$ -	\$ -	0.00%	\$ 55,030.00
Indirect Expenses	\$ 8,253.00	\$ -	\$ -	0.00%	\$ 8,253.00
TOTAL EXPENSES	\$ 63,283.00	\$ -	\$ -	0.00%	\$ 63,283.00
Less: Initial Payment Recovery			NOTES:		
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

Or email to:
cbhsinvoices@sfdph.org

Jul

DPH Authorization for Payment

Authorized Signatory

Date

Prepared: 2/15/2022

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Contract ID#

1000010457

INVOICE NUMBER:

PC5JL21

Contractor: HealthRIGHT360 - FSP# 1000010457

Template Version

Amendment 1

Address: 1735 Mission St., San Francisco, CA 94103

Ct. PO No.: POHM

SFGOV-0000548658

Tel. No.: (415) 692-8225

Fax No.: (415)

BHS

Fund Source:

COPC General Fund - Admin

Invoice Period:

July 2021

Funding Term: 07/01/2021 - 06/30/2022

Final Invoice:

(Check if Yes)

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-10 Women's Community Clinic WAHT - Western Addition Healthcare Training - 251892-10000-10001992-0002												
	593	143			-	-	0%	0%	593	143	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	10,541	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 62,545.00	\$ -	\$ -	0.00%	\$ 62,545.00
Fringe Benefits	\$ 19,386.00	\$ -	\$ -	0.00%	\$ 19,386.00
Total Personnel Expenses	\$ 81,931.00	\$ -	\$ -	0.00%	\$ 81,931.00
Operating Expenses					
Occupancy	\$ 12,200.00	\$ -	\$ -	0.00%	\$ 12,200.00
Materials and Supplies	\$ 2,885.00	\$ -	\$ -	0.00%	\$ 2,885.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ 800.00	\$ -	\$ -	0.00%	\$ 800.00
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Stipends	\$ 2,000.00	\$ -	\$ -	0.00%	\$ 2,000.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 17,885.00	\$ -	\$ -	0.00%	\$ 17,885.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 99,816.00	\$ -	\$ -	0.00%	\$ 99,816.00
Indirect Expenses	\$ 14,974.00	\$ -	\$ -	0.00%	\$ 14,974.00
TOTAL EXPENSES	\$ 114,790.00	\$ -	\$ -	0.00%	\$ 114,790.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date
Prepared: 2/15/2022

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

Appendix F
PAGE A

Contract ID#
1000010457

Contractor: HealthRIGHT360 - FSP# 1000010457

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 692-8225

Fax No.: (415)

Funding Term: 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

BHS

INVOICE NUMBER:	S16JL21
Template Version	Amendment 1
	User Cd
Ct. PO No.: POHM	SFGOV-0000546153
Fund Source:	SUD County General Fund
Invoice Period:	July 2021
Final Invoice:	(Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-6 HR360 Representative Payee Pgm PC# - 88359 240646-10000-10001681-0003												
Anc-68 SA-Ancillary Svcs Case Mgmt	464	75			-	-	0%	0%	464	75	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 103,565.00	\$ -	\$ -	0.00%	\$ 103,565.00
Fringe Benefits	\$ 33,140.00	\$ -	\$ -	0.00%	\$ 33,140.00
Total Personnel Expenses	\$ 136,705.00	\$ -	\$ -	0.00%	\$ 136,705.00
Operating Expenses:					
Occupancy	\$ 14,000.00	\$ -	\$ -	0.00%	\$ 14,000.00
Materials and Supplies	\$ 6,650.00	\$ -	\$ -	0.00%	\$ 6,650.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 20,650.00	\$ -	\$ -	0.00%	\$ 20,650.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 157,355.00	\$ -	\$ -	0.00%	\$ 157,355.00
Indirect Expenses	\$ 23,600.00	\$ -	\$ -	0.00%	\$ 23,600.00
TOTAL EXPENSES	\$ 180,955.00	\$ -	\$ -	0.00%	\$ 180,955.00
Less: Initial Payment Recovery			NOTES:		
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Contract ID#
1000010457

Contractor: HealthRIGHT360 - FSP# 1000010457

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 746-1916

Fax No.: (415)

Funding Term : 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

BHS

INVOICE NUMBER: S17JL21

Template Version: Amendment 1

Ct. PO No.: POHM SFGOV-0000546153

Fund Source: SUD Fed SABG/ DMC FFP/ State/ Cnty GF

Invoice Period : July 2021

Final Invoice: (Check if Yes)

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-4 HR360 Residential Withdrawal Management PC# - 3834RWM, 3806RWM - 240646-10000-10001681-0003												
ODS-109 ODS Withdrawal Management 3.2	7,667				\$ 295.57	\$ -	0.000		0.00%		7,667.000	
Res-58 ODS Rood & Board, Residential Treatment	11,422				\$ 73.22	\$ -	0.000		0.00%		11,422.000	
TOTAL	19,089		0				0.000		0.00%		19,089.000	
	Budget Amount				\$ 3,102,471.00		Expenses To Date		% of Budget		Remaining Budget	
							\$ -		0.00%		\$ 3,102,471.00	

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery
 (For DPH Use) **Other Adjustments**
NET REIMBURSEMENT \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

Or email to:
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

 Authorized Signatory

 Date

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE

Appendix F
PAGE A

Contract ID#
1000010457

INVOICE NUMBER: S47JL21

Template Version: Amendment 1

Ct. PO No.: POHM SFGOV-0000546153

Fund Source: SUD Fed DMC/ State/ County General Fur

Invoice Period : July 2021

Final Invoice: (Check if Yes)

Contractor: HealthRIGHT360 - FSP# 1000010457

Address: 1735 Mission St., San Francisco, CA 94103

BHS

Tel. No.: (415) 746-1916
Fax No.: (415)

Funding Term : 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
Program Name/Reptg. Unit	Modality/Mode # - Svc Func (MH Only)	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-5 HR360 Outpatient/ Intensive OP PC# - 8926OP, 3873OP, 01201		240646-10000-10001681-0003											
ODS - 91i ODS OT Individual Counseling		19,338				\$ 103.67	\$ -	0.00		0.00%		19,338.00	
ODS - 91g ODS OT Group Counseling		8,576				\$ 103.67	\$ -	0.00		0.00%		8,576.00	
ODS - 91cm ODS OT Case Management		1,666				\$ 103.71	\$ -	0.00		0.00%		1,666.00	
ODS - 105i ODS IOT Individual Counseling		3,986				\$ 103.68	\$ -	0.00		0.00%		3,986.00	
ODS - 105g ODS IOT Group Counseling		2,764				\$ 103.65	\$ -	0.00		0.00%		2,764.00	
ODS - 105cm ODS IOT Case Management		1,175				\$ 103.65	\$ -	0.00		0.00%		1,175.00	
TOTAL		37,505		0.00				0.00		0.00%		37,505.0	
Budget Amount						\$ 3,888,185.00		Expenses To Date		% of Budget		Remaining Budget	
								\$ -		0.00%		\$ 3,888,185.00	
SUBTOTAL AMOUNT DUE							\$ -	NOTES:					
Less: Initial Payment Recovery													
(For DPH Use) Other Adjustments													
NET REIMBURSEMENT							\$ -						

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____
Title: _____

Date: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
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San Francisco, CA 94103

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory _____ Date _____

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE

Appendix F
PAGE A

Contract ID#
1000010457

INVOICE NUMBER: S51JL21

Template Version
Amendment 1
User Cd

Ct. PO No.: POHM
SFGOV-0000546153

Fund Source: SUD Fed SABG/ DMC FFP/State/ Cnty - GF

Invoice Period : July 2021

Final Invoice: (Check if Yes)

Contractor: HealthRIGHT360 - FSP# 1000010457

Address: 1735 Mission St., San Francisco, CA 94103

BHS

Tel. No.: (415) 746-1916
Fax No.: (415)

Funding Term : 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

Unduplicated Clients for Exhibit:				Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC					
*Unduplicated Counts for AIDS Use Only.													
DELIVERABLES		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)													
		UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-1 HR360 Residential PC# - 3834ARS, 3806ARM 240646-10000-10001681-0003													
ODS-112 ODS Residential 3.1		932				\$ 189.96	\$ -	0.00		0.00%		932.00	
ODS-113 ODS Residential 3.3		1,567				\$ 189.96	\$ -	0.00		0.00%		1,567.00	
ODS-114 ODS Residential 3.5		29,413				\$ 189.96	\$ -	0.00		0.00%		29,413.00	
Res-58 ODS Room & Board, Residential Treatment		28,261				\$ 90.31	\$ -	0.00		100.00%		28,261.00	

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103
Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory _____ Date _____

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
Unduplicated Clients for Exhibit:					

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
		UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-3 HR360 Perinatal Residential PC# - 89102 240646-10000-10001681-0003													
ODS-112 ODS Residential 3.1		30				\$ 312.73	\$ -	0.000		0.00%		30.000	
ODS-113 ODS Residential 3.3		30				\$ 312.73	\$ -	0.000		0.00%		30.000	
ODS-114 ODS Residential 3.5		3,644				\$ 313.04	\$ -	0.000		0.00%		3,644.000	
Res-58-1 ODS Room & Board, Residential Treatment (Perinatal Only)		3,704				\$ 76.38	\$ -	0.000		0.00%		3,704.000	
TOTAL		7,408		0				0.000		0.00%		7,408.000	
		Budget Amount				\$ 1,442,412.00		Expenses To Date		% of Budget		Remaining Budget	
								\$ -		0.00%		\$ 1,442,412.00	

<p style="text-align: right;"> SUBTOTAL AMOUNT DUE \$ - Less: Initial Payment Recovery (For DPH Use) Other Adjustments NET REIMBURSEMENT \$ - </p>		NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103
Or email to:
cbhsinvoices@sfdph.org

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Contract ID#

1000010457

INVOICE NUMBER: S57JL21

Template Version: Amendment 1

User Cd

Ct. PO No.: POHM SFGOV-0000546153

Fund Source: SUD County Prop C Homeless Baseline

Invoice Period : July 2021

Final Invoice: (Check if Yes)

Contractor: HealthRIGHT360 - FSP# 1000010457

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 746-1916

Fax No.: (415)

Funding Term : 07/01/2021 - 06/30/2022

PHP Division: Behavioral Health Services

BHS

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-5 HR360 Outpatient/ Intensive OP PC# - 8926OP,3873OP,01201 - 240646-10000-10001668-0012												
Nonres-33 SA-Nonresidntl ODF Grp	2,404				\$ 103.62	\$ -	0.00		0.00%		2,404.00	
Nonres-34 SA-Nonresidntl ODF Grp Indv	12,660				\$ 103.64	\$ -	0.00		0.00%		12,660.00	
TOTAL	15,064		0.00				0.00		0.00%		15,064.0	
	Budget Amount				\$ 1,561,185.00		Expenses To Date		% of Budget		Remaining Budget	
							\$ -		0.00%		\$ 1,561,185.00	

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103
Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Contract ID#
1000010457

Contractor: HealthRIGHT360 - FSP# 1000010457

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 746-1916

Fax No.: (415)

Funding Term : 07/01/2022 - 06/30/2023

PHP Division: Behavioral Health Services

BHS

INVOICE NUMBER: M68JL22

Template Version: Amendment 1

User Cd

Ct. PO No.: POHM SFGOV-TBD

Fund Source: MH Adult Fed SDMC/ State/ County - GF

Invoice Period : July 2022

Final Invoice: (Check if Yes)

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-7 - Adult Outpatient PC# - 38K3OP - 251984-10000-10001792-0001												
15/ 10 - 57, 59 OP-MH Svcs	79,340				\$ 4.70	\$ -	0.00		0.00%		79,340	
15/ 01 - 09 OP - Case Mgt Brokerage	1,887				\$ 4.65	\$ -	0.00		0.00%		1,887	
15/ 70- 79 OP - Crisis Intervention	696				\$ 7.08	\$ -	0.00		0.00%		696	
TOTAL	81,923		0.00				0.00		0.00%		81,923	
	Budget Amount				\$ 386,272.00		Expenses To Date		% of Budget		Remaining Budget	
							\$ -		0.00%		\$ 386,272.00	

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

Authorized Signatory

Date

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

Appendix F
PAGE A

Contract ID#
1000010457

INVOICE NUMBER: PC4JL22

Contractor: HealthRIGHT360 - FSP# 1000010457

Template Version: Amendment 1

Address: 1735 Mission St., San Francisco, CA 94103

User Cd

Ct. PO No.: POHM SFGOV-TBD

Tel. No.: (415) 692-8225
Fax No.: (415)



Fund Source: COPC General Fund - Admin

Invoice Period: July 2022

Funding Term: 07/01/2022 - 06/30/2023

Final Invoice: (Check if Yes)

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-9 Women's Community Clinic - Primary Care 251892-10000-10001992-0002	554	185			-	-	0%	0%	554	185	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	10,541	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 43,780.00	\$ -	\$ -	0.00%	\$ 43,780.00
Fringe Benefits	\$ 11,250.00	\$ -	\$ -	0.00%	\$ 11,250.00
Total Personnel Expenses	\$ 55,030.00	\$ -	\$ -	0.00%	\$ 55,030.00
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 55,030.00	\$ -	\$ -	0.00%	\$ 55,030.00
Indirect Expenses	\$ 8,253.00	\$ -	\$ -	0.00%	\$ 8,253.00
TOTAL EXPENSES	\$ 63,283.00	\$ -	\$ -	0.00%	\$ 63,283.00
Less: Initial Payment Recovery			NOTES:		
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

Or email to:
cbhsinvoices@sfdph.org

Jul

DPH Authorization for Payment

Authorized Signatory

Date

Prepared: 2/16/2022

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE

Appendix F
PAGE A

Contract ID#
1000010457

Contractor: HealthRIGHT360 - FSP# 1000010457

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 692-8225

Fax No.: (415)

Funding Term: 07/01/2022 - 06/30/2023

PHP Division: Behavioral Health Services

BHS

INVOICE NUMBER:	S16JL22
Template Version	Amendment 1
	User Cd
Ct. PO No.: POHM	SFGOV-TBD
Fund Source:	SUD County General Fund
Invoice Period:	July 2022
Final Invoice:	(Check if Yes)

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-6 HR360 Representative Payee Pgm PC# - 88359 240646-10000-10001681-0003												
Anc-68 SA-Ancillary Svcs Case Mgmt	464	75			-	-	0%	0%	464	75	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 103,565.00	\$ -	\$ -	0.00%	\$ 103,565.00
Fringe Benefits	\$ 33,140.00	\$ -	\$ -	0.00%	\$ 33,140.00
Total Personnel Expenses	\$ 136,705.00	\$ -	\$ -	0.00%	\$ 136,705.00
Operating Expenses:					
Occupancy	\$ 14,000.00	\$ -	\$ -	0.00%	\$ 14,000.00
Materials and Supplies	\$ 6,650.00	\$ -	\$ -	0.00%	\$ 6,650.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 20,650.00	\$ -	\$ -	0.00%	\$ 20,650.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 157,355.00	\$ -	\$ -	0.00%	\$ 157,355.00
Indirect Expenses	\$ 23,600.00	\$ -	\$ -	0.00%	\$ 23,600.00
TOTAL EXPENSES	\$ 180,955.00	\$ -	\$ -	0.00%	\$ 180,955.00
Less: Initial Payment Recovery			NOTES:		
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____	Date: _____
Printed Name: _____	
Title: _____	Phone: _____

Send to:

Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment

_____ Authorized Signatory	_____ Date
-------------------------------	---------------

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR <u>FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE</u>		Appendix F PAGE A
Contractor: HealthRIGHT360 - FSP# 1000010457 Address: 1735 Mission St., San Francisco, CA 94103 Tel. No.: (415) 746-1916 Fax No.: (415)	<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> Contract ID# 1000010457 </div> <div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 100px; text-align: center;"> BHS </div>	INVOICE NUMBER: <div style="border: 1px solid black; padding: 2px 5px;">S54JL22</div> Template Version <div style="border: 1px solid black; padding: 2px 5px;">Amendment 1</div> <div style="text-align: right; padding-right: 10px;">User Cd</div> Ct. PO No.: POHM <div style="border: 1px solid black; padding: 2px 5px;">SFGOV-TBD</div> Fund Source: <div style="border: 1px solid black; padding: 2px 5px;">SUD County Prop C Homeless Baseline</div> Invoice Period : <div style="border: 1px solid black; padding: 2px 5px;">July 2022</div> Final Invoice: <div style="border: 1px solid black; padding: 2px 5px; width: 100px; display: inline-block;"></div> <div style="border: 1px solid black; padding: 2px 5px; width: 100px; display: inline-block; text-align: center;">(Check if Yes)</div>
Funding Term : 07/01/2022 - 06/30/2023		
PHP Division: Behavioral Health Services		

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

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1380 Howard St., 4th Floor
San Francisco, CA 94103
Or email to:
cbhsinvoices@sfdph.org

DPH Authorization for Payment	
_____	_____
Authorized Signatory	Date

<u>FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE</u>		Appendix F PAGE A
<p>Contractor: HealthRIGHT360 - FSP# 1000010457</p> <p>Address: 1735 Mission St., San Francisco, CA 94103</p> <p>Tel. No.: (415) 746-1916</p> <p>Fax No.: (415)</p> <p>Funding Term : 07/01/2022 - 06/30/2023</p> <p>PHP Division: Behavioral Health Services</p>	<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: fit-content;"> BHS </div>	<div style="margin-bottom: 10px;"> Contract ID# <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">1000010457</div> </div> <div style="margin-bottom: 10px;"> INVOICE NUMBER: <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">S58JL22</div> </div> <div style="margin-bottom: 10px;"> Template Version <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">Amendment 1</div> <div style="float: right; font-size: small; margin-top: -15px;">User Cd</div> </div> <div style="margin-bottom: 10px;"> Ct. PO No.: POHM <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">SFGOV-TBD</div> </div> <div style="margin-bottom: 10px;"> Fund Source: <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">SUD Fed SABG CRRSAA, CFDA 93.959</div> </div> <div style="margin-bottom: 10px;"> Invoice Period : <div style="border: 1px solid black; padding: 2px 10px; display: inline-block;">July 2022</div> </div> <div> Final Invoice: <div style="border: 1px solid black; padding: 2px 10px; display: inline-block; width: 150px;"></div> <div style="border: 1px solid black; padding: 2px 10px; display: inline-block; width: 100px; float: right;">(Check if Yes)</div> <div style="clear: both;"></div> </div>

*Unduplicated Counts for AIDS Use Only.

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103
Or email to:
cbhsinvoices@sfdph.org

Contract ID#

1000010457

Contractor: HealthRIGHT360 - FSP# 1000010457

Address: 1735 Mission St., San Francisco, CA 94103

Tel. No.: (415) 746-1916

Fax No.: (415)

Funding Term : 07/01/2022 - 06/30/2023

PHP Division: Behavioral Health Services

BHS

Appendix F
PAGE A

INVOICE NUMBER:

S59JL22

Template Version

Amendment 1User Cd

Ct. PO No.: POHM

SFGOV-TBD

Fund Source:

SUD Fed SABG CRRSAA, CFDA 93.959

Invoice Period :

July 2022

Final Invoice:

(Check if Yes)

Unduplicated Clients for Exhibit:				Total Contracted Exhibit UDC		Delivered THIS PERIOD Exhibit UDC		Delivered to Date Exhibit UDC		% of TOTAL Exhibit UDC		Remaining Deliverables Exhibit UDC	

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
		UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-1 HR360 Residential PC# - 3834ARS, 3806ARM 240646-10001-10038190-0001													
Res-58 Board, Residential Treatment		3,651				\$ 90.30	\$ -	0.00		0.00%		3,651.00	
TOTAL		3,651		0.00				0.00		0.00%		3,651.0	
Budget Amount				\$ 329,692.00				Expenses To Date		% of Budget		Remaining Budget	
								\$ -		0.00%		\$ 329,692.00	

SUBTOTAL AMOUNT DUE		\$ -	NOTES:
Less: Initial Payment Recovery			
(For DPH Use) Other Adjustments			
NET REIMBURSEMENT		\$ -	

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Send to:	DPH Authorization for Payment
Behavioral Health Services-Budget/ Invoice Analyst	
1380 Howard St., 4th Floor	
San Francisco, CA 94103	
Or email to:	
cbhsinvoices@sfdph.org	

Appendix G

Dispute Resolution Procedure

For Health and Human Services Nonprofit Contractors

9-06

Introduction

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/appellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270. The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions or concerns about this Dispute Resolution Procedure should be addressed to purchasing@sfgov.org.

Dispute Resolution Procedure

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- **Step 1** The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.
- **Step 2** Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the

concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.

- Step 3 Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

In addition to the above process, contractors have an additional forum available only for disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270.

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to purchasing@sfgov.org. This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any necessary changes to the policies and procedures or to a department's administration of policies and procedures.

Appendix H

SUBSTANCE USE DISORDER SERVICES

such as

**Drug Medi-Cal,
Federal Substance Abuse Block Grant (SABG),
Organized Delivery System (DMC-ODS)
Primary Prevention or
State Funded Services**

The following laws, regulations, policies/procedures and documents are hereby incorporated by reference into this Agreement as though fully set forth therein.

Drug Medi-Cal (DMC) services for substance use treatment in the Contractor's service area pursuant to Sections 11848.5(a) and (b) of the Health and Safety Code (hereinafter referred to as HSC), Sections 14021.51 – 14021.53, and 14124.20 – 14124.25 of the Welfare and Institutions Code (hereinafter referred to as W&IC), and Title 22 of the California Code of Regulations (hereinafter referred to as Title 22), Sections 51341.1, 51490.1, and 51516.1, and Part 438 of the Code of Federal Regulations, hereinafter referred to as 42 CFR 438.

The City and County of San Francisco and the provider enter into this Intergovernmental Agreement by authority of Title 45 of the Code of Federal Regulations Part 96 (45 CFR Part 96), Substance Abuse Block Grants (SABG) for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse. SABG recipients must adhere to Substance Abuse and Mental Health Administration's (SAMHSA) National Outcome Measures (NOMs).

The objective is to make substance use treatment services available to Medi-Cal and other non-DMC beneficiaries through utilization of federal and state funds available pursuant to Title XIX and Title XXI of the Social Security Act and the SABG for reimbursable covered services rendered by certified DMC providers.

Reference Documents

Document 1A: Title 45, Code of Federal Regulations 96, Subparts C and L, Substance Abuse Block Grant Requirements

<https://www.gpo.gov/fdsys/granule/CFR-2005-title45-vol1/CFR-2005-title45-vol1-part96>

Document 1B: Title 42, Code of Federal Regulations, Charitable Choice Regulations

<https://www.law.cornell.edu/cfr/text/42/part-54>

Document 1C: Driving-Under-the-Influence Program Requirements

Document 1F(a): Reporting Requirement Matrix – County Submission Requirements for the Department of Health Care Services

Document 1G: Perinatal Services Network Guidelines 2016

Document 1H(a): Service Code Descriptions

Document 1J(a): Non-Drug Medi-Cal Audit Appeals Process

Document 1J(b): DMC Audit Appeals Process

Document 1K: Drug and Alcohol Treatment Access Report (DATAR)

<http://www.dhcs.ca.gov/provgovpart/Pages/DATAR.aspx>

Document 1P: Alcohol and/or Other Drug Program Certification Standards (March 15, 2004)

http://www.dhcs.ca.gov/provgovpart/Pages/Facility_Certification.aspx

Document 1T: CalOMS Prevention Data Quality Standards

Document 1V: Youth Treatment Guidelines

http://www.dhcs.ca.gov/individuals/Documents/Youth_Treatment_Guidelines.pdf

Document 2A: Sobky v. Smoley, Judgment, Signed February 1, 1995

Document 2C: Title 22, California Code of Regulations

<http://ccr.oal.ca.gov>

Document 2E: Drug Medi-Cal Certification Standards for Substance Abuse Clinics (Updated July 1, 2004)

http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Drug_Medi-Cal_Certification_Standards.pdf

Document 2F: Standards for Drug Treatment Programs (October 21, 1981)

http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Standards_for_Drug_Treatment_Programs.pdf

Document 2G Drug Medi-Cal Billing Manual

http://www.dhcs.ca.gov/formsandpubs/Documents/Info%20Notice%202015/DMC_Billing_Manual%20FINAL.pdf

Document 2K: Multiple Billing Override Certification (MC 6700)

Document 2L(a): Good Cause Certification (6065A)

Document 2L(b): Good Cause Certification (6065B)

Document 2P: County Certification - Cost Report Year-End Claim For Reimbursement

Document 2P(a): Drug Medi-Cal Cost Report Forms – Intensive Outpatient Treatment – Non-Perinatal (form and instructions)

Document 2P(b): Drug Medi-Cal Cost Report Forms – Intensive Outpatient Treatment – Perinatal (form and instructions)

Document 2P(c): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Individual Counseling – Non-Perinatal (form and instructions)

Document 2P(d): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Individual Counseling – Perinatal (form and instructions)

Document 2P(e): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Group Counseling – Non-Perinatal (form and instructions)

Document 2P(f): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Group Counseling – Perinatal (form and instructions)

Document 2P(g): Drug Medi-Cal Cost Report Forms – Residential – Perinatal (form and instructions)

Document 2P(h): Drug Medi-Cal Cost Report Forms – Narcotic Treatment Program – County – Non-Perinatal (form and instructions)

Document 2P(i): Drug Medi-Cal Cost Report Forms – Narcotic Treatment Program – County – Perinatal (form and instructions)

Document 3G: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 4 – Narcotic Treatment Programs
<http://www.calregs.com>

Document 3H: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 8 – Certification of Alcohol and Other Drug Counselors
<http://www.calregs.com>

Document 3J: CalOMS Treatment Data Collection Guide
http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collection_Guide_JAN%202014.pdf

Document 3O: Quarterly Federal Financial Management Report (QFFMR) 2014-15
http://www.dhcs.ca.gov/provgovpart/Pages/SUD_Forms.aspx

Document 3S CalOMS Treatment Data Compliance Standards

Document 3V Culturally and Linguistically Appropriate Services (CLAS) National Standards
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>

Document 4D : Drug Medi-Cal Certification for Federal Reimbursement (DHCS100224A)

Document 5A : Confidentiality Agreement

FOR CONTRACTS WITH DRUG MEDI-CAL, FEDERAL SAPT OR STATE FUNDS:

I. Subcontractor Documentation

The provider shall require its subcontractors that are not licensed or certified by DHCS to submit organizational documents to DHCS within thirty (30) days of execution of an initial subcontract, within ninety (90) days of the renewal or continuation of an existing subcontract or when there has been a change in subcontractor name or ownership. Organizational documents shall include the subcontractor's Articles of Incorporation or Partnership Agreements (as applicable), and business licenses, fictitious name permits, and such other information and documentation as may be requested by DHCS.

Records

Contractor shall maintain sufficient books, records, documents, and other evidence necessary for State to audit contract performance and contract compliance. Contractor will make these records available to State, upon request, to evaluate the quality and quantity of services, accessibility and appropriateness of services, and to ensure fiscal accountability. Regardless of the location or ownership of such records, they shall be sufficient to determine the reasonableness, allowability, and allocability of costs incurred by Contractor.

1. Contracts with audit firms shall have a clause to permit access by State to the working papers of the external independent auditor, and copies of the working papers shall be made for State at its request.
 2. Providers shall keep adequate and sufficient financial records and statistical data to support the year-end documents filed with State.
 3. Accounting records and supporting documents shall be retained for a three-year period from the date the year-end cost settlement report was approved by State for interim settlement. When an audit has been started before the expiration of the three-year period, the records shall be retained until completion of the audit and final resolution of all issues that arise in the audit. Final settlement shall be made at the end of the audit and appeal process. If an audit has not begun within three years, the interim settlement shall be considered as the final settlement.
 4. Financial records shall be kept so that they clearly reflect the source of funding for each type of service for which reimbursement is claimed. These documents include, but are not limited to, all ledgers, books, vouchers, time sheets, payrolls, appointment schedules, client data cards, and schedules for allocating costs.
 5. Provider's shall require that all subcontractors comply with the requirements of this Section A.
 6. Should a provider discontinue its contractual agreement with subcontractor, or cease to conduct business in its entirety, provider shall be responsible for retaining the subcontractor's fiscal and program records for the required retention period. The State Administrative Manual (SAM) contains statutory requirements governing the retention, storage, and disposal of records pertaining to State funds.
- If provider cannot physically maintain the fiscal and program records of the subcontractor, then arrangements shall be made with State to take possession and maintain all records.
7. In the expenditure of funds hereunder, and as required by 45 CFR Part 96, Contractor shall comply with the requirements of SAM and the laws and procedures applicable to the obligation and expenditure of State funds.

II Patient Record Retention

Provider agrees to establish, maintain, and update as necessary, an individual patient record for each beneficiary admitted to treatment and receiving services.

Drug Medi-Cal contracts are controlled by applicable provisions of: (a) the W&I, Chapter 7, Sections 14000, et seq., in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, 14043, et seq., (b) Title 22, including but not limited to Sections 51490.1, 51341.1 and 51516.1; and (c) Division 4 of Title 9 of the California Code of Regulations (hereinafter referred to as Title 9).

Established by DMC status and modality of treatment, each beneficiary's individual patient record shall include documentation of personal information as specified in either AOD Standards; Title 22; and

Title 9. Contractor agrees to maintain patient records in accordance with the provision of treatment regulations that apply.

Providers, regardless of DMC certification status, shall maintain all of the documentation in the beneficiary's individual patient record for a minimum of seven (7) years from the date of the last face-to-face contact between the beneficiary and the provider.

In addition providers shall maintain all of the documentation that the beneficiary met the requirements for good cause specified in Section 51008.5, where the good cause results from beneficiary-related delays, for a minimum of seven (7) years from the date of the last face-to-face contact. If an audit takes place during the three year period, the contractor shall maintain records until the audit is completed.

III. Control Requirements

1) Performance under the terms of this Exhibit A, Attachment I, is subject to all applicable federal and state laws, regulations, and standards. In accepting DHCS drug and alcohol combined program allocation pursuant to HSC Sections 11814(a) and (b), Contractor shall: (i) establish, and shall require its providers to establish, written policies and procedures consistent with the following requirements; (ii) monitor for compliance with the written procedures; and (iii) be held accountable for audit exceptions taken by DHCS against the Contractor and its contractors for any failure to comply with these requirements:

- a) HSC, Division 10.5, commencing with Section 11760;
- b) Title 9, California Code of Regulations (CCR) (herein referred to as Title 9), Division 4, commencing with Section 9000;
- c) Government Code Section 16367.8;
- d) Government Code, Article 7, Federally Mandated Audits of Block Grant Funds Allocated to Local Agencies, Chapter 1, Part 1, Division 2, Title 5, commencing at Section 53130;
- e) Title 42 United State Code (USC), Sections 300x-21 through 300x-31, 300x-34, 300x-53, 300x-57, and 330x-65 and 66;
- f) The Single Audit Act Amendments of 1996 (Title 31, USC Sections 7501-7507) and the Office of Management and Budget (OMB) Circular A-133 revised June 27, 2003 and June 26, 2007.
- g) Title 45, Code of Federal Regulations (CFR), Sections 96.30 through 96.33 and Sections 96.120 through 96.137;
- h) Title 42, CFR, Sections 8.1 through 8.6;
- i) Title 21, CFR, Sections 1301.01 through 1301.93, Department of Justice, Controlled Substances; and,
- j) State Administrative Manual (SAM), Chapter 7200 (General Outline of Procedures)

K) [Medi-Cal Eligibility Verification](http://www.dhcs.ca.gov/provgovpart/Pages/DataUseAgreement.aspx)

<http://www.dhcs.ca.gov/provgovpart/Pages/DataUseAgreement.aspx>

Providers shall be familiar with the above laws, regulations, and guidelines and shall assure that its subcontractors are also familiar with such requirements.

