

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

Agreement between the City and County of San Francisco and

Walden House

This Agreement is made this 1st day of October, 2010, in the City and County of San Francisco, State of California, by and between: Walden House Inc., 1550 Evans Ave., San Francisco, CA 94124, hereinafter referred to as "Contractor," and the City and County of San Francisco, a municipal corporation, hereinafter referred to as "City," acting by and through its Director of the Office of Contract Administration or the Director's designated agent, hereinafter referred to as "Purchasing."

Recitals

WHEREAS, the Department of Public Health, Community Behavioral Health Services, ("Department") wishes to provide services for Mental Health and Substance Abuse programs.

WHEREAS, Request for Proposal (RFP23-2009) was issued on July 31, 2009, and City selected Contractor as the highest qualified scorer pursuant to the RFP; and

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

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number 4151-09/10 on June 21, 2010;

Now, THEREFORE, the parties agree as follows:

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

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

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

3. **Effective Date of Agreement.** This Agreement shall become effective when the Controller has certified to the availability of funds and Contractor has been notified in writing.
4. **Services Contractor Agrees to Perform.** The Contractor agrees to perform the services provided for in Appendix A, "Description of Services," attached hereto and incorporated by reference as though fully set forth herein.
5. **Compensation.** Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the **Director of the Department of Public Health**, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed Fifty Four Million Two Hundred Fifty Six Thousand Five Hundred Forty Five Dollars (\$54,256,545). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by **Department of Public Health** as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.
6. **Guaranteed Maximum Costs.** The City's obligation hereunder shall not at any time exceed the amount certified by the Controller for the purpose and period stated in such certification. Except as may be provided by laws governing emergency procedures, officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Commodities or Services beyond the agreed upon contract scope unless the changed scope is authorized by amendment and approved as required by law. Officers and employees of the City are not authorized to offer or promise, nor is the City required to honor, any offered or promised additional funding in excess of the maximum amount of funding for which the contract is certified without certification of the additional amount by the Controller. The Controller is not authorized to make payments on any contract for which funds have not been certified as available in the budget or by supplemental appropriation.
7. **Payment; Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller, and must include a unique invoice number and must conform to Appendix F. All amounts paid by City to Contractor shall be subject to audit by City. Payment shall be made by City to Contractor at the address specified in the section entitled "Notices to the Parties."
8. **Submitting False Claims; Monetary Penalties.** Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at <http://www.municode.com/Library/clientCodePage.aspx?clientID=4201>. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.
9. **Disallowance.** If Contractor claims or receives payment from City for a service, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the

amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement. By executing this Agreement, Contractor certifies that Contractor is not suspended, debarred or otherwise excluded from participation in federal assistance programs. Contractor acknowledges that this certification of eligibility to receive federal funds is a material terms of the Agreement.

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

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

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

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

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

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

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

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

14. Independent Contractor; Payment of Taxes and Other Expenses

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

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

15. Insurance

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

- 1) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and
- 2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and
- 3) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

4) Blanket Fidelity Bond (Commercial Blanket Bond) Limits in the amount of the Initial Payment provided for in the Agreement.

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

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

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

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

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

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

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

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

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

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

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

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

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

18. Liability of City. CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 5 OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT.

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

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

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

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

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

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

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

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

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

21. Termination for Convenience

a. City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective.

b. Upon receipt of the notice, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:

1) Halting the performance of all services and other work under this Agreement on the date(s) and in the manner specified by City.

2) Not placing any further orders or subcontracts for materials, services, equipment or other items.

3) Terminating all existing orders and subcontracts.

4) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.

5) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.

6) Completing performance of any services or work that City designates to be completed prior to the date of termination specified by City.

7) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

c. Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:

1) The reasonable cost to Contractor, without profit, for all services and other work City directed Contractor to perform prior to the specified termination date, for which services or work City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for services or other work. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.

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

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

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

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

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

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

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

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

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

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

24. Proprietary or Confidential Information of City

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

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

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

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

e. All of the reports, information, and other materials prepared or assembled by Contractor under this Agreement shall be submitted to the Department of Public Health Contract Administrator and shall not be divulged by Contractor to any other person or entity without the prior written permission of the Contract Administrator listed in Appendix A.

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

To CITY: Office of Contract Management and Compliance
Department of Public Health
1380 Howard Street, Room 442 FAX: (415) 255-3088
San Francisco, California 94103 e-mail: Junko.Craft@sfdph.org

And: Elizabeth Davis
1380 Howard Street, 2th Floor FAX: (415) 255-3634
San Francisco, Ca 94103 e-mail: Elizabeth.Davis@sfdph.org

To Paul Kroeger
CONTRACTOR: Walden House Inc. FAX: (415) 554-1100
520 Townsend St. e-mail: pkroeger@waldenhouse.org
San Francisco, CA 94103

Any notice of default must be sent by registered mail.

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

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

material and execute any documents necessary to effectuate such assignment. With the approval of the City, Contractor may retain and use copies of such works for reference and as documentation of its experience and capabilities.

28. Audit and Inspection of Records

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

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

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

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

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

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

31. Non-Waiver of Rights. The omission by either party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by the other

party at the time designated, shall not be a waiver of any such default or right to which the party is entitled, nor shall it in any way affect the right of the party to enforce such provisions thereafter.

32. Earned Income Credit (EIC) Forms. Administrative Code section 12O requires that employers provide their employees with IRS Form W-5 (The Earned Income Credit Advance Payment Certificate) and the IRS EIC Schedule, as set forth below. Employers can locate these forms at the IRS Office, on the Internet, or anywhere that Federal Tax Forms can be found. Contractor shall provide EIC Forms to each Eligible Employee at each of the following times: (i) within thirty days following the date on which this Agreement becomes effective (unless Contractor has already provided such EIC Forms at least once during the calendar year in which such effective date falls); (ii) promptly after any Eligible Employee is hired by Contractor; and (iii) annually between January 1 and January 31 of each calendar year during the term of this Agreement. Failure to comply with any requirement contained in subparagraph (a) of this Section shall constitute a material breach by Contractor of the terms of this Agreement. If, within thirty days after Contractor receives written notice of such a breach, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of thirty days, Contractor fails to commence efforts to cure within such period or thereafter fails to diligently pursue such cure to completion, the City may pursue any rights or remedies available under this Agreement or under applicable law. Any Subcontract entered into by Contractor shall require the subcontractor to comply, as to the subcontractor's Eligible Employees, with each of the terms of this section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Section 12O of the San Francisco Administrative Code.

33. Local Business Enterprise Utilization; Liquidated Damages

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

b. Compliance and Enforcement

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

By entering into this Agreement, Contractor acknowledges and agrees that any liquidated damages assessed by the Director of the HRC shall be payable to City upon demand.

Contractor further acknowledges and agrees that any liquidated damages assessed may be withheld from any monies due to Contractor on any contract with City.

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

34. Nondiscrimination; Penalties

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

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

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

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

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

35. MacBride Principles—Northern Ireland. Pursuant to San Francisco Administrative Code §12F.5, the City and County of San Francisco urges companies doing business in Northern Ireland to

move towards resolving employment inequities, and encourages such companies to abide by the MacBride Principles. The City and County of San Francisco urges San Francisco companies to do business with corporations that abide by the MacBride Principles. By signing below, the person executing this agreement on behalf of Contractor acknowledges and agrees that he or she has read and understood this section.

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

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

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

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

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

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

42. Limitations on Contributions. Through execution of this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City’s Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or

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

43. Requiring Minimum Compensation for Covered Employees

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

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

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

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

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

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

are reasonable estimates of the loss that the City and the public will incur for Contractor's noncompliance. The procedures governing the assessment of liquidated damages shall be those set forth in Section 12P.6.2 of Chapter 12P.

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

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

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

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

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

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

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

d. Any Subcontract entered into by Contractor shall require the Subcontractor to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section. Contractor shall notify City's Office of Contract Administration when it enters into such a Subcontract and shall certify to the Office of Contract Administration that it has notified the Subcontractor of the obligations under the HCAO and has imposed the requirements of the HCAO on

Subcontractor through the Subcontract. Each Contractor shall be responsible for its Subcontractors' compliance with this Chapter. If a Subcontractor fails to comply, the City may pursue the remedies set forth in this Section against Contractor based on the Subcontractor's failure to comply, provided that City has first provided Contractor with notice and an opportunity to obtain a cure of the violation.