- 2) The provisions of this Exhibit A, Attachment I are not intended to abrogate any provisions of law or regulation, or any standards existing or enacted during the term of this Intergovernmental Agreement.
- 3) Providers shall adhere to the applicable provisions of Title 45, CFR, Part 96, Subparts C and L, as applicable, in the expenditure of the SABG funds. Document 1A, 45 CFR 96, Subparts C and L, is incorporated by reference.
- 4) Documents 1C incorporated by this reference, contains additional requirements that shall be adhered to by those Contractors that receive Document 1C. This document is:

a) Document 1C, Driving-Under-the-Influence Program Requirements;

C. In accordance with the Fiscal Year 2011-12 State Budget Act and accompanying law (Chapter 40, Statutes of 2011 and Chapter 13, Statutes of 2011, First Extraordinary Session), providers that provide Women and Children's Residential Treatment Services shall comply with the program requirements (Section 2.5, Required Supplemental/Recovery Support Services) of the Substance Abuse and Mental Health Services Administration's Grant Program for Residential Treatment for Pregnant and Postpartum Women, RFA found at <http://www.samhsa.gov/grants/grantannouncements/ti-14-005>.

IV Provider's Agents and Subcontractors

a. To enter into written agreements with any agents, including subcontractors and vendors to whom Contractor provides Department PHI, that impose the same restrictions and conditions on such agents, subcontractors and vendors that apply to providers with respect to such Department PHI under this Exhibit F, and that require compliance with all applicable provisions of HIPAA, the HITECH Act and the HIPAA regulations, including the requirement that any agents, subcontractors or vendors implement reasonable and appropriate administrative, physical, and technical safeguards to protect such PHI. As required by HIPAA, the HITECH Act and the HIPAA regulations, including 45 CFR Sections 164.308 and 164.314, Provider shall incorporate, when applicable, the relevant provisions of this Exhibit F-1 into each subcontract or subaward to such agents, subcontractors and vendors, including the requirement that any security incidents or breaches of unsecured PHI be reported to provider. In accordance with 45 CFR Section 164.504(e)(1)(ii), upon Contractor's knowledge of a material breach or violation by its subcontractor of the agreement between Provider and the subcontractor, Provider shall:

- i) Provide an opportunity for the subcontractor to cure the breach or end the violation and terminate the agreement if the subcontractor does not cure the breach or end the violation within the time specified by the Department; or
- ii) Immediately terminate the agreement if the subcontractor has breached a material term of the agreement and cure is not possible.

V Breaches and Security Incidents

During the term of this Agreement, Provider agrees to implement reasonable systems for the discovery and prompt reporting of any breach or security incident, and to take the following steps:

a. Initial Notice to the Department

(1) To notify the Department **immediately by telephone call or email or fax** upon the discovery of a breach of unsecured PHI in electronic media or in any other media if the PHI was, or is reasonably believed to have been, accessed or acquired by an unauthorized person.

(2) To notify the Department **within 24 hours (one hour if SSA data) by email or fax** of the discovery of any suspected security incident, intrusion or unauthorized access, use or disclosure of PHI in violation of this Agreement or this Exhibit F-1, or potential loss of confidential data affecting this Agreement. A breach shall be treated as discovered by provide as of the first day on which the breach is known, or by exercising reasonable diligence would have been known, to any person (other than the person committing the breach) who is an employee, officer or other agent of provider.

Notice shall be provided to the Information Protection Unit, Office of HIPAA Compliance. If the incident occurs after business hours or on a weekend or holiday and involves electronic PHI, notice shall be provided by calling the Information Protection Unit (916.445.4646, 866-866-0602) or by emailing privacyofficer@dhcs.ca.gov). Notice shall be made using the DHCS "Privacy Incident Report" form, including all information known at the time. Provider shall use the most current version of this form, which is posted on the DHCS Information Security Officer website (www.dhcs.ca.gov, then select "Privacy" in the left column and then "Business Partner" near the middle of the page) or use this link: <http://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/DHCSBusinessAssociatesOnly.aspx> Upon discovery of a breach or suspected security incident, intrusion or unauthorized access, use or disclosure of Department PHI, Provider shall take:

- i) Prompt corrective action to mitigate any risks or damages involved with the breach and to protect the operating environment; and
- ii) Any action pertaining to such unauthorized disclosure required by applicable Federal and State laws and regulations.

b. Investigation and Investigation Report.

To immediately investigate such suspected security incident, security incident, breach, or unauthorized access, use or disclosure of PHI. Within 72 hours of the discovery, Provider shall submit an updated "Privacy Incident Report" containing the information marked with an asterisk and all other applicable information listed on the form, to the extent known at that time, to the Information Protection Unit.

c. Complete Report.

To provide a complete report of the investigation to the Department Program Contract Manager and the Information Protection Unit within ten (10) working days of the discovery of the breach or unauthorized use or disclosure. The report shall be submitted on the "Privacy Incident Report" form and shall include an assessment of all known factors relevant to a determination of whether a breach occurred under applicable provisions of HIPAA, the HITECH Act, and the HIPAA regulations. The report shall also include a full, detailed corrective action plan, including information on measures that were

taken to halt and/or contain the improper use or disclosure. If the Department requests information in addition to that listed on the "Privacy Incident Report" form, provider shall make reasonable efforts to provide the Department with such information. If, because of the circumstances of the incident, provider needs more than ten (10) working days from the discovery to submit a complete report, the Department may grant a reasonable extension of time, in which case provider shall submit periodic updates until the complete report is submitted. If necessary, a Supplemental Report may be used to submit revised or additional information after the completed report is submitted, by submitting the revised or additional information on an updated "Privacy Incident Report" form. The Department will review and approve the determination of whether a breach occurred and whether individual notifications and a corrective action plan are required.

d. Responsibility for Reporting of Breaches

If the cause of a breach of Department PHI is attributable to provider or its agents, subcontractors or vendors, provider is responsible for all required reporting of the breach as specified in 42 U.S.C. section 17932 and its implementing regulations, including notification to media outlets and to the Secretary (after obtaining prior written approval of DHCS). If a breach of unsecured Department PHI involves more than 500 residents of the State of California or under its jurisdiction, Contractor shall first notify DHCS, then the Secretary of the breach immediately upon discovery of the breach. If a breach involves more than 500 California residents, provider shall also provide, after obtaining written prior approval of DHCS, notice to the Attorney General for the State of California, Privacy Enforcement Section. If Contractor has reason to believe that duplicate reporting of the same breach or incident may occur because its subcontractors, agents or vendors may report the breach or incident to the Department in addition to provider, provider shall notify the Department, and the Department and provider may take appropriate action to prevent duplicate reporting.

e. Responsibility for Notification of Affected Individuals

If the cause of a breach of Department PHI is attributable to provider or its agents, subcontractors or vendors and notification of the affected individuals is required under state or federal law, provider shall bear all costs of such notifications as well as any costs associated with the breach. In addition, the Department reserves the right to require provider to notify such affected individuals, which notifications shall comply with the requirements set forth in 42U.S.C. section 17932 and its implementing regulations, including, but not limited to, the requirement that the notifications be made without unreasonable delay and in no event later than 60 calendar days after discovery of the breach. The Department Privacy Officer shall approve the time, manner and content of any such notifications and their review and approval must be obtained before the notifications are made. The Department will provide its review and approval expeditiously and without unreasonable delay.

f. Department Contact Information

To direct communications to the above referenced Department staff, the provider shall initiate contact as indicated herein. The Department reserves the right to make changes to the contact information below by giving written notice to the provider. Said changes shall not require an amendment to this Addendum or the Agreement to which it is incorporated.

VI Additional Provisions for Substance Abuse Block Grant (SABG)

A. Additional Intergovernmental Agreement Restrictions

This Intergovernmental Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress, or any statute enacted by the Congress, which may affect the provisions, terms, or funding of this Intergovernmental Agreement in any manner including, but not limited to, 42 CFR 438.610(c)(3).

B. Nullification of DMC Treatment Program SUD services (if applicable)

The parties agree that if the Contractor fails to comply with the provisions of W&I Code, Section 14124.24, all areas related to the DMC Treatment Program SUD services shall be null and void and severed from the remainder of this Intergovernmental Agreement.

In the event the DMC Treatment Program Services component of this Intergovernmental Agreement becomes null and void, an updated Exhibit B, Attachment I shall take effect reflecting the removal of federal Medicaid funds and DMC State General Funds from this Intergovernmental Agreement. All other requirements and conditions of this Intergovernmental Agreement shall remain in effect until amended or terminated.

C. Hatch Act

Provider agrees to comply with the provisions of the Hatch Act (Title 5 USC, Sections 1501-1508), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

D. No Unlawful Use or Unlawful Use Messages Regarding Drugs

Provider agrees that information produced through these funds, and which pertains to drug and alcohol - related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol- related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999-11999.3). By signing this Intergovernmental Agreement, Contractor agrees that it shall enforce, and shall require its subcontractors to enforce, these requirements.

E. Noncompliance with Reporting Requirements

Provider agrees that DHCS has the right to withhold payments until provider has submitted any required data and reports to DHCS, as identified in this Exhibit A, Attachment I or as identified in Document 1F(a), Reporting Requirement Matrix for Counties.

F. Debarment and Suspension

Contractor shall not subcontract with any party listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp. p. 189) and 12689 (3 CFR part 1989., p. 235), "Debarment and Suspension." SAM exclusions contain the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549. The Contractor shall advise all subcontractors of their obligation to comply with applicable federal debarment and suspension regulations, in addition to the requirements set forth in 42

CFR Part 1001.

G. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances

None of the funds made available through this Intergovernmental Agreement may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

H. Restriction on Distribution of Sterile Needles

No Substance Abuse Block Grant (SABG) funds made available through this Intergovernmental Agreement shall be used to carry out any program that includes the distribution of sterile needles or syringes for the hypodermic injection of any illegal drug unless DHCS chooses to implement a demonstration syringe services program for injecting drug users.

I. Health Insurance Portability and Accountability Act (HIPAA) of 1996

If any of the work performed under this Intergovernmental Agreement is subject to the HIPAA, Contractor shall perform the work in compliance with all applicable provisions of HIPAA. As identified in Exhibit G, DHCS and provider shall cooperate to assure mutual agreement as to those transactions between them, to which this Provision applies. Refer to Exhibit G for additional information.

1) Trading Partner Requirements

a) No Changes. Provider hereby agrees that for the personal health information (Information), it shall not change any definition, data condition or use of a data element or segment as proscribed in the federal HHS Transaction Standard Regulation. (45 CFR Part 162.915 (a))

b) No Additions. Provider hereby agrees that for the Information, it shall not add any data elements or segments to the maximum data set as proscribed in the HHS Transaction Standard Regulation. (45 CFR Part 162.915 (b))

c) No Unauthorized Uses. Contractor hereby agrees that for the Information, it shall not use any code or data elements that either are marked “not used” in the HHS Transaction’s Implementation specification or are not in the HHS Transaction Standard’s implementation specifications. (45 CFR Part 162.915 (c))

d) No Changes to Meaning or Intent. Contractor hereby agrees that for the Information, it shall not change the meaning or intent of any of the HHS Transaction Standard’s implementation specification. (45 CFR Part 162.915 (d))

2) Concurrence for Test Modifications to HHS Transaction Standards

Provider agrees and understands that there exists the possibility that DHCS or others may request an extension from the uses of a standard in the HHS Transaction Standards. If this occurs, Provider agrees that it shall participate in such test modifications.

3) Adequate Testing

Provider is responsible to adequately test all business rules appropriate to their types and specialties. If the Contractor is acting as a clearinghouse for enrolled providers, Provider has obligations to adequately test all business rules appropriate to each and every provider type and specialty for which they provide clearinghouse services.

4) Deficiencies

The Provider agrees to cure transactions errors or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the provider is acting as a clearinghouse for that provider. If the provider is a clearinghouse, the provider agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

5) Code Set Retention

Both Parties understand and agree to keep open code sets being processed or used in this Intergovernmental Agreement for at least the current billing period or any appeal period, whichever is longer.

6) Data Transmission Log

Both Parties shall establish and maintain a Data Transmission Log, which shall record any and all Data Transmission taking place between the Parties during the term of this Intergovernmental Agreement. Each Party shall take necessary and reasonable steps to ensure that such Data Transmission Logs constitute a current, accurate, complete, and unaltered record of any and all Data Transmissions between the Parties, and shall be retained by each Party for no less than twenty-four (24) months following the date of the Data Transmission. The Data Transmission Log may be maintained on computer media or other suitable means provided that, if it is necessary to do so, the information contained in the Data Transmission Log may be retrieved in a timely manner and presented in readable form.

I. Nondiscrimination and Institutional Safeguards for Religious Providers

Contractor shall establish such processes and procedures as necessary to comply with the provisions of Title 42, USC, Section 300x-65 and Title 42, CFR, Part 54, (Reference Document 1B).

J. Counselor Certification

Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be certified as defined in Title 9, CCR, Division 4, Chapter 8. (Document 3H).

K. Cultural and Linguistic Proficiency

To ensure equal access to quality care by diverse populations, each service provider receiving funds from this Intergovernmental Agreement shall adopt the federal Office of Minority Health

Culturally and Linguistically Appropriate Service (CLAS) national standards (Document 3V) and comply with 42 CFR 438.206(c)(2).

L. Intravenous Drug Use (IVDU) Treatment

Provider shall ensure that individuals in need of IVDU treatment shall be encouraged to undergo SUD treatment (42 USC 300x-23 and 45 CFR 96.126(e)).

M. Tuberculosis Treatment

Provider shall ensure the following related to Tuberculosis (TB):

- 1) Routinely make available TB services to each individual receiving treatment for SUD use and/or abuse;
- 2) Reduce barriers to patients' accepting TB treatment; and,
- 3) Develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance.

N. Trafficking Victims Protection Act of 2000

Provider and its subcontractors that provide services covered by this Intergovernmental Agreement shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104(g)) as amended by section 1702. For full text of the award term, go to: <http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title22-section7104d&num=0&edition=prelim>

O. Tribal Communities and Organizations

Provider shall regularly assess (e.g. review population information available through Census, compare to information obtained in CalOMS Treatment to determine whether population is being reached, survey Tribal representatives for insight in potential barriers) the substance use service needs of the American Indian/Alaskan Native (AI/AN) population within the Contractor's geographic area and shall engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness and accessibility of services available to AI/NA communities within the Provider's county.

P. Participation of County Behavioral Health Director's Association of California.

1) The County AOD Program Administrator shall participate and represent the County in meetings of the County Behavioral Health Director's Association of California for the purposes of representing the counties in their relationship with DHCS with respect to policies, standards, and administration for AOD abuse services.

2) The County AOD Program Administrator shall attend any special meetings called by the Director of DHCS. Participation and representation shall also be provided by the County

Behavioral Health Director's Association of California.

Q. Youth Treatment Guidelines

Provider shall follow the guidelines in Document 1V, incorporated by this reference, "Youth Treatment Guidelines," in developing and implementing adolescent treatment programs funded under this Exhibit, until such time new Youth Treatment Guidelines are established and adopted. No formal amendment of this Intergovernmental Agreement is required for new guidelines to be incorporated into this Intergovernmental Agreement.

R. Perinatal Services Network Guidelines

Contractor must comply with the perinatal program requirements as outlined in the Perinatal Services Network Guidelines. The Perinatal Services Network Guidelines are attached to this contract as Document 1G, incorporated by reference. The Contractor must comply with the current version of these guidelines until new Perinatal Services Network Guidelines are established and adopted. The incorporation of any new Perinatal Services Network Guidelines into this Contract shall not require a formal amendment. Contractor receiving SABG funds must adhere to the Perinatal Services Network Guidelines, regardless of whether the Contractor exchanges perinatal funds for additional discretionary funds.

S. Restrictions on Grantee Lobbying – Appropriations Act Section 503

1) No part of any appropriation contained in this Act shall be used, other than for formal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress or any State legislative body itself.

2) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any Intergovernmental Agreement recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

T. Byrd Anti-Lobbying Amendment (31 USC 1352)

Contractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. Contractor shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

U. Nondiscrimination in Employment and Services

By signing this Intergovernmental Agreement, provider certifies that under the laws of the United States and the State of California, incorporated into this Intergovernmental Agreement by reference and made a part hereof as if set forth in full, Contractor shall not unlawfully discriminate against any person.

V. Federal Law Requirements:

- 1) Title VI of the Civil Rights Act of 1964, Section 2000d, as amended, prohibiting discrimination based on race, color, or national origin in federally funded programs.
- 2) Title IX of the education amendments of 1972 (regarding education and programs and activities), if applicable.
- 3) Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.
- 4) Age Discrimination Act of 1975 (45 CFR Part 90), as amended (42 USC Sections 6101 – 6107), which prohibits discrimination on the basis of age.
- 5) Age Discrimination in Employment Act (29 CFR Part 1625).
- 6) Title I of the Americans with Disabilities Act (29 CFR Part 1630) prohibiting discrimination against the disabled in employment.
- 7) Americans with Disabilities Act (28 CFR Part 35) prohibiting discrimination against the disabled by public entities.
- 8) Title III of the Americans with Disabilities Act (28 CFR Part 36) regarding access.
- 9) Rehabilitation Act of 1973, as amended (29 USC Section 794), prohibiting discrimination on the basis of individuals with disabilities.
- 10) Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than \$10,000 funded by federal financial assistance.
- 11) Executive Order 13166 (67 FR 41455) to improve access to federal services for those with limited English proficiency.
- 12) The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.
- 13) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism.

W. State Law Requirements:

- 1) Fair Employment and Housing Act (Government Code Section 12900 et seq.) and the applicable regulations promulgated thereunder (California Administrative Code, Title 2, Section 7285.0 et seq.).

2) Title 2, Division 3, Article 9.5 of the Government Code, commencing with Section 11135.

3) Title 9, Division 4, Chapter 8 of the CCR, commencing with Section 10800.

4) No state or federal funds shall be used by the Contractor or its subcontractors for sectarian worship, instruction, or proselytization. No state funds shall be used by the Contractor or its subcontractors to provide direct, immediate, or substantial support to any religious activity.

5) Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for state to withhold payments under this Intergovernmental Agreement or terminate all, or any type, of funding provided hereunder.

X. Additional Contract Restrictions

1. This Contract is subject to any additional restrictions, limitations, or conditions enacted by the federal or state governments that affect the provisions, terms, or funding of this Contract in any manner.

Y. Information Access for Individuals with Limited English Proficiency

1. Contractor shall comply with all applicable provisions of the Dymally-Alatorre Bilingual Services Act (Government Code sections 7290-7299.8) regarding access to materials that explain services available to the public as well as providing language interpretation services.

Contractor shall comply with the applicable provisions of Section 1557 of the Affordable Care Act (45 CFR Part 92), including, but not limited to, 45 CFR 92.201, when providing access to: (a) materials explaining services available to the public, (b) language assistance, (c) language interpreter and translation services, and (d) video remote language interpreting services.

2. Contractor shall comply with the applicable provisions of Section 1557 of the Affordable Care Act (45 CFR Part 92), including, but not limited to, 45 CFR 92.201, when providing access to: (a) materials explaining services available to the public, (b) language assistance, (c) language interpreter and translation services, and (d) video remote language interpreting services.

Z. Investigations and Confidentiality of Administrative Actions

1) Provider acknowledges that if a DMC provider is under investigation by DHCS or any other state, local or federal law enforcement agency for fraud or abuse, DHCS may temporarily suspend the provider from the DMC program, pursuant to W&I Code, Section 14043.36(a). Information about a provider's administrative sanction status is confidential until such time as the action is either completed or resolved. The DHCS may also issue a Payment Suspension to a provider pursuant to W&I Code, Section 14107.11 and Code of Federal Regulations, Title 42, section 455.23. The Contractor is to withhold payments from a DMC provider during the time a Payment Suspension is in effect.

2) Provider shall execute the Confidentiality Agreement, attached as Document 5A. The Confidentiality Agreement permits DHCS to communicate with Contractor concerning subcontracted providers that are subject to administrative sanctions.

W. This Intergovernmental Agreement is subject to any additional restrictions, limitations, or conditions enacted by the federal or state governments that affect the provisions, terms, or funding of this Intergovernmental Agreement in any manner.

A1. Subcontract Provisions

Provider shall include all of the foregoing provisions in all of its subcontracts.

B1. Conditions for Federal Financial Participation

1) Provider shall meet all conditions for Federal Financial Participation, consistent with 42 CFR 438.802, 42 CFR 438.804, 42 CFR 438.806, 42 CFR 438.808, 42 CFR 438.810, 42 CFR 438.812.

2) Pursuant to 42 CFR 438.808, Federal Financial Participation (FFP) is not available to the Contractor if the Contractor:

- a) Is an entity that could be excluded under section 1128(b)(8) as being controlled by a sanctioned individual;
- b) Is an entity that has a substantial contractual relationship as defined in section 431.55(h)(3), either directly or indirectly, with an individual convicted of certain crimes described in section 1128(8)(B); or
- c) Is an entity that employs or contracts, directly or indirectly, for the furnishing of health care utilization review, medical social work, or administrative services, with one of the following:
 - i. Any individual or entity excluded from participation in federal health care programs under section 1128 or section 1126A; or
 - ii. An entity that would provide those services through an excluded individual or entity.

Providers shall include the following requirements in their subcontracts with providers:

1. In addition to complying with the sub contractual relationship requirements set forth in Article II.E.8 of this Agreement, the Contractor shall ensure that all subcontracts require that the Contractor oversee and is held accountable for any functions and responsibilities that the Contractor delegates to any subcontractor.

2. Each subcontract shall:

- i. Fulfill the requirements of 42 CFR Part 438 that are appropriate to the service or activity delegated under the subcontract.
- ii. Ensure that the Contractor evaluates the prospective subcontractor's ability to perform the activities to be delegated.

iii. Require a written agreement between the Contractor and the subcontractor that specifies the activities and report responsibilities delegated to the subcontractor; and provides for revoking delegation or imposing other sanctions if the subcontractor's performance is inadequate.

iv. Ensure that the Contractor monitor the subcontractor's performance on an ongoing basis and subject it to an annual onsite review, consistent with statutes, regulations, and Article III.PP.

v. Ensure that the Contractor identifies deficiencies or areas for improvement, the subcontractor shall take corrective actions and the Contractor shall ensure that the subcontractor implements these corrective actions.

3. The Contractor shall include the following provider requirements in all subcontracts with providers:

i. Culturally Competent Services: Providers are responsible to provide culturally competent services. Providers shall ensure that their policies, procedures, and practices are consistent with the principles outlined and are embedded in the organizational structure, as well as being upheld in day-to-day operations. Translation services shall be available for beneficiaries, as needed.

ii. Medication Assisted Treatment: Providers will have procedures for linkage/integration for beneficiaries requiring medication assisted treatment. Provider staff will regularly communicate with physicians of beneficiaries who are prescribed these medications unless the beneficiary refuses to consent to sign a 42 CFR part 2 compliant release of information for this purpose.

iii. Evidence Based Practices (EBPs): Providers will implement at least two of the following EBPs based on the timeline established in the county implementation plan. The two EBPs are per provider per service modality. Counties will ensure the providers have implemented EBPs. The state will monitor the implementation and regular training of EBPs to staff during reviews.

The required EBPs include:

a. Motivational Interviewing: A beneficiary-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on beneficiaries' past successes.

b. Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

c. Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.

d. Trauma-Informed Treatment: Services shall take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.

e. **Psycho-Education:** Psycho-educational groups are designed to educate beneficiaries about substance abuse, and related behaviors and consequences. Psychoeducational groups provide information designed to have a direct application to beneficiaries' lives; to instill self-awareness, suggest options for growth and change, identify community resources that can assist beneficiaries in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.

iV. **Timely Access:** (42 CFR 438.206(c) (1) (i)

- (1) The Provider must comply with Contractor's standards for timely access to care and services, taking into account the urgency of the need for services:
 - (a) Provider must complete Timely Access Log for all initial requests of services.
 - (b) Provider must offer outpatient services within 10 business days of request date (if outpatient provider).
 - (c) Provider must offer Opioid Treatment Services (OTP) services within 3 business days of request date (if OTP provider).
 - (d) Provider must offer regular hours of operation.
- (2) The Contractor will establish mechanisms to ensure compliance by provider and monitor regularly.
- (3) If the Provider fails to comply, the Contractor will take corrective action.

C1. Beneficiary Problem Resolution Process

1. The Contractor shall establish and comply with a beneficiary problem resolution process.
2. Contractor shall inform subcontractors and providers at the time they enter into a subcontract about:
 - i. The beneficiary's right to a state fair hearing, how to obtain a hearing and the representation rules at the hearing.
 - ii. The beneficiary's right to file grievances and appeals and the requirements and timeframes for filing.
 - iii. The beneficiary's right to give written consent to allow a provider, acting on behalf of the beneficiary, to file an appeal. A provider may file a grievance or request a state fair hearing on behalf of a beneficiary, if the state permits the provider to act as the beneficiary's authorized representative in doing so.
 - iv. The beneficiary may file a grievance, either orally or in writing, and, as determined by DHCS, either with DHCS or with the Contractor.
 - v. The availability of assistance with filing grievances and appeals.
 - vi. The toll-free number to file oral grievances and appeals.
 - vii. The beneficiary's right to request continuation of benefits during an appeal or state fair hearing filing although the beneficiary may be liable for the cost of any continued benefits if the action is upheld.
 - viii. Any state determined provider's appeal rights to challenge the failure of the Contractor to cover a service.
3. The Contractor shall represent the Contractor's position in fair hearings, as defined in 42 CFR 438.408 dealing with beneficiaries' appeals of denials, modifications, deferrals or terminations of covered services. The Contractor shall carry out the final decisions of the fair hearing process with respect to issues within the scope of the Contractor's responsibilities under this Agreement. Nothing in this section is intended to prevent the Contractor from pursuing any options available for appealing a fair hearing decision.

i. Pursuant to 42 CFR 438.228, the Contractor shall develop problem resolution processes that enable beneficiary to request and receive review of a problem or concern he or she has about any issue related to the Contractor's performance of its duties, including the delivery of SUD treatment services.

4. The Contractor's beneficiary problem resolution processes shall include:

- i. A grievance process;
- ii. An appeal process; and,
- iii. An expedited appeal process.

Additional Provisions DMC-ODS

1. Additional Intergovernmental Agreement Restrictions

i. This Agreement is subject to any additional restrictions, limitations, conditions, or statutes enacted or amended by the federal or state governments, which may affect the provisions, terms, or funding of this Agreement in any manner.

2. Voluntary Termination of DMC-ODS Services

i. The Contractor may terminate this Agreement at any time, for any reason, by giving 60 days written notice to DHCS. The Contractor shall be paid for DMC-ODS services provided to beneficiaries up to the date of termination. Upon termination, the Contractor shall immediately begin providing DMC services to beneficiaries in accordance with the State Plan.

3. Notification of DMC-ODS Services

i. The parties agree that failure of the Contractor, or its subcontractors, to comply with W&I section 14124.24, the Special Terms and Conditions, and this Agreement, shall be deemed a breach that results in the termination of this Agreement for cause.

ii. In the event of a breach, the DMC-ODS services shall terminate. The Contractor shall immediately begin providing DMC services to the beneficiaries in accordance with the State Plan.

4. Subcontract Termination - Intergovernmental Agreement Exhibit A, Attachment I, III, JJ, 1

I. The Contractor shall notify the Department of the termination of any subcontractor with a certified provider, and the basis for termination of the subcontractor, within two business days. The Contractor shall submit the notification by secure, encrypted email to: SUDCountyReports@dhcs.ca.gov.

II. BHS shall notify the DHCS of the termination of any subcontractor with a certified provider, and the basis for termination of the subcontractor, within two business days. The Contractor shall submit the notification by secure, encrypted email to: SUDCountyReports@dhcs.ca.gov.

III. BHS shall notify the DHCS-PED by email at DHCSDMCRecert@dhcs.ca.gov within two business days of learning that a contractor's license, registration, certification, or approval to operate an SUD program

or provide a covered service is revoked, suspended, modified, or not renewed by entities other than DHCS. The Contractor shall submit the notification by secure email.

APPENDIX I

Data Access and Sharing Terms

Article 1 Access

5.2 Revision to Scope of Access (RSA):

Any added access may be granted by the City to Agency and each Agency Data User through a Revision to Scope of Access in writing and executed by both parties. Any Revision to Scope of Access shall be considered a part of and incorporated into this Agreement, governed by all its terms, by reference.

5.3 Primary and Alternate Agency Site Administrator.

Before System(s) access is granted, Agency must appoint a primary and alternate Agency Site Administrator responsible for System(s) access tasks, including but not limited to the following:

1. Completing and obtaining City approval of the Account Provisioning Request documents and/or Data Set Request documents;
 2. Communicating with the SFDPH IT Service Desk;
 3. Providing Agency Data User(s) details to the City;
 4. Ensuring that Agency Data User(s) complete required SFDPH trainings annually;
 5. Ensuring that Agency Data User(s) understand and execute SFDPH's data access confidentiality agreement; and
 6. Provisioning and deprovisioning Agency Data Users as detailed herein.
- To start the process, the Agency Site Administrator must contact the SFDPH IT Service Desk at 628-206-7378, dph.helpdesk@sfdph.org.

5.4 SFDPH IT Service Desk.

For new provisioning requests, only Agency Site Administrators are authorized to contact the SFDPH IT Service Desk. The City reserves the right to decline any call placed by other than the Agency Site Administrator. Individual Agency Data Users are not authorized to contact the SFDPH IT Service Desk.

5.5 Deprovisioning Schedule.

Agency, through the Agency Site Administrator, has sole responsibility to deprovision Agency Data Users from the System(s) as appropriate on an ongoing basis. Agency must immediately deprovision an Agency Data User upon any event ending that Data User's need to access the System(s), including job duty change and/or termination. Agency remains liable for the conduct of Agency Data Users until deprovisioned. When deprovisioning employees via the SFDPH IT Service Desk, Agency must maintain evidence that the SFDPH IT Service Desk was notified.

5.6 Active Directory.

Agency Data Users will need an SFDPH Active Directory account in order to access each System(s). These Active Directory Accounts will be created as part of the provisioning process.

5.7 Role Based Access.

Each Agency Data User's access to the System(s) will be role-based and access is limited to that necessary for treatment, payment, and health care operations. The City will assign Agency Data User roles upon provisioning and reserves the right to deny, revoke, limit, or modify Agency Data User's access acting in its sole discretion.

5.8 Training Requirements.

Before System(s) access is granted, and annually thereafter, each Agency Data User must complete SFDPH compliance, privacy, and security training. Agency must maintain written records evidencing such annual training for each Agency Data User and provide copies upon request to the City. For questions about how to complete SFDPH's compliance, privacy, and security training, contact Compliance.Privacy@sfdph.org, (855) 729-6040.

Before Agency Data User first access to System(s), system-specific training must be completed. For training information, Agency Site Administrator may contact the SFDPH IT Service Desk,

5.9 Agency Data User Confidentiality Agreement.

Before System(s) access is granted, as part of SFDPH's compliance, privacy, and security training, each Agency Data User must complete SFDPH's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.

5.10 Corrective Action.

Agency shall take corrective action, including but not limited to termination and/or suspension of any System(s) access by any Agency Data User who acts in violation of this Agreement and/or applicable regulatory requirements.

5.11 User ID and Password.

Each Agency Data User will be assigned or create a User ID and password. Agency and each Agency Data User shall protect the confidentiality of User IDs and passwords and shall not divulge them to any other person(s). Agency is responsible for the security of the User IDs and passwords issued to or created by Agency Data Users and is liable for any misuse.