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

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

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

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

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

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

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

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

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

45. **First Source Hiring Program**

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

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

property contract. Contractors shall also enter into an agreement with the City for any other work that it performs in the City. Such agreement shall:

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

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

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

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

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

6) Set the term of the requirements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 51. Construction.** All paragraph captions are for reference only and shall not be considered in construing this Agreement.
- 52. Entire Agreement.** This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This contract may be modified only as provided in Section 48, "Modification of Agreement."
- 53. Compliance with Laws.** Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.
- 54. Services Provided by Attorneys.** Any services to be provided by a law firm or attorney must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.
- 55. Supervision of Minors** Left blank by agreement of the parties. (Supervision of Minors)
- 56. Severability.** Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.
- 57. Protection of Private Information.** Contractor has read and agrees to the terms set forth in San Francisco Administrative Code Sections 12M.2, "Nondisclosure of Private Information," and 12M.3, "Enforcement" of Administrative Code Chapter 12M, "Protection of Private Information," which are incorporated herein as if fully set forth. Contractor agrees that any failure of Contractor to comply with the requirements of Section 12M.2 of this Chapter shall be a material breach of the Contract. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract, bring a false claim action against the Contractor pursuant to Chapter 6 or Chapter 21 of the Administrative Code, or debar the Contractor.
- 58. Graffiti Removal.** Graffiti is detrimental to the health, safety and welfare of the community in that it promotes a perception in the community that the laws protecting public and private property can be disregarded with impunity. This perception fosters a sense of disrespect of the law that results in an increase in crime; degrades the community and leads to urban blight; is detrimental to property values, business opportunities and the enjoyment of life; is inconsistent with the City's property maintenance goals and aesthetic standards; and results in additional graffiti and in other properties becoming the target of graffiti unless it is quickly removed from public and private property. Graffiti results in visual pollution and is a public nuisance. Graffiti must be abated as quickly as possible to avoid detrimental impacts on the City and County and its residents, and to prevent the further spread of graffiti. Contractor shall remove all graffiti from any real property owned or leased by Contractor in the City and County of San Francisco within forty eight (48) hours of the earlier of Contractor's (a) discovery or notification of the graffiti or (b) receipt of notification of the graffiti from the Department of Public Works. This section is not intended to require a Contractor to breach any lease or other agreement that it may have concerning its use of the real property. The term "graffiti" means any inscription, word, figure, marking or design that is affixed, marked, etched, scratched, drawn or painted on any building, structure, fixture or other improvement, whether permanent or temporary, including by way of example only and without limitation, signs, banners, billboards and fencing surrounding construction sites, whether public or private, without the consent of the owner of the property or the owner's authorized agent, and which is visible from the public right-of-way. "Graffiti" shall not include: (1) any sign or banner that is authorized by, and in

compliance with, the applicable requirements of the San Francisco Public Works Code, the San Francisco Planning Code or the San Francisco Building Code; or (2) any mural or other painting or marking on the property that is protected as a work of fine art under the California Art Preservation Act (California Civil Code Sections 987 et seq.) or as a work of visual art under the Federal Visual Artists Rights Act of 1990 (17 U.S.C. §§ 101 et seq.).

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

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

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

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

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

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

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

CITY

CONTRACTOR

Recommended by:

Walden House Inc.


MITCHELL H. KATZ, M.D.
Director of Health

10-18-10
/ Date

Approved as to Form:

Dennis J. Herrera
City Attorney

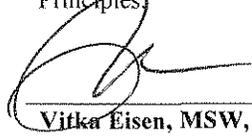
By signing this Agreement, I certify that I comply with the requirements of the Minimum Compensation Ordinance, which entitle Covered Employees to certain minimum hourly wages and compensated and uncompensated time off.

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

By:


Terence Howzell, Deputy
City Attorney

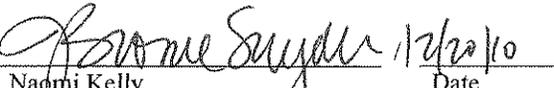
10/25/10
/ Date



Vitka Eisen, MSW, EdD
Chief Executive Officer
520 Townsend Street
San Francisco, CA 94103

10/13/2010
Date

Approved:


Naomi Kelly
Director of the Office of
Contract Administration and
Purchaser

11/20/10
Date

City vendor number: 19454

Appendices

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

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Appendix A
COMMUNITY BEHAVIORAL HEALTH SERVICES

The following requirements are incorporated into Appendix A, as provided in this Agreement under Section 4. SERVICES.

A. Contract Administrator:

In performing the SERVICES hereunder, CONTRACTOR shall report to Elizabeth Davis, Contract Administrator for the CITY, or her designee.

B. Reports:

(1) 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.

(2) CONTRACTOR agrees to submit to the Director of Public Health or his designated agent (hereinafter referred to as "DIRECTOR") the following reports: Annual County Plan Data; Utilization Review Data and Quarterly Reports of De-certifications; Peer Review Plan, Quarterly Reports, and relevant Peer Review data; Medication Monitoring Plan and relevant Medication Monitoring data; Charting Requirements, Client Satisfaction Data, Program Outcome Data, and Data necessary for producing bills and/or claims in conformance with the State of California Uniform Method for Determining Ability to Pay (UMDAP; the state's sliding fee scale) procedures.

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.

Space owned, leased or operated by providers, including satellites, and used for SERVICES or staff shall meet local fire codes. Documentation of fire safety inspections and corrections of any deficiencies shall be made available to reviewers upon request.

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. 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, except to the extent that the SERVICES are to be rendered to a specific

population as described in Appendix A. CONTRACTOR shall adhere to Title XIX of the Social Security Act and shall conform to all applicable Federal and State statutes and regulations. CONTRACTOR shall ensure that all clients will receive the same level of care regardless of client status or source of reimbursement when SERVICES are to be rendered.

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, §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 record keeping.

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

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

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

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

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

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

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

J. Acknowledgment of Funding:

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

K. Client Fees and Third Party Revenue:

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

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

(3) 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.

L. Billing and Information System

CONTRACTOR agrees to participate in the CITY'S Community Mental Health Services (CMHS) and Community Substance Abuse Services (CSAS) Billing and Information System (BIS) and to follow data reporting procedures set forth by the CMHS/CSAS BIS and Quality Improvement Units.

M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. 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.

O. 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.

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

In the provision of SERVICES under Community Mental Health Services or Community Substance Abuse Services contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by Community Mental Health Services or Community Substance Abuse Services, as

applicable, and shall keep itself duly informed of such policies. Lack of knowledge of such policies and procedures shall not be an allowable reason for noncompliance.

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.

2. **Description of Services**

Detailed description of services are listed below and are attached hereto

Appendix A-1	Adult Residential
Appendix A-2	Satellite Residential
Appendix A-3	WHITS Residential
Appendix A-4	Bridges Residential
Appendix A-5	Adult Residential Post SFGH
Appendix A-6	Transgender Residential
Appendix A-7	LODESTAR
Appendix A-8	Women's Hope
Appendix A-9	Central City OASIS
Appendix A-10	RPI
Appendix A-11	Prop 63
Appendix A-12	Crisis Intervention
Appendix A-13	BASN Residential
Appendix A-14	CARE Variable Length
Appendix A-15	CARE MDSP
Appendix A-16	CARE Detox
Appendix A-17	Bridges Outpatient
Appendix A-18	Second Chances Supportive Housing
Appendix A-19	Second Chances Case Management
Appendix A-20	Connections program
Appendix A-21	PROP
Appendix A-22	HIV Set Aside Coordinator
Appendix A-23	Health Services & Medication Support
Appendix A-24	Project Homeless Connect

Contractor: Walden House, Inc.
Program: Adult Residential
Fiscal Year: 2010-11

Appendix A-1
Contract Term: 7/1/10-6/30/11
Funding Source (AIDS Office & CHPP only)

1. **Program Name: Adult Residential**

890 Hayes Street (Men) San Francisco, CA 94117 (415) 241-5566 (415) 621-1033 f	815 Buena Vista West (Women) San Francisco, CA 94117 (415) 554-1450 (415) 554-1475 f	214 Haight Street (Dual Recovery) San Francisco, CA 94102 (415) 554-1480 (415) 934-6867f
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2. **Nature of Document (check one)**

New Renewal Modification

3. **Goal Statement**

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

4. **Target Population**

The target population served by Walden House Adult Residential is adult poly-substance abusers who live in San Francisco. Their primary drugs of abuse are heroin, crack, alcohol, cocaine, amphetamines and barbiturates. Walden House 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
- Homeless

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

The service modality for this Appendix is residential substance abuse treatment.

6. **Methodology**

Walden House's Gender Responsive Men's/ Women's/ Dual Recovery Residential Substance Abuse Treatment Programs are gender responsive residential substance abuse treatment. This program accepts San Francisco residents and offers integrated substance abuse 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.

Outreach, recruitment, promotion, and advertisement: Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs 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 program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access services through an appointment or walk-in at the Intake Department. The person served may access Walden House services through an appointment or walk-in at the Multi Service center, Intake Department. A referral phone call secures an intake interview appointment at 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and

Contractor: Walden House, Inc.
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responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), the Modified Mini Screen, and the Addiction Severity Index-Lite. The ASI-Lite produces a severity profile and narrative describing problems in the areas of substance use, employment, family, legal, medical and mental health.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. 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. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants 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 WH psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment and a baseline Milestones of Recovery Scale, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis. Appropriate consents and releases of information are collected from individuals who will enter Walden House programs.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned Walden House continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

Program Service Delivery Model: WH Recovery Program (MRP) serves San Francisco residents whose substance abuse and related problems require the intensity and comprehensive scope provided in a residential program setting. The program is variable length, offering the possibility of services for six months to a year and is designed to serve any individual who desires services, some of whom have co-occurring mental health disorders, and/or HIV/AIDS. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction; co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

Welcoming and Initial Engagement: Participants are transported from admissions to the residential facility by WH drivers who have received training in welcoming and supporting participants as they transition into residential care. They are warmly greeted at the facility by staff and are assigned a care manager and therapist who will, over the next several days, conduct additional assessments to determine the most pressing treatment needs. They attend orientation groups that outline the program's rules, structure and schedule. The new participant is also introduced to a Big Brother or Big Sister, a peer who has already adapted well to program demands and can assist with adjusting to the treatment environment. Participants are provided with clothes, toiletries, and other necessities and receive a lot of support from staff and peers.

Treatment Plan Development: Within fourteen days, a comprehensive treatment plan is developed in collaboration with the participant and based on assessment results. The plan identifies problems the participant wants to address and recommends interventions and strategies. Problems most often include substance use, severity of mental health symptoms, poor medication adherence, homelessness, and lack of social support and professional services. Residential substance abuse treatment plans always includes at least 20 hours per week of AOD services. The care manager and the participant both sign the treatment plan, which is updated with new objectives and goals as the participant moves through treatment. In addition to shaping the content of case management and individual therapy, the individualized treatment plan also determines what other services the participant will access at WH and what services they will access through linkage to partnering service providers.

Document Date: October 8, 2010

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Case Management and Care Review: Case Management with an emphasis on referral and linkage is the program's overarching evidence-based practice. The WH approach to case management is participant-driven and strength-based. Case managers partner with participants to help them utilize personal strengths and supports to navigate stressors and challenges. Issues of culture, ethnicity, family, environment, language, attitudes toward seeking help and stigmatization are actively addressed. Program participants frequently have a history of utilizing system of care services inconsistently and in ways that interfere with continuity of care. Creating meaningful linkages to key services both within and outside of Walden House supports a hearty recovery that can extend beyond the limits of the residential treatment episode.

Case Managers work with our partners to arrange participant appointments at Tom Waddell, San Francisco General Hospital, Positive Health Program, or St. Mary's Hospital if they don't already have a primary care home; these partners are all points of access for Healthy San Francisco enrollment. For those participants who have primary care providers, information about the date of last contact and frequency of care are determined, and they are encouraged to reestablish or become consistent with services. Participants are either dropped off to these appointments by a Walden House van and driver or are accompanied by peers for support. HIV+ participants who require a patient advocate are also linked to a peer advocate who can continue to assist with access to services after the Walden House stay.

Often, the treatment plan identifies other goals for case management including community reintegration planning for finding housing, employment or education services, SSI or other benefits advocacy and ongoing medical and mental health services. Releases of information are obtained and stored in participants' clinical files to facilitate communication between providers and to aid in the coordination of services.

Care Reviews are conducted on a weekly basis during the residential treatment episode with updates to the treatment plan due every 60 days. Multidisciplinary staff (case managers, therapists, medical services staff, & program directors) attend a two-hour weekly case review meeting during which progress and barriers toward achieving treatment goals, medication issues, peer interactions, engagement in the clinical program, and discharge planning are reviewed. During this review, the effectiveness of clinical strategies is explored and the treatment plan is updated as needed. Participants will regularly give and receive feedback from the team and outside case managers.

Walden House provides a variety of behavioral health and human services to the client. The components of services include: Alcohol and Drug Counseling, Family and Support Network Assessment, Relapse Prevention, Self Help Groups, Reentry Services, and Aftercare.

In addition, some clients may require specialized treatment plan based on their specific needs. Walden House also provides:

HIV Services: Individuals who are HIV+ will receive specialized services throughout the program that target their specific needs. These program participants will receive psychiatric screenings, case management, linkage to primary care, prevention education, and medication support, with specialized treatment goals and interventions in these areas that reflect the nature and scope of needs that are unique to the population. This will include participation in Prevention With Positives groups, and HIV support groups that help participants manage the unique challenges of living with HIV. Case management strategies for HIV+ participants focus on developing meaningful linkages to assist the participant in the areas of disease management, advocacy, access to services and benefits, and supporting long-term recovery. All referrals and other linkages are recorded in the participant's clinical file. All case managers and therapists attend numerous annual HIV trainings sponsored by the San Francisco system of care and the Walden Institute of Training. They are educated about HIV, sensitive to issues of disclosure and forming trust with this population, and are not only knowledgeable about system of care resources, but also maintain relationships with these providers which ensures the effectiveness of linkages and coordinated services.

Individual and Group Therapy: Men whose assessments indicate a need for mental health support will have the opportunity for at least one therapy session per week with a masters or doctoral-level mental health professional. Therapy goals usually focus on symptom management, managing urges to use alcohol and drugs, increasing coping skills, utilizing social support, and medication adherence. All WH clinicians are trained Motivational Interviewing as a clinical approach. They respect the participant's own process, accurately assess and respond to their readiness to change problem behaviors, and initiate interventions when they can be most effective.

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Funding Source (AIDS Office & CHPP only)

Medication Services: Medication services are available to all participants with mental health or physical issues that require medical intervention. When clinically appropriate, participants are referred to a WH psychiatrist for initial medication evaluations and follow-up visits. These services are available on-site on a weekly basis. Medical services staff assist participants to assume responsibility for medication adherence, and medications information is tracked and regularly included in case reviews.

Prevention Services: Upon entering a WH program, all participants undergo a behavioral risk assessment to identify prevention issues for their treatment plan. Group and individual prevention services include educational seminars and counseling about reducing risk factors for HIV, HCV, and STDs. Additionally, when risk is identified, participants receive appropriate referrals and support for HIV testing through partnerships with the Native American Health Center and the Haight Ashbury Free Clinic, who provide services at our site. Individuals who are HIV+ attend seminars in Prevention With Positives, to reduce the risk of transmitting the virus. WH Prevention Services staff are specially trained to provide culturally sensitive harm reduction, counseling, education, and referrals to participants according to the standards of the U.S. Center for Disease Control and Prevention's (CDC) HIV testing protocol.

Family Services: Family members and other supporters can participate with the program if the participant invites them to do so. Family Education Nights provide information about Walden House and behavioral health treatment, and holiday events and other recreational and social activities are open to family members. Also upon invitation, when relevant to the individual's treatment plan, family members and other supporters can take part in therapy or other counseling sessions in order to optimize social support for the participant's recovery.

For many MRP participants, recovery involves visits and possible reunification with children who are involved with Child Protective Services. The program will support parents in numerous ways, including ensuring that all CPS mandates are honored, offering parenting classes and support groups, sponsoring parent/child activities, and providing linkage to Child Support Services for assistance in fulfilling child support obligations. When appropriate, participants are linked to the County's Family Law Facilitators Office for help with issues relating to divorce, visitation, and custody arrangements.

Community Re-integration: WH operates a Re-entry Services Center at 1550 Evans Ave. The Center provides job readiness skills, linkages to vocational training programs, job search skills, employment and housing counseling and linkages, computer training classes and benefits enrollment assistance. Additionally, the Five Keys Charter School operates a classroom at the Evans site that offers GED preparation, linkage to GED testing and high school class work for completion of a high school diploma. Participants at the Re-entry stage of their treatment episode are referred to the Re-entry Services Center in order to prepare for employment and begin a housing search or apply for necessary benefits if employment seems unlikely.