5.12 Notification of Compromised Password.

In the event that a password assigned to or created by an Agency Data User is compromised or disclosed to a person other than the Agency Data User, Agency shall upon learning of the compromised password immediately notify the City, at Compliance.Privacy@sfdph.org, (855) 729-6040. Agency is liable for any such misuse. Agency's failure to monitor each Agency Data User's ID and/or password use shall provide grounds for the City to terminate and/or limit Agency's System(s) access.

5.13 Multi Factor Authentication.

Agency and each Agency Data User must use multi-factor authentication as directed by the City to access the System(s).

5.14 Qualified Personnel.

Agency shall allow only qualified personnel under Agency's direct supervision to act as Agency Data Users with access to the System(s).

5.15 Workstation/Laptop encryption.

All workstations and laptops that process and/or store City Data must be encrypted using a current industry standard algorithm. The encryption solution must be full disk unless approved by the SFDPH Information Security Office.

5.16 Server Security.

Servers containing unencrypted City Data must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review.

5.17 Removable media devices.

All electronic files that contain City Data must be encrypted using a current industry standard algorithm when stored on any removable media or portable device (i.e. USB thumb drives, CD/DVD, smart devices tapes etc.).

5.18 Antivirus software.

All workstations, laptops and other systems that process and/or store City Data must install and actively use a comprehensive anti-virus software solution with automatic updates scheduled at least daily.

5.19 Patch Management.

All workstations, laptops and other systems that process and/or store City Data must have operating system and application security patches applied, with system reboot if necessary. There must be a documented patch management process that determines installation timeframe based on risk assessment and vendor recommendations.

5.20 System Timeout.

The system must provide an automatic timeout, requiring reauthentication of the user session after no more than 20 minutes of inactivity.

5.21 Warning Banners.

All systems containing City Data must display a warning banner each time a user attempts access, stating that data is confidential, systems are logged, and system use is for business purposes only. User must be directed to log off the system if they do not agree with these requirements.

5.22 Transmission encryption.

All data transmissions of City Data outside the Agency's secure internal network must be encrypted using a current industry standard algorithm. Encryption can be end to end at the network level, or the data files containing City Data can be encrypted. This requirement pertains to any type of City Data in motion such as website access, file transfer, and e-mail.

5.23 No Faxing/Mailing.

City Data may not be faxed or mailed.

5.24 Intrusion Detection.

All systems involved in accessing, holding, transporting, and protecting City Data that are accessible via the Internet must be protected by a comprehensive intrusion detection and prevention solution of the City.

5.25 Security of PHI.

Agency is solely responsible for maintaining data security policies and procedures, consistent with those of the City that will adequately safeguard the City Data and the System. Upon request, Agency will provide such security policies and procedures to the City. The City may examine annually, or in response to a security or privacy incident, Agency's facilities, computers, privacy and security policies and procedures and related records as may be necessary to be assured that Agency is in compliance with the terms of this Agreement, and as applicable HIPAA, the HITECH Act, and other federal and state privacy and security laws and regulations. Such examination will occur at a mutually acceptable time agreed upon by the parties but no later than ten (10) business days of Agency's receipt of the request.

5.26 Data Security and City Data

Agency shall provide security for its networks and all internet connections consistent with industry best practices, and will promptly install all patches, fixes, upgrades, updates and new versions of any security

software it employs. For information disclosed in electronic form, Agency agrees that appropriate safeguards include electronic barriers (e.g., "firewalls", Transport Layer Security (TLS), Secure Socket Layer [SSL] encryption, or most current industry standard encryption, intrusion prevention/detection or similar barriers).

5.27 Data Privacy and Information Security Program.

Without limiting Agency's obligation of confidentiality as further described herein, Agency shall be responsible for establishing and maintaining a data privacy and information security program, including physical, technical, administrative, and organizational safeguards, that is designed to: (i) ensure the security and confidentiality of the City Data; (ii) protect against any anticipated threats or hazards to the security or integrity of the City Data; (iii) protect against unauthorized disclosure, access to, or use of the City Data; (iv) ensure the proper disposal of City Data; and, (v) ensure that all of Agency's employees, agents, and subcontractors, if any, comply with all of the foregoing. In no case shall the safeguards of Agency's data privacy and information security program be less stringent than the safeguards and standards recommended by the National Institute of Standards and Technology (NIST) Cybersecurity Framework and the Health Information Technology for Economic and Clinical Health Act (HITECH).

5.28 Disaster Recovery.

Agency must establish a documented plan to protect the security of electronic City Data in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this agreement for more than 24 hours.

5.29 Supervision of Data.

City Data in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information is not being observed by an Agency Data User authorized to access the information. City Data in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in baggage on commercial airplanes.

5.30 As Is Access.

The City provides Agency and each Agency Data User with System(s) access on an "as is" basis with no guarantee as to uptime, accessibility, or usefulness. To the fullest extent permissible by applicable law, the City disclaims all warranties, express or implied, including, without limitation, implied warranties of merchantability, fitness for a particular purpose, title and non-infringement.

5.31 No Technical or Administrative Support.

Except as provided herein, the City will provide no technical or administrative support to Agency or Agency Data Users for System(s) access.

5.32 City Audit of Agency and Agency Data Users.

The City acting in its sole discretion may audit Agency and Agency Data Users at any time. If an audit reveals an irregularity or security issue, the City may take corrective action including but not limited to termination of such Agency's and/or Agency Data User's access to the System(s) permanently or until the City determines that all irregularities have been satisfactorily cured. Agency and each Agency Data User understands that the City may create and review an audit trail for each Agency Data User, including but not limited to, noting each Agency Data User's ID(s), the patient information accessed, and/or the date accessed. Agency and each Agency Data User understands that any inappropriate access or use of patient information, as determined by the City, may result in the temporary and/or permanent termination of Agency's or such Agency Data User's access to the System(s). Agency remains liable for all inappropriate System(s) access, misuse and/or breach of patient information, whether in electronic or hard-copy form.

5.33 Minimum Necessary.

Agency and each Agency Data User shall safeguard the confidentiality of all City Data that is viewed or obtained through the System(s) at all times. Agency and each Agency Data User shall access patient information in the System(s) only to the minimum extent necessary for its assigned duties and shall only disclose such information to persons authorized to receive it, as minimally necessary for treatment, payment and health care operations.

5.34 No Re-Disclosure or Reporting.

Agency may not in any way re-disclose SFDPH Data or otherwise prepare reports, summaries, or any other material (in electronic or hard-copy format) regarding or containing City Data for transmission to any other requesting individuals, agencies, or organizations without prior written City approval and where such re-disclosure is otherwise permitted or required by law.

5.35 Health Information Exchange.

If Agency is qualified to enroll in a health information exchange, the City encourages Agency to do so in order to facilitate the secure exchange of data between Agency's electronic health record system (EHR) and the City's Epic EHR.

5.36 Subcontracting.

Agency may not subcontract any portion of Data Access Agreement, except upon prior written approval of City. If the City approves a subcontract, Agency remains fully responsible for its subcontractor(s) throughout the term and/or after expiration of this Agreement. All Subcontracts must incorporate the terms of this Data Access Agreement. To the extent that any subcontractor would have access to a System, each such subcontractor's access must be limited and subject to the same governing terms to the same extent as Agency's access. In addition, each contract between Agency and that subcontractor must, except as the City otherwise agrees, include a Business Associate Agreement requiring such subcontractor to comply with all regulatory requirements regarding third-party access, and include a provision obligating that subcontractor to (1) defend, indemnify, and hold the City harmless in the event of a data breach in the same manner in which Agency would be so obligated, (2) provide cyber and technology errors and omissions insurance with limits identified in Article 5, and (3) ensure that such data has been destroyed, returned, and/or protected as provided by HIPAA at the expiration of the subcontract term.

Article 6 Indemnity

6.1 Medical Malpractice Indemnification.

Agency recognizes that the System(s) is a sophisticated tool for use only by trained personnel, and it is not a substitute for competent human intervention and discretionary thinking. Therefore, if providing patient treatment, Agency agrees that it will:

1. Read information displayed or transmitted by the System accurately and completely;
2. Ensure that Agency Data Users are trained on the use of the System;
3. Be responsible for decisions made based on the use of the System;
4. Verify the accuracy of all information accessed through the System using applicable standards of good medical practice to no less a degree than if Agency were using paper records;
5. Report to the City as soon as reasonably practicable all data errors and suspected problems related to the System that Agency knows or should know could adversely affect patient care;

6. Follow industry standard business continuity policies and procedures that will permit Agency to provide patient care in the event of a disaster or the System unavailability;

7. Use the System only in accordance with applicable standards of good medical practice.

Agency agrees to indemnify, hold harmless and defend City from any claim by or on behalf of any patient, or by or on behalf of any other third party or person claiming damage by virtue of a familial or financial relationship with such a patient, regardless of the cause, if such claim in any way arises out of or relates to patient care or outcomes based on Agency's or an Agency Data User's System access.

Article 7 Proprietary Rights and Data Breach

7.1 Ownership of City Data.

The Parties agree that as between them, all rights, including all intellectual property rights in and to the City Data and any derivative works of the City Data shall remain the exclusive property of the City.

7.2 Data Breach; Loss of City Data.

The Agency shall notify City immediately by telephone call plus email upon the discovery of a breach (as herein). For purposes of this Section, breaches and security incidents shall be treated as discovered by Agency as of the first day on which such breach or security incident is known to the Agency, or, by exercising reasonable diligence would have been known to the Agency. Agency shall be deemed to have knowledge of a breach if such breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is an employee or agent of the Agency.

Agency shall take:

- i. prompt corrective action to mitigate any risks or damages involved with the breach or security incident and to protect the operating environment; and
- ii. any action pertaining to a breach required by applicable federal and state laws.

1. **Investigation of Breach and Security Incidents:** The Agency shall immediately investigate such breach or security incident. As soon as the information is known and shall inform the City of:

- i. what data elements were involved, and the extent of the data disclosure or access involved in the breach, including, specifically, the number of individuals whose personal information was breached; and
- ii. a description of the unauthorized persons known or reasonably believed to have improperly used the City Data and/or a description of the unauthorized persons known or reasonably believed to have improperly accessed or acquired the City Data, or to whom it is known or reasonably believed to have had the City Data improperly disclosed to them; and
- iii. a description of where the City Data is believed to have been improperly used or disclosed; and
- iv. a description of the probable and proximate causes of the breach or security incident; and
- v. whether any federal or state laws requiring individual notifications of breaches have been triggered.

2. **Written Report:** Agency shall provide a written report of the investigation to the City as soon as practicable after the discovery of the breach or security incident. The report shall include,

but not be limited to, the information specified above, as well as a complete, detailed corrective action plan, including information on measures that were taken to halt and/or contain the breach or security incident, and measures to be taken to prevent the recurrence or further disclosure of data regarding such breach or security incident.

3. **Notification to Individuals:** If notification to individuals whose information was breached is required under state or federal law, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. make notification to the individuals affected by the breach (including substitute notification), pursuant to the content and timeliness provisions of such applicable state or federal breach notice laws. Agency shall inform the City of the time, manner and content of any such notifications, prior to the transmission of such notifications to the individuals; or
- ii. cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach.

4. **Sample Notification to Individuals:** If notification to individuals is required, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. electronically submit a single sample copy of the security breach notification as required to the state or federal entity and inform the City of the time, manner and content of any such submissions, prior to the transmission of such submissions to the Attorney General; or
- ii. cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.

7.3 **Media Communications**

City shall conduct all media communications related to such Data Breach, unless in its sole discretion, City directs Agency to do so.

Attachment 1 to Appendix I System Specific Requirements

I. For Access to SFDPH Epic through Care Link the following terms shall apply:

A. SFDPH Care Link Requirements:

1. Connectivity.

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Care Link will change over time. Current required browser, system and connection requirements can be found on the Target Platform Roadmap and Target Platform Notes sections of the Epic Galaxy website galaxy.epic.com. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Compliance with Epic Terms and Conditions.

- a) Agency will at all times access and use the System strictly in accordance with the Epic Terms and Conditions. The following Epic Care Link Terms and Conditions are embedded within the SFDPH Care Link application, and each Data User will need to agree to them electronically upon first sign-in before accessing SFDPH Care Link:

3. Epic-Provided Terms and Conditions

- a) Some short, basic rules apply to you when you use your EpicCare Link account. Please read them carefully. The Epic customer providing you access to EpicCare Link may require you to accept additional terms, but these are the rules that apply between you and Epic.
- b) Epic is providing you access to EpicCare Link, so that you can do useful things with data from an Epic customer's system. This includes using the information accessed through your account to help facilitate care to patients shared with an Epic customer, tracking your referral data, or otherwise using your account to further your business interests in connection with data from an Epic customer's system. However, you are not permitted to use your access to EpicCare Link to help you or another organization develop software that is similar to EpicCare Link. Additionally, you agree not to share your account information with anyone outside of your organization.

II. For Access to SFDPH Epic through Epic Hyperspace and Epic Hyperdrive the following terms shall apply:

A. SFDPH Epic Hyperspace and Epic Hyperdrive:

1. Connectivity.

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Epic Hyperspace will change over time. Epic Hyperdrive is a web-based platform that will replace Epic Hyperspace in the future. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all

associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Application For Access and Compliance with Epic Terms and Conditions.

- a) Prior to entering into agreement with SFDPH to access SFDPH Epic Hyperspace or Epic Hyperdrive, Agency must first complete an Application For Access with Epic Systems Corporation of Verona, WI. The Application For Access is found at: <https://userweb.epic.com/Forms/AccessApplication>. Epic Systems Corporation must notify SFDPH, in writing, of Agency's permissions to access SFDPH Epic Hyperspace or Epic Hyperdrive prior to completing this agreement. Agency will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

III. For Access to SFDPH myAvatar through WebConnect and VDI the following terms shall apply:

A. SFDPH myAvatar via WebConnect and VDI:

1.Connectivity.

- a. Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH myAvatar will change over time. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Information Technology (IT) Support.

- a. Agency must have qualified and professional IT support who will participate in quarterly CBO Technical Workgroups.

3. Access Control.

- a. Access to the BHS Electronic Health Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at: <https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf>
- b. Each user is unique and agrees not to share accounts or passwords.
- c. Applicants must complete the myAvatar Account Request Form found at https://www.sfdph.org/dph/files/CBHSDocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf
- d. Applicants must complete the credentialling process in accordance with the DHCS MHSUDS Information Notice #18-019.
- e. Applicants must complete myAvatar Training.
- f. Level of access is based on "Need to Know", job duties and responsibilities.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER (WC) Heffernan Insurance Brokers 1350 Carback Avenue Walnut Creek CA 94596	CONTACT NAME: Shelaine Gonsalves PHONE (A/C, No, Ext): 925-934-8500 E-MAIL ADDRESS: ShelaineG@heffins.com FAX (A/C, No): 925-934-8278														
INSURED HealthRIGHT 360 1563 Mission Street San Francisco CA 94103	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Nationwide Mutual Insurance Company</td> <td>23787</td> </tr> <tr> <td>INSURER B: Depositors Insurance Company</td> <td>42587</td> </tr> <tr> <td>INSURER C: Nationwide Mutual Fire Insurance Company</td> <td>23779</td> </tr> <tr> <td>INSURER D: Great American Insurance Company</td> <td>16691</td> </tr> <tr> <td>INSURER E: Tokio Marine Specialty Insurance Company</td> <td>23850</td> </tr> <tr> <td>INSURER F: HSB Specialty Insurance Company</td> <td>14438</td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Nationwide Mutual Insurance Company	23787	INSURER B: Depositors Insurance Company	42587	INSURER C: Nationwide Mutual Fire Insurance Company	23779	INSURER D: Great American Insurance Company	16691	INSURER E: Tokio Marine Specialty Insurance Company	23850	INSURER F: HSB Specialty Insurance Company	14438
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INSURER E: Tokio Marine Specialty Insurance Company	23850														
INSURER F: HSB Specialty Insurance Company	14438														

 License#: 0564249
 HAIGASH-05
COVERAGES**CERTIFICATE NUMBER: 1423830250****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Prof Liab \$1m/\$3m <input checked="" type="checkbox"/> SMC \$1m/\$2m GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		3009735962	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		BAPD3009735962	7/1/2021	7/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CAA3009735962	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D E F	Excess Fidelity - Employee Theft Primary Fidelity - Employee Theft Cyber Liability Technology E&O			SAA02416171000 PSD1640590 661046901	7/1/2021 7/1/2021 7/1/2021	7/1/2022 7/1/2022 7/1/2022	18,000,000 5,000,000 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: As Per Contract or Agreement on File with Insured. City & County of San Francisco, Dept. of Public Health and its officers, agents and employees are included as an additional insured (and primary) on General Liability and Automobile Liability policies per the attached endorsements, if required. This Certificate replaces and supersedes all previously issued certificates.