Gender Specific Services: The most common of these are gender specific support groups which provide an opportunity to process issues of addiction, mental illness and recovery as they relate to gender. Other groups and skills classes are also conducted in gender cohorts, including Seeking Safety groups and parenting classes, the latter of which consists of separate curricula for men (The Nurturing Fathers Program).

Program services are located at 890 Hayes Street in San Francisco and the facility operates 24 hours every day. Admissions/Intakes are conducted at 1899 Mission Street. The Site(s) are licensed and the treatment programs are certified by California's Dept. of Alcohol and Drug Programs. All sites are ADA compliant and complies with all licensing, certification, health, safety, and fire codes.

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 includes a celebrated through a formal ceremony. 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). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

Document Date: October 8, 2010

All program services and activities are documented in a client chart. Charting is consistent with regulations set by the State, Commission on Accreditation of Rehabilitation Facilities, and the San Francisco Department of Public Health. Current client files are securely stored in counselors locked cabinets. Discharged client files are locked in secured rooms at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

7. Objectives and Measurements

A. Performance/Outcome Objectives

Objective A.1: Reduced Psychiatric Symptoms

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

Objective A.2: Reduce Substance Use

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer. (A.2b)
3. Substance Abuse Treatment Providers will show a reduction of days in jail or prison from admission to discharge for 60% of new clients admitted during Fiscal Year 2010-11, who remained in the program for 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

Objective B.2: Treatment Access and Retention

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

Objective F.1: Health Disparity in African Americans

To improve the health, well-being and quality of life of African Americans living in San Francisco CBHS will initiate efforts to identify and treat the health issues facing African American residents of San Francisco. The efforts will take two approaches:

- 1) Immediate identification of possible health problems for all current African American clients and new clients as they enter the system of care;
- 2) Enhance welcoming and engagement of African American clients.

Interventions to address health issues:

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

The new Avatar system will allow electronic documentation of such information.

3. Active engagement with primary care provider
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

Objective G.1: Alcohol Use/Dependency

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

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

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

B. Other Measurable Objectives

1. During Fiscal Year 2010-11, 90% who complete are linked to an appropriate level of continuing care and support as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, 90% who complete are linked to 12 Step and/or support groups as measured by internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, 95% who complete are linked to a primary care home as measured by internal outcome measurement system and documented in client files.
4. During Fiscal Year 2010-11, at the time of completion 85% will report increased quality of life (versus self report at intake) as measured by Internal outcome measurement system and documented in client files.

8. Continuous Quality Improvement

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House 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.

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.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.

- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

Privacy Policy:

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule – December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Contractor: Walden House, Inc.
Program: Adult Residential
Fiscal Year: 2010-11

Appendix A-1
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Funding Source (AIDS Office & CHPP only)

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

1. Program Name: Adult Residential Satellite

Program Address:

815 Buena Vista West (Women)
San Francisco, CA 94117
(415) 554-1450
(415) 554-1475 f

1445 Chinook (Men)
San Francisco, CA 94130
(415) 970-7500
(415) 970-7575 f

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

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

4. Target Population

The target population served by Walden House Adult Residential is adult poly-substance abusers who live in San Francisco. Their primary drugs of abuse are heroin, crack, alcohol, cocaine, amphetamines and barbiturates. Walden House 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 women; the mentally ill; HIV positive individuals; homeless people; young adults ages 18-24; gay, lesbian, bisexual and transgender people; veterans; parents; and individuals involved in the criminal justice system.

- Polysubstance abusers
- Intravenous route of administration
- Homeless

5. Modality(ies)/Interventions

The service modality for this Appendix is residential substance abuse treatment

6. Methodology

Walden House Adult Residential Satellite is a type of transitional housing, 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. Treatment services are administered at the licensed facilities at 890 Hayes, 815 Buena Vista West, and 214 Haight.

Outreach, Recruitment, Admissions and Intake:

Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs 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 program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access services through an appointment or walk-in at the Intake Department. The person served may access Walden House services through an appointment or walk-in at the Multi Service center, Intake Department. A referral phone call secures an intake interview appointment at 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), the Modified Mini Screen, and the Addiction Severity Index-Lite. The ASI-Lite produces a severity profile and narrative describing problems in the areas of substance use, employment, family, legal, medical and mental health.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. 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. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants 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 WH psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment and a baseline Milestones of Recovery Scale, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis. Appropriate consents and releases of information are collected from individuals who will enter Walden House programs.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned Walden House continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

In this case, if appropriate, the client is moved to Satellite Residential to help them further stabilize to re-enter the community. The selection of clients into the transitional housing programs is contingent upon their eligibility for funding, bed spaces available, and need for transitional housing and the services.

Program Service Delivery Model: The program has a variable length; participants are eligible for up to one year total of residential and/or adult overnight/partial day treatment to complete the balance of that year, if needed, to achieve their treatment goals and link to the next step-down level of care.

Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

Clients, who reside in Satellite, have enrolled in vocation training, found a job, or is enrolled in school. Satellites provide supported transitional housing to several clients living as roommates. When the client moves to a satellite apartment s/he begins to focus on re-socialization, work and family-related issues, as well as develops a transition plan to move toward independence. This transitional housing and supportive services may last up to 3 months, with extensions allowed on a case-by-case basis and availability of funding. Reentry clients pay subsidized rent, and receive supervision of money management, family issues, independent living skills and reentry issues.

Clients continue with their treatment plan, continue to receive case management services and reviews, and some of the same services as needed as the residential treatment clients. In addition, some satellite clients may require specialized treatment plan based on their specific needs. Walden House also provides:

HIV Services: Individuals who are HIV+ will receive specialized services throughout the program that target their specific needs. Many of the standards of care established for HIV+ participants are provided to all participants in our program, regardless of HIV status. For instance, all program participants will receive psychiatric screenings, case management, linkage to primary care, prevention education, and medication support. Participants who are HIV+ will have specialized treatment goals and interventions in these areas that reflect the nature and scope of needs that are unique to the population. This will include participation in Prevention With Positives groups, and HIV support groups that help participants manage the unique challenges of living with HIV. Case management strategies for HIV+ participants focus on developing meaningful linkages to assist the participant in the areas of disease management, advocacy, access to services and benefits, and supporting long-term recovery. All referrals and other linkages are recorded in the participant's clinical file. Case managers and therapists working in

Contractor: Walden House, Inc.
Program: Adult Residential Satellite
Fiscal Year: 2010-11

Appendix A-2
Contract Term: 7/1/10-6/30/11
Funding Source (AIDS Office & CHPP only)

the program attend numerous annual HIV trainings sponsored by the San Francisco system of care and the Walden Institute of Training. They are educated about HIV, sensitive to issues of disclosure and forming trust with this population, and are not only knowledgeable about system of care resources, but also maintain relationships with these providers which ensures the effectiveness of establishing linkages and coordinating services.

Prevention Services: Upon entering a WH program, all participants undergo a behavioral risk assessment to identify prevention issues for their treatment plan. Group and individual prevention services include educational seminars and counseling about reducing risk factors for HIV, HCV, and STDs. Additionally, participants receive appropriate referrals and support for HIV testing through partnerships with the Native American Health Center and the Haight Ashbury Free Clinic, who provide services at our site. Individuals who are HIV+ attend seminars in Prevention With Positives, to reduce the risk of transmitting the virus. WH Prevention Services staff are specially trained to provide culturally sensitive harm reduction, counseling, education, and referrals to participants according to the standards of the U.S. Center for Disease Control and Prevention's (CDC) HIV testing protocol.

Skills Training Groups: Building participants' healthy coping skills is one of the pillars of the clinical program. Participants are supported in skill development so that they can better manage symptoms and avoid using drugs and alcohol to self-medicate. Participants are referred to skills training groups according to the goals in their treatment plan. Groups include Anger Management; Dialectical Behavior Therapy Skills (Mindfulness, Distress Tolerance, Interpersonal Effectiveness, and Emotional Regulation); Seeking Safety (a manualized CBT approach to treating co-morbid PTSD and substance abuse); and Relapse Prevention.

Parenting Skills: The Parenting Skills Classes at WH 815 will be available to all women with minor children and any other woman who wants to take the course. These skills classes are a series in the *Nurturing Parenting Programs* collection. The classes are geared for parents of children at different developmental levels so as to meet the needs of all women in the program

Family Services: Family members and other supporters can participate with the program if the participant invites them to do so. Family Education Nights provide information about Walden House and behavioral health treatment, and holiday events and other recreational and social activities are open to family members. Also upon invitation, when relevant to the individual's treatment plan, family members and other supporters can take part in therapy or other counseling sessions in order to optimize social support for the participant's recovery. For many WH participants, recovery involves visits and possible reunification with children who are involved with Child Protective Services. The program will support parents in numerous ways, including ensuring that all CPS mandates are honored, offering parenting classes and support groups, sponsoring parent/child activities, and providing linkage to Child Support Services for assistance in fulfilling child support obligations. When appropriate, participants are linked to the County's Family Law Facilitators Office for help with issues relating to divorce, visitation, and custody arrangements.

Community Re-integration: WH operates a Re-entry Services Center at 1550 Evans Ave. The Center provides job readiness skills, linkages to vocational training programs, job search skills, employment and housing counseling and linkages, computer training classes and benefits enrollment assistance. Additionally, the Five Keys Charter School operates a classroom at the Evans site that offers GED preparation, linkage to GED testing and high school class work for completion of a high school diploma. Participants at the Re-entry stage of their treatment episode are referred to the Re-entry Services Center in order to prepare for employment and begin a housing search or apply for necessary benefits if employment seems unlikely.

Program services are located at 890 Hayes Street, 815 Buena Vista West, and 214 Haight in San Francisco and the facility operates 24 hours every day. Admissions/Intakes are conducted at 1899 Mission Street. The Site(s) are licensed and the treatment programs are certified by California's Dept. of Alcohol and Drug Programs. All sites are ADA compliant and complies with all licensing, certification, health, safety, and fire codes.

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1. During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult

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1. Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section. (F.1a)
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The new Avatar system will allow electronic documentation of such information.

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75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

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

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B. Other Measurable Objectives

1. During Fiscal Year 2010-11, 90% of those who will complete will be linked to an appropriate level of continuing care and support as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, 90% of those who complete will have improved housing status at time of discharge as measured by internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, 60% will gain, maintain, or regain employment as measured by internal outcome measurement system and documented in client files.
4. During Fiscal Year 2010-11, at the time of completion, 85% will report increased quality of life (versus self report at intake) as measured by internal outcome measurement system and documented in client files.
5. During Fiscal Year 2010-11, 95% who complete will be linked to appropriate continuing care and support as measured by internal outcome measurement system and documented in client files in addition to being captured in AVATAR.

8. Continuous Quality Improvement

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Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

1. Program Name: Walden House Intensive Treatment Services

214 Haight Street
San Francisco, CA 94102
Telephone: (415) 554-1480
Facsimile: (415) 934-6867

2. Nature of Document (check one)

New Renewal Modification

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.

4. Target Population

The target population served in WHITS Residential is chronically mentally ill, adult poly-substance abusers who live in San Francisco. A pattern of repeated involvement in both mental health and substance abuse treatment programs is characteristic of this population. Walden House 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 both women and men; HIV positive individuals; homeless people; young adults ages 18-24, and emancipated minors from 16 to 18; gays, lesbians, bisexuals and transgenders; veterans; and individuals involved in the criminal justice system. People with mental illness are a part of all Walden House programs; however, this program is designed specifically for the dual diagnosed population.

- Polysubstance abusers
- Chronically mentally ill individuals
- Homeless

5. Modality(ies)/Interventions

The service modality for this Appendix is residential mental health and substance abuse treatment.

6. Methodology

Walden House's Gender Responsive Men's/ Women's/ Dual Recovery Residential Substance Abuse Treatment Programs are gender responsive residential substance abuse treatment. This program accepts San Francisco residents and offers integrated substance abuse 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.

Outreach, recruitment, promotion, and advertisement: Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs 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 program. In addition, we distribute brochures and publications about our programs to community base organizations,

individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access services through an appointment or walk-in at the Intake Department. The person served may access Walden House services through an appointment or walk-in at the Multi Service center, Intake Department. A referral phone call secures an intake interview appointment at 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), the Modified Mini Screen, and the Addiction Severity Index-Lite. The ASI-Lite produces a severity profile and narrative describing problems in the areas of substance use, employment, family, legal, medical and mental health.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. 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. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants 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 WH psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment and a baseline Milestones of Recovery Scale, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis. Appropriate consents and releases of information are collected from individuals who will enter Walden House programs.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned Walden House continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

Program Service Delivery Model: WH Recovery Program (MRP) serves San Francisco residents whose substance abuse and related problems require the intensity and comprehensive scope provided in a residential program setting. The program is variable length, offering the possibility of services for six months to a year and is designed to serve any individual who desires services, some of whom have co-occurring mental health disorders, and/or HIV/AIDS. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

Welcoming and Initial Engagement: Participants are transported from admissions to the residential facility by WH drivers who have received training in welcoming and supporting participants as they transition into residential care. They are warmly greeted at the facility by staff and are assigned a care manager and therapist who will, over the next several days, conduct additional assessments to determine the most pressing treatment needs. They attend orientation groups that outline the program's rules, structure and schedule. The new participant is also introduced to a Big Brother or Big Sister, a peer who has already adapted well to program demands and can assist with adjusting to the treatment environment. Participants are provided with clothes, toiletries, and other necessities and receive a lot of support from staff and peers.

Treatment Plan Development: Within fourteen days, a comprehensive treatment plan is developed in collaboration with the participant and based on assessment results. The plan identifies problems the participant wants to address and recommends interventions and strategies. Problems most often include substance use, severity of mental health symptoms, poor medication adherence, homelessness, and lack of social support and professional services. Residential substance abuse treatment plans always includes at least 20 hours per week of AOD services. The care manager and the participant both sign the treatment plan, which is updated with new objectives and goals as the participant moves through treatment. In addition to shaping the content of case management and individual therapy, the individualized treatment plan also determines what other services the participant will access at WH and what services they will access through linkage to partnering service providers.

Case Management and Care Review: Case Management with an emphasis on referral and linkage is the program's overarching evidence-based practice. The WH approach to case management is participant-driven and strength-based. Case managers partner with participants to help them utilize personal strengths and supports to navigate stressors and challenges. Issues of culture, ethnicity, family, environment, language, attitudes toward seeking help and stigmatization are actively addressed. Program participants frequently have a history of utilizing system of care services inconsistently and in ways that interfere with continuity of care. Creating meaningful linkages to key services both within and outside of Walden House supports a hearty recovery that can extend beyond the limits of the residential treatment episode.

Case Managers work with our partners to arrange participant appointments at Tom Waddell, San Francisco General Hospital, Positive Health Program, or St. Mary's Hospital if they don't already have a primary care home; these partners are all points of access for Healthy San Francisco enrollment. For those participants who have primary care providers, information about the date of last contact and frequency of care are determined, and they are encouraged to reestablish or become consistent with services. Participants are either dropped off to these appointments by a Walden House van and driver or are accompanied by peers for support. HIV+ participants who require a patient advocate are also linked to a peer advocate who can continue to assist with access to services after the Walden House stay.

Often, the treatment plan identifies other goals for case management including community reintegration planning for finding housing, employment or education services, SSI or other benefits advocacy and ongoing medical and mental health services. Releases of information are obtained and stored in participants' clinical files to facilitate communication between providers and to aid in the coordination of services.

Care Reviews are conducted on a weekly basis during the residential treatment episode with updates to the treatment plan due every 60 days. Multidisciplinary staff (case managers, therapists, medical services staff, & program directors) attend a two-hour weekly case review meeting during which progress and barriers toward achieving treatment goals, medication issues, peer interactions, engagement in the clinical program, and discharge planning are reviewed. During this review, the effectiveness of clinical strategies is explored and the treatment plan is updated as needed. Participants will regularly give and receive feedback from the team and outside case managers.

Walden House provides a variety of behavioral health and human services to the client. The components of services include: Alcohol and Drug Counseling, Family and Support Network Assessment, Relapse Prevention, Self Help Groups, Reentry Services, and Aftercare.