CERTIFICATE HOLDER**CANCELLATION**
 City & County of San Francisco
 Dept. of Public Health
 101 Grove Street, Rm. #402
 San Francisco, CA 94102

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

HUMAN SERVICES LIABILITY ENDORSEMENT

This endorsement modifies insurance provided by the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

It is understood and agreed that the following extensions only apply in the event that no other more specific coverage for the indicated loss exposure is provided by your policy in addition to the coverages provided by the Commercial General Liability Coverage Part. If such other more specific coverage applies, the terms, conditions and limits of such other more specific coverage are the sole and exclusive coverage applicable under this policy, unless otherwise expressly stated on this endorsement. The following is a summary of the Limits of Insurance and additional coverages provided by this endorsement. For complete details on specific coverages, consult the policy's and this endorsement's contract wording.

Coverage Applicable	Limit of Insurance	Page Number
Damage to Premises Rented to You	\$1,000,000	2
Extended Property Damage	Included	2
Non-Owned Watercraft	Less than 58 feet	2
Medical Payments	\$20,000	3
Medical Payments-Extended Reporting Period	3 years	3
Athletic Activities	Amended	3
Supplementary Payments – Bail Bonds	\$7,500	3
Supplementary Payment – Loss of Earnings	\$1,500 per day	3
Employee Indemnification Defense Coverage for Employee	\$25,000	3
Named Insured – Newly Acquired	Included	3
Named Insured – Broadened Named Insured	Included	4
Additional Insured – Medical Directors and Administrators	Included	4
Additional Insured – Funding Source	Included	4
Additional Insured – Home Care Providers	Included	4
Additional Insured – Managers, Landlords, or Lessors of Premises	Included	4
Additional Insured – Lessor of Leased Equipment – Automatic Status When Required in Lease Agreement With You	Included	4
Additional Insured – Grantors of Permits	Included	4
Additional Insured – Broad Form Vendors	Included	5
Additional Insured – Grantor of Franchise	Included	5
Additional Insured – As Required by Contract	Included	6
Additional Insured – State or Political Subdivisions	Included	7
Limited Rental Lease Agreement Contractual Liability	\$100,000 limit	8
Damage to Property You Own, Rent or Occupy	\$50,000 limit	8
Transfer of Rights of Recovery Against Others To Us	Clarification	8
Duties in the Event of Occurrence, Claim or Suit	Included	8
Unintentional Failure to Disclose Hazards	Included	9
Liberalization	Included	9
Bodily Injury – includes Mental Anguish	Included	9
Personal and Advertising Injury – includes Abuse of Process, Discrimination	Included	9
Key and Lock Replacement – Janitorial Services Client Coverage	\$15,000 Limit	10

A. Damage to Premises Rented to You

1. If damage by fire to premises rented to you is not otherwise excluded from this Coverage Part, the word "fire" is changed to "fire, lightning, explosion, smoke or leakage from automatic fire protective systems" where it appears in:
 - a. The last paragraph of SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Subsection 2. Exclusions;
 - b. The first paragraph immediately following Exclusion j.(6) of SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY under Subsection 2. Exclusions
 - c. SECTION III – LIMITS OF INSURANCE, Paragraph 6.;
 - d. SECTION V – DEFINITIONS, Paragraph 9.a.
2. If damage by fire to premises rented to you is not otherwise excluded from this Coverage Part, the term "Fire insurance" is changed to "insurance for fire, lightning, explosion, smoke, or leakage from automatic fire protective systems" where it appears in:
 - a. **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Subsection 4. **Other Insurance**, Paragraph b. **Excess Insurance**, items b.(1)(a)(ii).
3. The Damage to Premises Rented to You Limit shown on the Declarations is deleted and replaced by \$1,000,000. \$1,000,000 is the only limit of liability for Damage to Premises Rented to You and this limit will not be combined with the limit shown on the Declarations for this coverage. This is the most we will pay for all damage proximately caused by the same event, whether such damage results from fire, lightning, explosion, smoke, or leaks from automatic fire protective systems or any combination thereof.

Provided, however, that if you assume liability in a contract or agreement regarding the rental or lease of a premises on behalf of your client, this Damage to Premises Rented by You limit is superceded and replaced by the limit of insurance provided by **Section I. Limited Rental Lease Agreement Contractual Liability** of this endorsement. The term client as used in this section has the same meaning as provided by **Section I. Limited Rental Lease Agreement Contractual Liability** herein.

B. Extended "Property Damage"

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Subsection 2. **Exclusions**, Paragraph a. is deleted and replaced by the following:

a. Expected or Intended Injury

"Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

C. Non-Owned Watercraft

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Subsection 2. **Exclusions**, Paragraph g. (2) is deleted and replaced by the following:

(2) A watercraft you do not own that is:

- (a) Less than 58 feet long; and
- (b) Not being used to carry persons or property for a charge;

This provision applies to any person, who with your consent, either uses or is responsible for the use of such a watercraft. This insurance is excess over any other valid and collectible insurance available to the insured whether primary, excess or contingent.

D. Medical Payments – Limit Increased to \$20,000, Extended Reporting Period

If **COVERAGE C MEDICAL PAYMENTS** is not otherwise excluded from this Coverage Part:

1. The Medical Expense Limit shown on the Declarations is deleted and replaced by \$20,000. \$20,000 is the only limit of insurance for Medical Expenses and this limit will not be combined with the limit shown on the Declarations for this coverage.
2. **COVERAGE C MEDICAL PAYMENTS**, Subsection 1. **Insuring Agreement**, Paragraph a(3)(b) is amended to read: provided that:
 - (b) The expenses are incurred and reported to us within three years of the date of the accident; and

E. Athletic Activities

SECTION I – COVERAGES, COVERAGE C MEDICAL PAYMENTS, Subsection 2. **Exclusions**, Exclusion e. **Athletic Activities** is deleted and replaced with the following:

e. Athletic Activities

To a person injured while practicing or participating in any physical exercises or games, sports, or athletic contests. This exclusion shall not apply to an insured while providing instruction with respect to any physical exercises or games, sports, or athletic contests.

F. Supplementary Payments

Under the **SUPPLEMENTARY PAYMENTS – COVERAGE A AND B** provision, items 1.b. and 1.d. are amended as follows:

1. The limit for the cost of bail bonds is changed from \$250 to \$7,500; and
2. The limit for loss of earnings is changed from \$250 a day to \$1,500 a day.

G. Employee Indemnification Defense Coverage

Under the **SUPPLEMENTARY PAYMENTS – COVERAGES A AND B** provision, the following is added:

3. We will reimburse you for defense costs that you incur in the defense of an “employee” who is directly involved in a criminal proceeding that arises out of such “employee’s” acts or omissions within the scope of their employment by you or while performing duties related to the conduct of your business and which would otherwise be covered by this insurance.

The most we will reimburse you for defense costs that you incur in the defense of an “employee” who is alleged to be directly involved in a criminal proceeding is \$25,000, subject to an aggregate limit of \$25,000 for all reimbursements that we make during the policy period on behalf of all “employees”, regardless of the numbers of “employees”, claims or “suits” brought or persons or organizations making claims or bringing “suits”.

H. SECTION II – WHO IS AN INSURED is amended as follows:

1. If coverage for newly acquired or formed organizations is not otherwise excluded from this Coverage Part, Paragraph 3.a. is deleted and replaced with the following:

- a. Coverage under this provision is afforded until the end of the policy period during which you acquired or formed the organization.

2. Each of the following is also an insured:

Broadened Named Insured – Any organization and subsidiary thereof which you control and actively manage (whether through ownership of voting securities, by contract or otherwise) on the effective date of this Coverage Part which is not named in the Declarations as a Named Insured, and which is also not insured under another similar policy, or would not have been insured but for such policy’s termination or the exhaustion of its limits of insurance.

3. Each of the following is also an additional insured:

- a. **Medical Directors and Administrators** – Your medical directors and administrators, but only while acting within the scope of and during the course of their duties as such. Such duties do not include the furnishing or failure to furnish professional services as a physician or psychiatrist in the treatment of a patient.

- b. **Funding Source** – Any person or organization with respect to their liability arising out of:

(1) Their financial control of you; or

(2) Premises they own, maintain or control while you lease or occupy these premises.

This insurance does not apply to:

(a) Any “occurrence” or offense which takes place after you cease to lease or occupy that premises; or

(b) Structural alterations, new construction or demolition operations performed by or on behalf of that person or organization.

- c. **Home Care Providers** – At the first Named Insured’s option, any person or organization under your direct supervision and control while providing on your behalf private home respite or foster home care for the developmentally disabled.

- d. **Managers, Landlords, or Lessors of Premises** – Any person or organization with respect to their liability arising out of the ownership, maintenance or use of that part of the premises leased or rented to you subject to the following additional exclusions:

This insurance does not apply to:

- (1) Any "occurrence" which takes place after you cease to be a tenant in that premises; or
 - (2) Structural alterations, new construction or demolition operations performed by or on behalf of that person or organization.
- e. Lessor of Leased Equipment – Automatic Status When Required in Lease Agreement With You – Any person or organization from whom you lease equipment when you and such organization or person have agreed in writing in a contract or agreement that such person or organization is to be added as an additional insured on your policy. Such person or organization is an insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization and only as specified by such written contract or agreement.
- A person's or organization's status as an additional insured under this endorsement ends when their contract or agreement with you for such leased equipment ends.
- With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.
- f. Grantors of Permits – Any state or political subdivision granting you a permit in connection with your premises subject to the following additional provision:
- (1) This insurance applies only with respect to the following hazards for which the state or political subdivision has issued a permit in connection with the premises you own, rent, or control and to which this insurance applies:
 - (a) The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners or decorations and similar exposures; or
 - (b) The construction, erection, or removal of elevators; or
 - (c) The ownership, maintenance, or use of any elevators covered by this insurance.
- g. Broad Form Vendors – Any person(s) or organization(s) which or who is or are a vendor of "your products" with whom you agreed under a written contract or agreement to add as an additional insured to your policy, but only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business, subject to the following additional exclusions:

The insurance afforded the vendor does not apply to:

- 1. "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
- 2. Any express warranty unauthorized by you;
- 3. Any physical or chemical change the vendor intentionally made to the product;
- 4. Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;
- 5. Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.
- 6. Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;
- 7. Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or
- 8. "Bodily injury" or "property damage" arising out of the negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf and which was not caused in whole or in part by you or any person or organization acting on your behalf. However, this exclusion does not apply to:
 - (a) The exceptions contained in Subparagraphs 4. or 6.; or
 - (b) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.

The insurance provided to such additional insured vendor by this endorsement is further limited as follows:

1. The additional insured is covered only for such sums that such additional insured is legally obligated to pay as damages under tort law principles to the injured party because of "bodily injury", "property damage" or "personal and advertising injury" to which this insurance applies, and in accordance with the stated policy limits, exclusions, limitations and conditions except as expressly modified by this endorsement.
2. The limits of insurance are those set forth in the policy Declarations or those specified in the written contract or agreement referenced above in the first paragraph of this subsection g., whichever is less.

This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.

Other Insurance

1. If specifically required by the written contract or agreement referenced above in the first paragraph of this subsection g., any coverage provided by this endorsement to an additional insured shall be primary and any other valid and collectible insurance available to the additional insured shall be non-contributory with this insurance. If the written contract does not require this coverage to be primary and the additional insured's coverage to be non-contributory, then this insurance will be excess over any other valid and collectible insurance available to the additional insured.
 2. Even if the requirements of paragraph 1. immediately above are met establishing this coverage as primary and the additional insured's coverage as being non-contributory, this coverage will be excess over any other insurance available to the additional insured which is conferred onto said person or organization by a separate additional insured endorsement.
- h. Grantor of Franchise – Any person(s) or organization(s) with whom you agreed under a written contract or agreement to add as an additional insured to your policy but only with respect to their liability as grantor of a franchise to you.

The insurance provided to such additional insured franchisor by this endorsement is further limited as follows:

1. The additional insured is covered only for such sums that such additional insured is legally obligated to pay as damages under tort law principles to the injured party because of "bodily injury", "property damage" or "personal and advertising injury" to which this insurance applies, and in accordance with the stated policy limits, exclusions, limitations and conditions except as expressly modified by this endorsement.
2. The limits of insurance are those set forth in the policy Declarations or those specified in the written contract or agreement referenced above, whichever is less.

Other Insurance

1. If specifically required by the written contract or agreement referenced above in the first paragraph of this subsection h., any coverage provided by this endorsement to an additional insured shall be primary and any other valid and collectible insurance available to the additional insured shall be non-contributory with this insurance. If the written contract does not require this coverage to be primary and the additional insured's coverage to be non-contributory, then this insurance will be excess over any other valid and collectible insurance available to the additional insured.
 2. Even if the requirements of paragraph 1. immediately above are met establishing this coverage as primary and the additional insured's coverage as being non-contributory, this coverage will be excess over any other insurance available to the additional insured which is conferred onto said person or organization by a separate additional insured endorsement.
- i. As Required by Contract – Any person or organization for whom "you" are performing operations, or to whom you are leasing, subleasing or otherwise entrusting the use or occupancy of premises owned by or rented to "you", only as specified under a written contract, lease, sublease or agreement that requires that such person or organization be added as an additional insured on "your" policy. Such person or organization is an additional insured only with respect to liability caused, in whole or in part, by the acts or omissions of the "Named Insured" in the performance of the "Named Insured's" ongoing operations for the additional insured or in connection with such premises owned by or rented to a "Named Insured", but in both instances only as specified under the written contract, lease, sublease or agreement. A person's or organization's status as an additional insured under this endorsement ends the earlier of when "your" on-going operations for that additional insured are completed or when "you" no longer are contractually required to include such person or organization as an additional insured under "your" policy.

The insurance provided to an additional insured by this endorsement is limited as follows:

1. The additional insured is covered only for such damages which are caused, in whole or in part, by the acts or omissions of the "Named Insured" to which the additional insured is entitled to be indemnified by the "Named Insured" pursuant to the written contract, lease, sublease or agreement referenced in the first paragraph of this subsection i. above and only for those sums that the additional insured is legally obligated to pay as damages under tort law principles to the injured party because of "bodily injury", "property damage" or "personal and advertising injury" to which this insurance applies, and in accordance with the stated policy limits and policy conditions. This coverage does not apply for defense or indemnity of the additional insured if state or federal law does not permit indemnification of the additional insured by the "Named Insured" for the claim of the third party.
2. The limits of insurance are those set forth in the policy and Declarations or those specified in the written contract, lease, sublease or agreement referenced in the first paragraph of this subsection i., whichever is less.