In addition, some clients may require specialized treatment plan based on their specific needs. Walden House also provides:

HIV Services: Individuals who are HIV+ will receive specialized services throughout the program that target their specific needs. These program participants will receive psychiatric screenings, case management, linkage to primary care, prevention education, and medication support, with specialized treatment goals and interventions in these areas that reflect the nature and scope of needs that are unique to the population. This will include participation in Prevention With Positives groups, and HIV support groups that help participants manage the unique challenges of living with HIV. Case management strategies for HIV+ participants focus on developing meaningful linkages to assist the participant in the areas of disease management, advocacy, access to services and benefits, and supporting long-term recovery. All referrals and other linkages are recorded in the participant's clinical file. All case managers and therapists attend numerous annual HIV trainings sponsored by the San Francisco system of care and the Walden Institute of Training. They are educated about HIV, sensitive

to issues of disclosure and forming trust with this population, and are not only knowledgeable about system of care resources, but also maintain relationships with these providers which ensures the effectiveness of linkages and coordinated services.

Individual and Group Therapy: Men whose assessments indicate a need for mental health support will have the opportunity for at least one therapy session per week with a masters or doctoral- level mental health professional. Therapy goals usually focus on symptom management, managing urges to use alcohol and drugs, increasing coping skills, utilizing social support, and medication adherence. All WH clinicians are trained Motivational Interviewing as a clinical approach. They respect the participant's own process, accurately assess and respond to their readiness to change problem behaviors, and initiate interventions when they can be most effective.

Medication Services: Medication services are available to all participants with mental health or physical issues that require medical intervention. When clinically appropriate, participants are referred to a WH psychiatrist for initial medication evaluations and follow-up visits. These services are available on-site on a weekly basis. Medical services staff assist participants to assume responsibility for medication adherence, and medications information is tracked and regularly included in case reviews.

Prevention Services: Upon entering a WH program, all participants undergo a behavioral risk assessment to identify prevention issues for their treatment plan. Group and individual prevention services include educational seminars and counseling about reducing risk factors for HIV, HCV, and STDs. Additionally, when risk is identified, participants receive appropriate referrals and support for HIV testing through partnerships with the Native American Health Center and the Haight Ashbury Free Clinic, who provide services at our site. Individuals who are HIV+ attend seminars in Prevention With Positives, to reduce the risk of transmitting the virus. WH Prevention Services staff are specially trained to provide culturally sensitive harm reduction, counseling, education, and referrals to participants according to the standards of the U.S. Center for Disease Control and Prevention's (CDC) HIV testing protocol.

Family Services: Family members and other supporters can participate with the program if the participant invites them to do so. Family Education Nights provide information about Walden House and behavioral health treatment, and holiday events and other recreational and social activities are open to family members. Also upon invitation, when relevant to the individual's treatment plan, family members and other supporters can take part in therapy or other counseling sessions in order to optimize social support for the participant's recovery.

For many MRP participants, recovery involves visits and possible reunification with children who are involved with Child Protective Services. The program will support parents in numerous ways, including ensuring that all CPS mandates are honored, offering parenting classes and support groups, sponsoring parent/child activities, and providing linkage to Child Support Services for assistance in fulfilling child support obligations. When appropriate, participants are linked to the County's Family Law Facilitators Office for help with issues relating to divorce, visitation, and custody arrangements.

Community Re-integration: WH operates a Re-entry Services Center at 1550 Evans Ave. The Center provides job readiness skills, linkages to vocational training programs, job search skills, employment and housing counseling and linkages, computer training classes and benefits enrollment assistance. Additionally, the Five Keys Charter School operates a classroom at the Evans site that offers GED preparation, linkage to GED testing and high school class work for completion of a high school diploma. Participants at the Re-entry stage of their treatment episode are referred to the Re-entry Services Center in order to prepare for employment and begin a housing search or apply for necessary benefits if employment seems unlikely.

Gender Specific Services: The most common of these are gender specific support groups which provide an opportunity to process issues of addiction, mental illness and recovery as they relate to gender. Other groups and skills classes are also conducted in gender cohorts, including Seeking Safety groups and parenting classes, the latter of which consists of separate curricula for men (The Nurturing Fathers Program).

Program services are located at 890 Hayes Street in San Francisco and the facility operates 24 hours every day. Admissions/Intakes are conducted at 1899 Mission Street. The Site(s) are licensed and the treatment programs are certified by California's Dept. of Alcohol and Drug Programs. All sites are ADA compliant and complies with all licensing, certification, health, safety, and fire codes.

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 includes a celebrated through a formal ceremony. 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). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

All program services and activities are documented in a client chart. Charting is consistent with regulations set by the State, Commission on Accreditation of Rehabilitation Facilities, and the San Francisco Department of Public Health. Current client files are securely stored in counselors locked cabinets. Discharged client files are locked in secured rooms at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer, demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of

clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

7. Objectives and Measurements

A. Performance/Outcome Objectives

Objective A.1: Reduced Psychiatric Symptoms

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

Objective A.2: Reduce Substance Use

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer. (A.2b)
3. Substance Abuse Treatment Providers will show a reduction of days in jail or prison from admission to discharge for 60% of new clients admitted during Fiscal Year 2010-11, who remained in the program for 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

Objective B.2: Treatment Access and Retention

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

Objective F.1: Health Disparity in African Americans

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

The new Avatar system will allow electronic documentation of such information.

3. Active engagement with primary care provider
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

Objective G.1: Alcohol Use/Dependency

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

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

1. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review, and Quality Improvement unit

will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey. (H.1a)

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

B. Other Measurable Objectives

1. During Fiscal Year 2010-11, 90% of those who complete will have improved housing status at time of discharge as measured by internal outcome measurement system and documented in client files documented in client files documented in client files.
2. During Fiscal Year 2010-11, 90% who complete are linked to 12 Step and/or support groups as measured by Internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, At the time of completion 85% will report increased quality of life (versus self report at intake) as measured by Internal outcome measurement system and documented in client files.
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Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

1. **Program Name:** BRIDGES Residential
214 Haight Street
San Francisco, CA 94102
(415) 554-1480
(415) 934-6867 f

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

New **Renewal** **Modification**

3. **Goal Statement**

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

4. **Target Population**

The target population served by the Walden House BRIDGES program are adults parolees, mentally ill, poly-substance abusers or dependant on drugs and/or alcohol, considered legal residents of San Francisco.

- CDCR Parolees
- Poly-Substance Abusers
- Mentally Ill

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

The service modality for this Appendix is residential substance abuse treatment

6. **Methodology**

Walden House offers a streamlined continuum of care comprehensive residential substance abuse services.

Outreach and Recruitment: Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs 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 program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals. In addition, because this program's target population are CDCR parolees, the program staff have good referral relationships with the Parole agencies that serve parolees in San Francisco.

Admissions and Intake: Admission to the BRIDGES Program through an initial referral by the Parole Agent. A referral phone call secures an intake interview appointment at 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the Walden House continuum of care, additional assessments will take place in order to determine current mental status; symptom picture; substance use; living situation; medications; potential for

economic self-sufficiency; client strengths; and personal goals. The client will also take part in the Walden House Family/Support Network assessment which seeks to identify professional helpers and avenues of interpersonal support. The three-part assessment includes a questionnaire, completion of a simple genogram and a support system map. Upon admission, the client will complete a baseline "Milestones of Recovery Scale (MORS).

Program Service Delivery Model: BRIDGES is designed to provide intensive case management, skills training, advocacy and recovery support to parolees managing significant reentry challenges including mental illness, addiction, homelessness, poverty, institutionalized patterns of behavior, and poor social support. The program services are arrayed in order to help clients avoid reincarceration and the need for emergency services; meet survival needs; create and maintain a foundation for wellness and recovery; and have more quality of life.

The residential program is a variable-length program that accommodates up to 4 months and the stay may be lengthened from 1 to 12 months. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

Orientation: Within three days of being admitted to the program, each parolee will receive a face-to-face orientation to the program along with a copy of written policies and procedures.

Wellness Recovery Action Plan

Upon entering the program, clients will be guided in the creation of their own Wellness Recovery Action plan and share it with their case manager. This plan will include the following:

- Wellness Toolbox:** Practical things that can be done to stay well and feel better
- Daily Maintenance List:** Description of feeling right and what needs to happen every day to feel that way
- Triggers:** Things that can make you feel worse and an action plan to avoid these.
- Early Warning Signs:** Subtle internal signs that warn of problems and how to manage these
- Things are Breaking Down or Getting Worse:** Signs that indicate a crisis is coming and how to respond to these.
- Crisis Planning:** Instructions for others about how you want to be cared for if you temporarily can't care for yourself
- Post Crisis Plan:** Plans to gradually resume everyday responsibilities in a way as to not feel overwhelmed

WRAP Diary Card: Upon the initial creation of the Wellness Recovery Action Plan, a diary card will be created that is designed to track key elements of the WRAP plan. These elements could include medications; managing anger; self-harm or assault; using or craving substances; asking for help when needed; staying with a budget; following through on important appointments; housing search; etc. Each parolee will have a customized diary card that tracks thoughts, feelings, and behaviors on one side and gives them the opportunity to list skills they have learned and used on the other side. The skills will come from their wellness toolbox which should expand as they participate in the program.

Clients will have their diary cards reviewed by staff every day that they attend program or at least on a once a week basis depending on the treatment plan. Parolees will review their diary card with the case manager who will use the session to do further analysis of problem behaviors, develop alternative strategies for the future, and coach the use of skills when they are most needed. When clients engage in behaviors that move them farther away from their stated goals, the disparity will be noted and the case manager will seek to determine if problems arose because the client did not have a skill to manage the situation or if they had a skill but were not motivated to use it. The answer to that question will determine whether to teach a new skill or use motivational strategies to ensure that the skills are being used.

The program plans to use small, noncash incentives to encourage greater participation in program services. Clients who complete classes or are consistent with their WRAP diary cards can be given personal care products, food, movie tickets, restaurant coupons, etc. Criteria will be developed and peer mentors might be used to manage this process.

Development of the Individual Personal Services Plan: Within seven days of enrollment into the program, a case review will take place and a goal oriented Individual Personal Services Plan will be developed. The plan will guide case management efforts and activities in key areas including establishing income, housing, medical and mental health treatment, social support, etc. Assessments and the Wellness Recovery Action Plan will also inform the process. The goals of the Individual Personal Services Plan will be matched to the clinical schedule of groups and seminars. Clients will be encouraged to use program activities in order to create structure to their daily and weekly schedules.

Program Services are configured in such a way as to provide clients with daily structure and support as they can attend groups and seminars five days a week as well as take part in recreational/socialization activities, eat breakfast and lunch at the program, and participate in opportunities to mentor other clients. In this way, clients will be encouraged to utilize services as a Rehabilitation Day Treatment model with intensive case management services. Clients will receive independent living skills classes, vocational/educational support, wellness classes, social skills training, parenting support, crisis intervention support, DBT mindfulness training, and peer mentoring support.

The program is relationally oriented and case managers engage clients with respect and empathy and seek to develop a sense of connection with them. Clients are encouraged to manage symptoms and problem behaviors through intentional planning and resource management. The program also works to shore up inadequate or poorly utilized networks of interpersonal support so that help is at hand for clients when they need it the most.

Case Management & Case Conferencing: Case management activities will be directed by the individual services plan and will include linkage to system of care services and follow-up to ensure that services have been established. When appropriate, case managers will refer clients to organizations that can provide advocacy for establishing benefits and will work to ensure that clinical information will be made available to support that process. Appropriate Releases of Information will be sought in order to facilitate case conferencing and with outside agencies and regular case reviews will be scheduled with parole agents.

Staff will address criminal thinking and behaviors by utilizing the "Thinking for a Change" curriculum. Parolees will be able to learn how their thoughts, feelings, behaviors, and core belief systems have created problems in the past. Utilizing role play, the curriculum encourages the practice of cognitive, self-change skills in high risk situations to prepare for future challenges. The curriculum will most likely require some modification for the population served in this program.

Recreational Activities and Opportunities to Improve Socialization Skills: Because services will be offered on a daily basis and clients will be encouraged to use the program to structure daily activities, organized recreational activities will be offered. These activities could include parties, movie days, field trips, outings to the park, game days, etc. These activities will also provide important opportunities to practice and apply newly acquired social skills.

The program will seek to involve the family and friends of our clients in creating an effective network of support that will assist the client both while they are being actively case managed and once they are discharged as well. Family/Friends education events will be sponsored in order to provide supporters with information about recovery from mental health and addiction as well as information about involvement in the criminal justice system. If willing, individual members of client support networks could take part in groups or individual counseling sessions that would focus on setting up guidelines for future support. For example, a discussion might take place between a client and a supporter regarding how the supporter should approach the client if they fear he is in a high-risk situation. Using role play and behavioral rehearsal, difficult conversations could be prepared for in advance. Supporters could also take part in curriculum and learn how to help the client do a chain analysis, assist them to fill out the WRAP diary card, or learn principles that support recovery and prevent relapse.

Stabilization Beds: While the program will work to help keep clients out of inpatient care, it is possible that some clients may require either a brief stay in Psychiatric Emergency Services or less intensive services in a residential stabilization program.

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 includes a celebrated through a formal ceremony. 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). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

All program services and activities are documented in a client chart. Charting is consistent with regulations set by the State, Commission on Accreditation of Rehabilitation Facilities, and the San Francisco Department of Public Health. Current client files are securely stored in counselors locked cabinets. Discharged client files are locked in secured rooms at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

7. Objectives and Measurements

A. Performance/Outcome Objectives

Objective A.1: Reduced Psychiatric Symptoms

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

Objective A.2: Reduce Substance Use

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer. (A.2b)
3. Substance Abuse Treatment Providers will show a reduction of days in jail or prison from admission to discharge for 60% of new clients admitted during Fiscal Year 2010-11, who remained in the program for 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

Objective B.2: Treatment Access and Retention

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

Objective F.1: Health Disparity in African Americans

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

The new Avatar system will allow electronic documentation of such information.

3. Active engagement with primary care provider
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

Objective G.1: Alcohol Use/Dependency

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

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

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

B. Other Measurable Objectives

1. During Fiscal Year 2010-11, 90% of those who complete will have improved housing status at time of discharge as measured by internal outcome measurement system and documented in client files documented in client files.
2. During Fiscal Year 2010-11, 90% who complete are linked to 12 Step and/or support groups as measured by Internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, At the time of completion 85% will report increased quality of life (versus self report at intake) as measured by Internal outcome measurement system and documented in client files.
4. During Fiscal Year 2010-11, at the time of completion, 85% will report increased quality of life (versus self report at intake) as measured by internal outcome measurement system and documented in client files documented in client files.

8. Continuous Quality Improvement

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards &

compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House 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.

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.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.

- **Operations Committee:** The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

Privacy Policy:

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule – December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a

Contractor: Walden House, Inc.
Program: Bridges Residential
Fiscal Year: 2010-11

Appendix A-4
Contract Term: 7/1/10-6/30/11
Funding Source (AIDS Office & CHPP only)

contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

1. Program Name: Residential Treatment Post SFGH

890 Hayes Street (Men)	815 Buena Vista West (Women)	214 Haight Street (Dual Recovery)
San Francisco, CA 94117	San Francisco, CA 94117	San Francisco, CA 94102
(415) 241-5566	(415) 554-1450	(415) 554-1480
(415) 621-1033 f	(415) 554-1475 f	(415) 934-6867 f

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

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

4. Target Population

The target population served by the Walden House SFGH Treatment Access Program is adult poly-substance abusers who live in San Francisco and referred from San Francisco General Hospital by the Treatment Access Program (TAP). Their primary drugs of abuse are heroin, crack, alcohol, cocaine, amphetamines and barbiturates. Walden House 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 women; the mentally ill; HIV positive individuals; homeless people; young adults ages 18-24; gay, lesbian, bisexual and transgender people; veterans; parents; and individuals involved in the criminal justice system.

- Mental Health referrals.
- Polysubstance abusers
- Intravenous route of administration

5. Modality(ies)/Interventions

The service modality for this Appendix is residential substance abuse treatment

6. Methodology

Walden House Residential Treatment Post SFGH offers a streamlined continuum of care comprehensive residential substance abuse services.

Outreach and Recruitment: While Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs, Clients are primarily referred by San Francisco General Hospital by the Treatment Access Program (TAP). We also make presentations, maintain working relationships with these programs 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 program. In addition, we distribute brochures and publications about our programs

to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>.

Admissions and Intake: Admission to the Walden House Behavioral Health programs including Adult Residential and Outpatient Programs are open to all adult San Francisco residents with a substance abuse problem. The person served may access Walden House services through an appointment or walk-in at the Intake Department. A referral phone call secures an intake interview appointment at 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the Walden House continuum of care, the client begins with self-administered questionnaires including health and high-risk behavior issues for the Prevention/Diversion Department. An interview occurs thereafter with an intake staff member. This interview includes the administration of the Addiction Severity Index (ASI) Lite assessment which creates both a Narrative Summary and Severity Profile of the person served surrounding different life domains (Alcohol/Drug Use; Employment; Family; Legal; Medical; and Psychiatric). The client is provided further services as based on need identified by the severity profile for legal or psychiatric life domains.