With respect to the insurance afforded to an additional insured under this subsection i., the following exclusions are added:

1. This insurance does not apply if the written contract, lease, sublease or agreement referenced in the first paragraph of this subsection i. above was not executed by the "Named Insured" prior to the "occurrence" giving rise to the additional insured's potential liability.
2. This insurance does not apply to the additional insured's liability to indemnify, defend or hold harmless a third party.
3. This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" for which the additional insured is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the additional insured would have in the absence of the contract or agreement.
4. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or, surveying services, including:
 - (a) The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
 - (b) Supervisory, inspection, architectural or engineering activities.
5. "Bodily injury" or "property damage" occurring after:
 - (a) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
 - (b) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

Other Insurance

1. If specifically required by the written contract, lease, sublease or agreement referenced in the first paragraph of this subsection i. above, any coverage provided by this endorsement to an additional insured shall be primary and any other valid and collectible insurance available to the additional insured shall be non-contributory with this insurance. If the written contract, lease or sublease does not require this coverage to be primary and the additional insured's coverage to be non-contributory, then this insurance will be excess over any other valid and collectible insurance available to the additional insured.
2. Even if the requirements of paragraph 1. immediately above are met establishing this coverage as primary and the additional insured's coverage as being non-contributory, this coverage will be excess over other insurance available to the additional insured which is conferred onto said person or organization by a separate additional insured endorsement.

Definitions

Solely for purposes of the insurance afforded to an additional insured by this endorsement:

"Named Insured" is defined as the entity to whom the insurance policy is issued as shown on the Declarations.

"You" or "your" means a "Named Insured" as defined above.

- j. State or Political Subdivisions – Any state or political subdivision with whom you agreed under a written contract or agreement to add as an additional insured to your policy but only with respect to their liability with respect to on-going operations performed by you or on your behalf for which the state or political subdivision has issued a permit or license.

This insurance does not apply to:

1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the state or political subdivision; or
2. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

The insurance provided to such additional insured state or political subdivision by this endorsement is further limited as follows:

1. The additional insured is covered only for such sums that such additional insured is legally obligated to pay as damages under tort law principles to the injured party because of "bodily injury", "property damage" or "personal and advertising injury" to which this insurance applies, and in accordance with the stated policy limits, exclusions, limitations and conditions except as expressly modified by this endorsement.
2. The limits of insurance are those set forth in the policy Declarations or those specified in the written contract or agreement referenced above, whichever is less.

Other Insurance

1. If specifically required by the written contract or agreement referenced above, any coverage provided by this subsection k. to an additional insured shall be primary and any other valid and collectible insurance available to the additional insured shall be non-contributory with this insurance. If the written contract does not require this coverage to be primary and the additional insured's coverage to be non-contributory, then this insurance will be excess over any other valid and collectible insurance available to the additional insured.
2. Even if the requirements of paragraph 1. immediately above are met establishing this coverage as primary and the additional insured's coverage as being non-contributory, this coverage will be excess over any other insurance available to the additional insured which is conferred onto said person or organization by a separate additional insured endorsement.

I. Limited Rental Lease Agreement Contractual Liability

The following is added to paragraph (2) of Exclusion b. **Contractual Liability** of **SECTION I – COVERAGES, COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, under Subsection 2. **Exclusions**:

We agree to indemnify the Named Insured for their liability expressly assumed in a contract or agreement regarding the rental or lease of a premises on behalf of their client, up to \$100,000 per "occurrence". This limit of insurance is the only limit of insurance for your liability expressly assumed in a contract or agreement regarding the rental or lease of a premises on behalf of your client whether or not such contract qualifies as an "insured contract". This limit will not be combined with the Each Occurrence Limit set forth in **Section III – Limits of Insurance** and is included within and not in addition to the Each Occurrence Limit. This coverage extension only applies to rental lease agreements. This coverage is excess over any renter's liability insurance of the client.

Any and all damages paid under the terms and conditions of this provision will further be applied against and will reduce the Aggregate Limit of Insurance shown on the Declarations page, as provided in the Commercial General Liability Coverage Form in the same manner and in addition to all other coverages of the Commercial General Liability Coverage Form that are also subject to the Aggregate Limit.

J. Damage to Property You Own, Rent or Occupy

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Subsection 2. **Exclusions**, Paragraph j. **Damage to Property**, Item (1) is deleted in its entirety and is replaced with the following:

Property you own, rent, or occupy, including any costs or expenses incurred by you, or any other person, organization or entity, for repair, replacement, enhancement, restoration or maintenance of such property for any reason, including prevention of injury to a person or damage to another's property, unless the damage to property is caused by your client, in which case we will provide coverage for such "property damage" for which you are legally obligated to pay up to a \$50,000 limit per "occurrence". This limit is the only limit of insurance for such "property damage" and will not be combined with the Each Occurrence Limit set forth in **Section III – Limits of Insurance** and will be included within and not be in addition to the Each Occurrence Limit. A client, as used in this provision, is defined as a person under your direct care and supervision for whom you are providing goods and/or services.

Any and all damages paid under the terms and conditions of this provision will further be applied against and will reduce the Aggregate Limit of Insurance shown on the Declarations page, as provided in the Commercial General Liability Coverage Form in the same manner and in addition to all other coverages of the Commercial General Liability Coverage Form that are also subject to the Aggregate Limit.

K. Transfer of Rights of Recovery Against Others To Us

As a clarification, the following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Paragraph 8. **Transfer of Rights of Recovery Against Others To Us**:

Therefore, the insured can waive the insurer's Rights of Recovery prior to the occurrence of a loss, provided the waiver is expressly made in a written contract.

L. Duties in the Event of Occurrence, Claim or Suit

1. The requirement in Paragraph 2.a. of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** that you must see to it that we are notified as soon as practicable of an “occurrence” or an offense which may result in a claim or a “suit”, applies only when the “occurrence” or offense which may result in a claim or a “suit” is known to:
 - a. You, if you are an individual;
 - b. A partner, if you are a partnership; or
 - c. An executive officer or insurance manager, if you are a corporation.
2. The requirement in Paragraph 2.b. of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** that you must see to it that we receive notice of a claim or “suit” as soon as practicable will not be considered breached unless the breach occurs after such claim or “suit” is known to:
 - a. You, if you are an individual;
 - b. A partner, if you are a partnership; or
 - c. An executive officer or insurance manager, if you are a corporation.

M. Unintentional Failure to Disclose Hazards

It is agreed that, based on our reliance on your representations as to existing hazards, if you should unintentionally fail to disclose all such hazards prior to the beginning of the policy period of this Coverage Part, we shall not deny coverage under this Coverage Part because of such failure.

N. Liberalization

If we make a change which broadens coverage under this edition of this endorsement without additional premium charge, that change will automatically apply to your insurance as of the date we implement the change in your state, provided that this implementation date falls within 45 days prior to or during the policy period stated in the Declarations.

This Liberalization Clause does not apply to changes implemented with a general program revision that includes both broadenings and restrictions in coverage, whether that general program revision is implemented through introduction of:

1. A subsequent edition of this endorsement; or
2. Another amendatory endorsement.

O. Bodily Injury – Mental Anguish

SECTION V – DEFINITIONS, Paragraph 3. is deleted in its entirety and replaced by the following:

“Bodily Injury”:

- a. Means bodily injury, sickness or disease sustained by a person, and includes mental anguish resulting from any of these; and
- b. Except for mental anguish, includes death resulting from the foregoing (Item a. above) at any time.

P. Personal and Advertising Injury – Abuse of Process, Discrimination

If **COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY COVERAGE** is not otherwise excluded from this Coverage Part, the definition of “personal and advertising injury” is amended as follows:

1. **SECTION V – DEFINITIONS**, Paragraph 14.b. is amended to read:
 - b. Malicious prosecution or abuse of process;
2. **SECTION V – DEFINITIONS**, Paragraph 14. is amended to include the following:

“Personal and advertising injury” also means injury, including consequential “bodily injury”, arising out of discrimination based on race, color, religion, sex, age or national origin, except when:

 - (1) Done intentionally by or at the direction of, or with the knowledge or consent of:
 - (a) Any insured; or
 - (b) Any executive officer, director, stockholder, partner or member of the insured; or
 - (2) Directly or indirectly related to the employment, former or prospective employment, termination of employment, demotion, failure to promote or application for employment of any person or persons by an insured; or
 - (3) Directly or indirectly related to the sale, rental, lease or sublease or prospective sales, rental, lease or sub-lease of any room, dwelling or premises by or at the direction of any insured; or
 - (4) Insurance for such discrimination is prohibited by or held in violation of law, public policy, legislation, court decision or administrative ruling.

This coverage does not apply to fines or penalties imposed because of discrimination.

Q. Key and Lock Replacement – Janitorial Services Client Coverage

1. We will pay for the cost to replace keys and locks at the “client’s” premises due to theft or other loss to keys entrusted to you by your “client”, up to a \$15,000 limit per occurrence/\$15,000 policy aggregate.
2. We will not pay for loss or damage resulting from theft or any other dishonest or criminal act that you or any of your partners, members, officers, “employees”, “managers”, directors, trustees, authorized representatives or any one to whom you entrust the keys of a “client” for any purpose commit, whether acting alone or in collusion with other persons.
3. The following, when used in this coverage only, are defined as follows:
 - a. “Client” means an individual, company or organization with whom you have a written contract or work order for your services for a described premises and you have billed for your services.
 - b. “Employee” means:
 - (1) Any natural person:
 - (a) While in your services or for 30 days after termination of service;
 - (b) Who you compensate directly by salary, wages or commissions; and
 - (c) Who you have the right to direct and control while performing services for you; or
 - (2) Any natural person who is furnished temporarily to you:
 - (a) To substitute for an “employee” as defined in Paragraph 1. above, who is on leave; or
 - (b) To meet seasonal or short-term workload conditions;
while that person is subject to your direction and control and performing services for you.
 - (3) “Employee” does not mean:
 - (a) Any agent, broker, person leased to you by a labor leasing firm, factor, commission merchant, consignee, independent contractor or representative of the same general character; or
 - (b) Any “manager”, director or trustee except while performing acts coming within the scope of the usual duties of an “employee”.
 - c. “Manager” means a person serving in a directorial capacity for a limited liability company.

POLICY NUMBER: BAPD3009735962

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

COMMERCIAL AUTOMOBILE BROAD FORM ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Schedule

The premium for this endorsement is \$

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

SUMMARY OF COVERAGES

- I. Section II – Liability Coverage**
 - A. Broad Form Insured**
 - B. Employees as Insureds**
 - C. Liability Coverage Extensions – Supplementary Payments**
 - D. Prejudgment Interest Coverage**
 - E. Amendment of Fellow Employee Liability Exclusion**
 - F. Additional Insured by Contract, Permit or Agreement**
- II. Sections III and IV – Physical Damage Coverage**
 - A. Hired Car Physical Damage**
 - B. Physical Damage Coverage Extensions**
 - a. Transportation Expenses**
 - b. Loss of Use Expenses**
 - c. Extra Expense**
 - C. Personal Effects Coverage**
 - D. Accidental Discharge of Airbag**
 - E. Lease/Loan Gap Coverage**
 - F. Deductible Amendments**
 - G. Towing and Labor**
 - H. Rental Reimbursement**
- III. Sections IV and V – Conditions**
 - A. Notice of and Knowledge of Occurrence**
 - B. Unintentional Failure to Disclose Hazards**
 - C. Hired Car – Coverage Territory**
 - D. Waiver of Subrogation**
- IV. Sections V and VI – Definitions**
 - A. Mental Anguish**
 - B. Additional Definitions**
- V. Cancellation Conditions**

I. SECTION II – LIABILITY COVERAGE is amended as follows:

A. BROAD FORM INSURED

Paragraph 1. of the BUSINESS AUTO COVERAGE FORM and paragraph 3. of the GARAGE COVERAGE FORM, under **Coverage A – Who Is An Insured**, are amended as follows:

1. For covered “autos”, the Named Insured shown in the Declarations is amended to include:

- a. Any legally incorporated subsidiary in which you own more than 50% of the voting stock on the effective date of the Coverage Form. However, the Named Insured does not include any subsidiary that is an “insured” under any other automobile policy or would be an “insured” under such a policy but for its termination or the exhaustion of its Limits of Insurance.
- b. Any organization that is newly acquired or formed by you during the policy period and over which you maintain majority ownership. However, the Named Insured does not include any newly formed or acquired organization:
 - (1) That is a joint venture or partnership,
 - (2) That is an “insured” under any other automobile policy,
 - (3) That has exhausted its Limits of Insurance under any other automobile policy, or
 - (4) That has been acquired or formed by you for more than 180 days unless you have given us written notice of the acquisition or formation by the end of such 180 day period or the end of the policy period, whichever occurs first.

Coverage does not apply to “bodily injury” or “property damage” that results from an “accident” that occurred before you formed or acquired the organization, or an “accident” that occurs before or after the end of the policy period.

B. EMPLOYEES AS INSUREDS

For covered “autos”, paragraph 1. of the BUSINESS AUTO COVERAGE FORM and paragraph 3. of the GARAGE COVERAGE FORM, under **Coverage A – Who Is An Insured**, are amended as follows:

Any “employee” of yours while using a covered “auto” you don’t own, hire or borrow in your business or your personal affairs.

C. LIABILITY COVERAGE EXTENSIONS – SUPPLEMENTARY PAYMENTS

Supplementary Payments (2) and (4) under paragraphs **A.2.a** of the BUSINESS AUTO COVERAGE FORM and **A.4.a** of the GARAGE COVERAGE FORM, are replaced by the following:

- (2) Up to \$2,500 for cost of bail bonds (including bonds for related traffic law violations) required because of an “accident” we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the “insured” at our request, including actual loss of earnings, up to \$500 a day because of time off from work.

D. PREJUDGMENT INTEREST COVERAGE

The following paragraph is added to **Section II, LIABILITY COVERAGE, Supplementary Payments** under items **A.2.a.** of the BUSINESS AUTO COVERAGE FORM and **A.4.a.** of the GARAGE COVERAGE FORM:

- (7) Prejudgment interest awarded against the “insured” on that part of the judgment we pay. If we make an offer to pay the applicable limit of insurance, we will not pay any prejudgment interest based on that period of time after the offer.

E. AMENDMENT OF FELLOW EMPLOYEE LIABILITY EXCLUSION

Paragraph **B.5. Exclusions – Fellow Employee** does not apply if the “bodily injury” results from the use of a covered “auto” you own or hire. The insurance provided under this provision is excess over any other collectible insurance.

F. ADDITIONAL INSURED BY CONTRACT, PERMIT OR AGREEMENT

The following is added to **A.1. Who Is An Insured** of **Section II – Liability Coverage** of the BUSINESS AUTO COVERAGE FORM and **A.3.a.** and **A.3.b.** if **Section II – Liability Coverage** of the GARAGE COVERAGE FORM:

Any person or organization that you are required to name as an additional insured in a written contract or agreement that is executed or signed by you prior to a “bodily injury” or “property damage” occurrence is an “insured” for liability coverage. However, with respect to covered “autos”, such person or organization is an insured only to the extent that person or organization qualifies as an “insured” under **A.1. Who is an Insured** of **Section II – Liability Coverage** of the BUSINESS AUTO COVERAGE FORM or **A.3.** of **Section II – Liability Coverage** of the GARAGE COVERAGE FORM.

If specifically required by the written contract or agreement referenced in the paragraph above, any coverage provided by this endorsement to an additional insured shall be primary and any other valid and collectible insurance available to the additional insured shall be non-contributory with this insurance. If the written contract does not require this coverage to be primary and the additional insured’s coverage to be non-contributory, then this insurance will be excess over any other valid and collectible insurance available to the additional insured.

II. SECTION III – PHYSICAL DAMAGE COVERAGE of the BUSINESS AUTO COVERAGE FORM and **SECTION IV – PHYSICAL DAMAGE COVERAGE** of the GARAGE COVERAGE FORM are amended by adding the following:

A. HIRED CAR PHYSICAL DAMAGE

If hired "autos" are covered "autos" for Liability Coverage and if Comprehensive, Specified Causes of Loss or Collision Coverages are provided under this Coverage Form for any "auto" you own, then the Physical Damage Coverages provided are extended to "autos" you hire, subject to the following limit and applicable deductible:

The most we will pay for any one "accident" or "loss" to any hired "auto" is the lesser of:

1. the actual cash value of the hired "auto". An adjustment for depreciation and physical condition will be made in determining actual cash value in the event of a total "loss";
2. the cost to restore the hired "auto" to its "pre-accident physical condition"; or
3. \$50,000.

If a repair or replacement part restores the hired "auto" to better than its "pre-accident physical condition" we will not pay for the amount of the "betterment".

The deductible will be equal to the largest deductible applicable to any owned "auto" for that coverage. No deductible applies to "loss" caused by fire or lightning. Hired Auto Physical Damage coverage is excess over any other collectible insurance. Subject to the above limit, deductible and excess provisions, we will provide coverage equal to the broadest coverage applicable to any covered "auto" you own.

B. PHYSICAL DAMAGE COVERAGE EXTENSIONS

Paragraph 4. – Coverage Extension of A. Coverage of the BUSINESS AUTO COVERAGE FORM and paragraph 3. – Coverage Extension – Loss of Use Expenses of Coverage A. Coverage of the GARAGE COVERAGE FORM is replaced by the following:

Coverage Extensions

a. Transportation Expenses

We will pay up to \$50 per day to a maximum of \$1,500 for temporary expense incurred by you because of the total theft of a covered "auto". We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 24 hours after the theft and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss."

b. Loss of Use Expenses

For Hired Auto, Physical Damage, we will pay expenses for which an "insured" becomes legally responsible to pay for loss of use of a vehicle rented or hired without a driver, under a written rental contract or agreement. We will pay for loss of use expenses if caused by:

- (1) Other than collision if the Declarations indicate that Comprehensive Coverage is provided for any covered "auto";
- (2) Specified Causes of Loss only if the Declarations indicate that Specified Causes of Loss Coverage is provided for any covered "auto"; or
- (3) Collision only if the Declarations indicate that Collision Coverage is provided for any covered "auto."

However, the most we will pay for any expenses for loss of use is \$50 per day, to a maximum of \$1,500. The insurance provided by this provision is excess over any other collectible insurance.

c. Extra Expense

We will also pay for the expense of returning a stolen covered "auto" to you.

C. PERSONAL EFFECTS COVERAGE

The following paragraph is added as **A.5.** of the BUSINESS AUTO COVERAGE FORM and **A.4.** of the GARAGE COVERAGE FORM, **Personal Effects Coverage**:

5. We will pay up to \$500 for "loss" to wearing apparel and other personal effects which are:

- a. owned by an "insured"; and
- b. in or on your covered "auto".

This coverage applies only in the event of a total theft of your covered "auto." No deductible applies to this coverage.

D. ACCIDENTAL DISCHARGE OF AIRBAG

The following is added to **Section B. Exclusions**:

However, the exclusion relating to mechanical breakdown does not apply to the accidental discharge of an airbag.

E. LEASE/LOAN GAP COVERAGE

If a long term leased or financed "auto" is a covered "auto", we will pay, in the event of a total "loss", your additional legal obligation to the lessor or financial institution for any difference between the actual cash value of the "auto" at the time of the "loss" and the "outstanding balance" of the lease or loan.

"Outstanding balance" means the amount you owe on the lease or loan at the time of "loss" less any amounts:

1. representing taxes;
2. overdue payments;
3. penalties, interest or charges resulting from overdue payments;
4. additional mileage charges;
5. excess wear and tear charges;
6. lease termination fees;
7. security deposits not refunded by the lessor or financial institution;
8. costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease;
9. carry-over balances from previous loans or leases;
10. final payment due under a "balloon loan";
11. the dollar amount of any unrepaired damage which occurred prior to the "total loss" of a covered "auto"; and
12. any refunds payable or paid to you as a result of the early termination of a lease or loan agreement or as a result of the early termination of any warranty or extended agreement on a covered "auto."

"Total loss" means a "loss" in which the cost of repairs plus the salvage value exceeds the actual cash value.

"Balloon loan" is a loan with periodic payments that are insufficient to repay the balance over the term of the loan, thereby requiring a large final payment.

F. DEDUCTIBLE AMENDMENTS

The following are added to paragraph **D. Deductible** of the BUSINESS AUTO COVERAGE FORM:

If another policy or coverage form that is not an automobile policy or coverage form issued by this company applies to the same "accident", the following applies:

1. If the deductible under this coverage is the smaller (or smallest) deductible, it will be waived;
2. If the deductible under this coverage is not the smaller (or smallest) deductible, it will be reduced by the amount of the smaller (or smallest) deductible.

If a Comprehensive or Specified Causes of Loss Coverage "loss" from one "accident" involves two or more covered "autos", only the highest deductible applicable to those coverages will be applied to the "accident," if the cause of the loss is covered for those vehicles. This provision only applies if you carry Comprehensive or Specified Causes of Loss Coverage for those vehicles, and does not extend coverage to any covered "autos" for which you do not carry such coverage.

No deductible applies to glass if the glass is repaired, in a manner acceptable to us, rather than replaced.

G. TOWING AND LABOR

We will pay up to the following limits for towing and labor costs incurred each time a covered "auto" of the private passenger type or light truck is disabled:

1. \$100 for a covered "auto" rated and classified as a private passenger type vehicle.
2. \$150 for a covered "auto" rated and classified as a light truck type. For the purpose of this coverage light trucks are defined as a truck with a gross vehicle weight of 10,000 lbs. or less as defined by the manufacture as the maximum loaded weight the auto is designed to carry.

However, the labor must be performed at the place of disablement.

CA-7200 (Ed. 12-14)

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H. RENTAL REIMBURSEMENT

Section III – Physical Damage Coverage Item A. Coverage of the BUSINESS AUTO COVERAGE FORM or **Section IV – Physical Damage Coverage Item A. Coverage** of the GARAGE COVERAGE FORM is amended by adding the following:

This coverage applies only to a covered "auto" rated and classified as a private passenger or light truck type as follows:

1. We will pay for rental reimbursement expenses incurred by you for the rental of a private passenger or light truck type "auto" because of "loss" to a covered private passenger or light truck type "auto". Payment applies in addition to the otherwise applicable amount of each coverage you have on a covered private passenger or light truck type "auto". We will pay only for those covered "autos" for which you carry comprehensive and collision coverage. Payment applies in addition to the otherwise applicable amount of each coverage you have on a covered "auto". No deductibles apply to this coverage.
2. We will pay only for those expenses incurred during the policy period beginning 24 hours after the "loss" and ending, regardless of the policy's expiration, with the lesser of the following number of days:
 - a. The number of days reasonably required to repair or replace the covered private passenger or light truck type "auto". If "loss" is caused by theft, this number of days is added to the number of days it takes to locate the covered private passenger or light truck type "auto" and return it to you; or
 - b. 30 days.
3. Our payment is limited to the lesser of the following amounts:
 - a. Necessary and actual expenses incurred, or
 - b. \$50 per day, up to a maximum of \$1,500.
4. This coverage does not apply while there are spare or reserve private passenger or light truck type "autos" available to you for your operations.
5. If "loss" results from the total theft of a covered "auto" of the private passenger or light truck type, we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided under **Section III – Physical Damage Coverage, A. Coverage, 4. Coverage Extension**.

For purposes of this Rental Reimbursement coverage, light truck is defined as a truck with a gross vehicle weight of 10,000 lbs. or less as defined by the manufacture as the maximum loaded weight the auto is designed to carry.

III. SECTION IV – BUSINESS AUTO CONDITIONS and SECTION V – GARAGE CONDITIONS are amended as follows:

A. NOTICE OF AND KNOWLEDGE OF OCCURRENCE

1. Your obligation in paragraph **A.2.a., Loss Conditions – Duties in the Event of Accident, Claim, Suit or Loss**, relative to notification requirements applies only when the "accident" or "loss" is known to:
 - a. You, if you are an individual;
 - b. A partner, if you are a partnership;
 - c. A member, if you are a Limited Liability Company; or
 - d. An executive officer or insurance manager, if you are a corporation.
2. Your obligation in paragraph **A.2.b., Loss Conditions – Duties in the Event of Accident, Claim, Suit or Loss** relative to providing us with documents concerning a claim or "suit" will not be considered breached unless the breach occurs after such claim or "suit" is known to:
 - a. You, if you are an individual;
 - b. A partner, if you are a partnership;
 - c. A member, if you are a Limited Liability Company; or
 - d. An executive officer or insurance manager, if you are a corporation.

B. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS

The following is added to paragraph **B.2. General Conditions – Concealment, Misrepresentation or Fraud**:

If you unintentionally fail to disclose any hazards existing at the inception date of your policy, we will not deny coverage under this Coverage Form because of such failure.

C. HIRED CAR – COVERAGE TERRITORY

Item (5).(a) of paragraph **B.7. General Conditions – Policy Period, Coverage Territory** is replaced by the following:

(5).(a) A covered “auto” is leased, hired, rented or borrowed without a driver for a period of 30 days or less; and

D. WAIVER OF SUBROGATION

The Transfer of Rights of Recovery Against Others To Us Loss Condition is amended by adding the following:

We waive any right of recovery we may have against any person or organization to the extent required of you by a written contract or agreement executed prior to any “accident” because of payments we make for damages under this coverage form.

IV. SECTION V – DEFINITIONS of the BUSINESS AUTO COVERAGE FORM and SECTION VI – DEFINITIONS of the GARAGE COVERAGE FORM are amended as follows:

A. MENTAL ANGUISH

The definition of “bodily injury” in the DEFINITIONS section is replaced by the following:

“Bodily Injury” means bodily injury, sickness or disease sustained by any person, including mental anguish and death resulting from any of these.

B. ADDITIONAL DEFINITIONS

The following definitions are added:

“Betterment” means the amount of increase to the pre-damaged or pre-loss cash value of an “auto” attributed to the use of replacement parts which are of a type that are normally subject to repair and replacement during the useful life of an “auto” including but not limited to tires and batteries.

“Pre-accident physical condition” means the operational safety, function and appearance of the “auto” immediately prior to when the damage in question was sustained.

V. CANCELLATION CONDITION

Paragraph **A.2.** of the **COMMON POLICY CONDITION – CANCELLATION** applies except as follows:

If we cancel for any reason other than nonpayment of premium, we will mail or deliver to the First Named Insured written notice of cancellation at least 60 days before the effective date of cancellation. This provision does not apply in those states that require more than 60 days prior notice of cancellation.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/3/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. 505 N Brand Blvd, Suite 600 Glendale CA 91203	CONTACT NAME: Kimberly Kleinman PHONE (A/C, No, Ext): 818.539.8619 FAX (A/C, No): 818.539.8719 E-MAIL ADDRESS: Kimberly_Kleinman@ajg.com
INSURED HealthRIGHT 360 1563 Mission Street, 4th Floor San Francisco, CA 94103	INSURER(S) AFFORDING COVERAGE INSURER A: Quality Comp Inc INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

 License#: 0726293
 HEAL360-01

COVERAGES
CERTIFICATE NUMBER: 1740333452

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y	0150730716	1/1/2022	1/1/2023	X <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: HealthRIGHT 360 Outpatient Program, 1735 Mission St. #3280, San Francisco, CA 94103. Waiver of Subrogation on Worker compensation applies in favor of City and County.

CERTIFICATE HOLDER
CANCELLATION

 City & County of San Francisco Dept. of Public Health
 101 Grove Street, Rm #307
 San Francisco CA 94102

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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RE: Quality Comp, Inc.—Self-Insured Workers’ Compensation Group

To Whom It May Concern:

As proof of workers’ compensation coverage, I would like to provide you with the attached Certificate of Consent to Self-Insure issued to Quality Comp, Inc. by the California Department of Industrial Relations, Office of Self-Insurance Plans. This Certificate carries an effective date of December 1, 2004 and does not have an expiration date. The Quality Comp, Inc. program has excess insurance coverage with Safety National Casualty Corporation. Safety National is a fully licensed and admitted writer of Excess Workers’ Compensation Insurance in the State of California (NAIC #15105). The company is rated “A++ Superior” Category “XV” by A.M. Best & Company.

Specific Excess Insurance

Excess Workers’ Compensation: Statutory per occurrence excess of \$500,000

Employers Liability: \$1,000,000 Limit

Term of Coverage

Effective Date: January 1, 2022

Expiration: January 1, 2023

Please contact me if you have any questions or require additional information. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Jacqueline Harris".

Jacqueline Harris

Director of Underwriting

RPS Monument

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

NUMBER 4515

CERTIFICATE OF CONSENT TO SELF-INSURE

Quality Comp, Inc.
(a CA corporation)

THIS IS TO CERTIFY, That _____
has complied with the requirements of the Director of Industrial Relations under the provisions of
Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this
Certificate of Consent to Self-Insure.

This certificate may be revoked at any time for good cause shown.*



EFFECTIVE:

THE 1st DAY OF December 2004

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA

JOHN M. REA

DIRECTOR

Mark T. Johnson
MARK T. JOHNSON
MANAGER

* Revocation of Certificate.—“A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him.” (Section 3702 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 2—Administration of Self-Insurance.

STATE OF CALIFORNIA

Gavin Newsom, Governor

DEPARTMENT OF INDUSTRIAL RELATIONS

OFFICE OF SELF-INSURANCE PLANS

11050 Olson Drive, Suite 230

Rancho Cordova, CA 95670

Phone No. (916) 464-7000

FAX (916) 464-7007



CERTIFICATION OF SELF-INSURANCE OF WORKERS' COMPENSATION

TO WHOM IT MAY CONCERN:

This certifies that Certificate of Consent to Self-Insure No. **4515** was issued by the Director of Industrial Relations to:

Quality Comp, Inc.

under the provisions of Section 3700, Labor Code of California with an effective date of **December 1, 2004**. The certificate is currently in full force and effective.

Dated at Sacramento, California

This day the 14th of December 2021

A handwritten signature in black ink, appearing to read "Lyn Asio Booz", is written over a faint, larger signature.

Lyn Asio Booz, Chief

ORIG: Jackie Harris
Director Of Underwriting
Rps Monument
255 Great Valley Pkwy, Ste 200
Malvern, Pa 19355

NUMBER : 4515 - 0088

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

CERTIFICATE OF CONSENT TO SELF-INSURE

THIS IS TO CERTIFY, That

Healthright 360

(Name of Affiliate)

STATE OF INCORPORATION CA

Quality Comp, Inc.

(Master CertificateHolder)

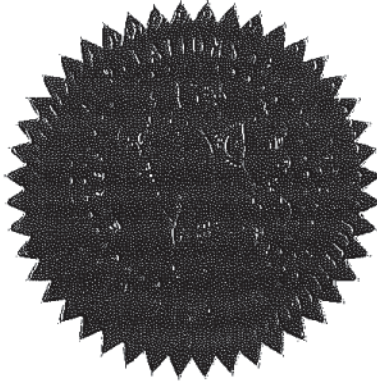
STATE OF INCORPORATION CA

has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure, holder of Master Certificate No. 4515.

This certificate may be revoked at any time for good cause shown.*

EFFECTIVE DATE : July 1, 2016

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA



[Signature]

Lyn Asio Booz, Chief

[Signature]

Christine Baker, Director

*Revocation of Certificate.-- "A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of solvency of such employer, the inability of the employer to fulfill his obligations, or the practice of such employer or his agent in charge of the administration of obligations, under the this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him." (Section 3702 of Labor Code.) The Certificate may be revoked for non compliance with Title 8, California Administrative Code, Group 2 -- Administration of Self Insurance



WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS

Quality Comp, Inc. is a Group Self-Insurance Program authorized by the Office of Self-Insurance Plans to provide workers' compensation to approved members. The Board of Directors of Quality Comp, Inc. has authorized the Program Administrator to waive rights of subrogation in certain instances.

This change in coverage, effective 12:01 AM January 1, 2022, forms part of the member's coverage in Self-Insurance Group No. 4515.

Issued to Healthright 360

By Quality Comp, Inc.

The Program has the right to recover our payments from anyone liable for an injury covered by this employer. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

The additional premium for this change shall be **Waived for 2022.**


Schedule

Person or Organization

City and County of San Francisco
It's officers, agents & employees
Office of Contract Management & Compliance
101 Grove Street, Room 307
San Francisco, CA 94102

Job Description

Funding source for healthcare operations

Countersigned by 
Vicki Eberwein, Program Administrator, Authorized Representative