If there is an identified need for legal assistance, the client is connected with the legal department to assist with interfacing with the legal system. If any psychiatric symptomology is identified during the assessment process, the client is further assessed by the licensed intake clinician to determine psychiatric status to determine the appropriateness for the Walden House continuum of care to ensure proper placement. At any time should any immediate detoxification or medical need be identified, Walden House will coordinate with medical staff or external emergency medical service personnel. The client is then assessed as appropriate for the Walden House continuum of care or is identified as inappropriate.

When the client is identified as inappropriate for the program will be provided referrals other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned Walden House continuum of care location based upon need, funding source and availability. Post-SFGH clients are admitted and screened to determine where the client will be placed and what population specific services they may require.

Program Service Delivery Model: The residential program is a variable-length program that accommodates up to 4 months and the stay may be lengthened from 1 to 12 months. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

Once onsite at their assigned location, the client immediately enters orientation which includes: introduction to staff and peers; orientation of their living quarters including common problems of communal living are also explained (i.e. dining times; hygiene times; infection control, etc.); "ABC" handbook which outlines program expectations, guidelines, norms, regulations, and rules; Recovery Plan – self assessment of needs, life problems, and areas for improvement.

Staff reviews client's Recovery Plan and an Interpretive Summary is then developed based upon information obtained. The Interpretive Summary provides the multidisciplinary treatment team a client-centric clinical picture of the immediate areas of concern and interventions, referrals, and treatment plans that are necessary to meet the client's needs. The client works with the staff member on creating an individual treatment plan with concrete objectives including what assignments, services and tasks with begin and end dates that are required of them to complete.

Walden House provides a variety of behavioral health and human services to the client. The components of services include:

Health Services: This component includes onsite Health Coordinators who observe the person served and their physical well-being. Medical referrals and medications are maintained by this component. In addition, psychiatric services including evaluation and medications are managed under the health service system in place.

Clinical Services: This component includes both substance abuse and mental health clinicians. The Clinical Services department contains licensed professionals for mental health concerns. Substance abuse counselors who work from a case management perspective are the primary clinical team contact. Interventions provided by Clinical Services include: Education; Counseling; and Case Management services. Services provided and received by the client are directly tied to the individual plan already developed.

- Education:** A curriculum of educational materials to the person served that addresses substance abuse, health and wellness issues is conducted to enhance the person's served understanding of the issues that require treatment.
- Counseling:** Clinical services provided are achieved via include family, group and individual modalities. Clinical services due to its unique structure not only can provide substance abuse counseling services, but dual diagnosis capable services as well. Current methodologies used in clinical practice include: Cognitive-Behavioral Theory; Dialectical

Behavioral Therapy; Motivational Interviewing; and the Seeking Safety curriculum. Counseling services include: substance abuse issues, daily functioning & social skills, psychiatric issues, cultural identity issues, coping skill development, traumatic experiences, family dysfunction/relationships, and reunification issues.

- **Case Management:** The Clinical Service department provides cultural and linguistically competent Case Management services. This is achieved via continuous assessment and re-assessment of the client's needs. Case Management may mean internal referrals to other Walden House service components or to external service providers. When the needs are beyond the scope of the program, the assigned staff member then makes linkages within the community for the client. Case management and supportive counseling are provided on an ongoing basis to the client.

Ancillary Services: Ancillary Services work in a consultative capacity and serves a pivotal role with the Clinical Services department to serve the needs of the client in a coordinated and coherent fashion. This component includes onsite:

- **Family Services:** This department provides parenting skill development and assists clients with minor children in the custody of the state or other guardians. Family education is also provided.
- **Prevention/Diversion:** This department provides prevention services. Health promotion and disease prevention services are provided surrounding high-risk behaviors related to sexually transmitted diseases and other health-related issues. In addition, the Prevention/Diversion department provides Primary Case Management services to those persons at risk for, or who currently are HIV infected. All clients complete a high-risk behavior questionnaire at the time of intake and are triaged by this department based upon the questionnaire completed.
- **Social Services:** This department functions the eligibility worker for the Social Security benefits system and representative payee. This department assists the clients to obtain and receive benefits they are eligible for and helps the person served identify possible routes for continued benefits beyond discharge.
- **Transitional Services:** This department provides educational, housing & economic support; employment; and vocational services and is charged with preparing the client to transition back into the community. This department provides GED; job-readiness; resume writing; housing seeking & maintenance; vocational skill building; and general employment & community services. The Transitional Services department works hand in hand with the Clinical Services department to ensure that Case Management and Transition planning are both consistent and sufficient to meet the needs of the client.

Walden House considers continuing care and transitioning back into the community at the beginning of the treatment episode. This primarily starts to be addressed in Orientation when the person served completes the Recovery Plan, including their plans after Walden House. Initial referrals are also considered during the creation of the Interpretive Summary to ensure transition and recovery support services are provided consistently over the course of treatment.

While in treatment, the client consistently meets with their assigned staff member and discusses Case Management needs as well as formalizing the transition process back into the community. Within the Walden House continuum of care, transition housing is available for those eligible for that funding. Services are provided outside of the Sober Living environment and assigned staff ensures coordinated care occurs to meet the needs of the person served. In addition, Transition Services staff members work with the assigned staff member and the client to ensure housing and employment needs are met. As the client approaches the end of their treatment episode referrals and recommendations are formulated.

A Continuing Care plan is created by the multidisciplinary team making necessary referrals for the smooth transition back into the community. In addition, recommendations post-discharge are made. As treatment comes to an end, the client must also complete the Continuing Care plan by outlining their plan to continue functioning in healthy manner post-discharge. Prior to the successful discharge, the Continuing Care plan must be reviewed and approved by the assigned staff member and the client. This plan serves as the roadmap to transitioning into the community and getting the client's needs met.

In addition to the usual services an adult residential clients receives, Post-SFGH clients are split into two groups:

- Clients with medical issues that require medical attention from our medical staff
- Clients with mental health issues (dual-diagnosis et al) coming out of SFGH that require psychotherapy attention with our psychotherapy staff.

Based on the need of the client, population specific services are rendered to stabilize the client so that the client can receive treatment and be integrated into the therapeutic community. Clients in this program are allowed to enter satellite as well.

Program services are located at 890 Hayes Street, 815 Buena Vista West, and 214 Haight in San Francisco and the facility operates 24 hours every day. Admissions/Intakes are conducted at 1899 Mission Street. The Site(s) are licensed and the treatment programs are certified by California's Dept. of Alcohol and Drug Programs. All sites are ADA compliant and complies with all licensing, certification, health, safety, and fire codes.

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 includes a celebrated through a formal ceremony. 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). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

All program services and activities are documented in a client chart. Charting is consistent with regulations set by the State, Commission on Accreditation of Rehabilitation Facilities, and the San Francisco Department of Public Health. Current client files are securely stored in counselors locked cabinets. Discharged client files are locked in secured rooms at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs; tracking forms, and meet weekly to evaluate the progress of clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

7. Objectives and Measurements

A. Performance/Outcome Objectives

Objective A.1: Reduced Psychiatric Symptoms

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

Objective A.2: Reduce Substance Use

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer.(A.2b)
3. Substance Abuse Treatment Providers will show a reduction of days in jail or prison from admission to discharge for 60% of new clients admitted during Fiscal Year 2010-11, who remained in the program for 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

Objective B.2: Treatment Access and Retention

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

Objective F.1: Health Disparity in African Americans

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

The new Avatar system will allow electronic documentation of such information.

3. Active engagement with primary care provider
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

Objective G.1: Alcohol Use/Dependency

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

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

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

B. Other Measurable Objectives

1. During Fiscal Year 2010-11, 90% of those who complete will have improved housing status at time of discharge as measured by internal outcome measurement system and documented in client files documented in client files documented in client files.
2. During Fiscal Year 2010-11, 90% who complete are linked to 12 Step and/or support groups as measured by Internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, At the time of completion 85% will report increased quality of life (versus self report at intake) as measured by Internal outcome measurement system and documented in client files.

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4. During Fiscal Year 2010-11, at the time of completion, 85% will report increased quality of life (versus self report at intake) as measured by internal outcome measurement system and documented in client files documented in client files.

8. Continuous Quality Improvement

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House 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.

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.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

Privacy Policy:

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule – December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the

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Contractor: Walden House, Inc.
Program: Residential Treatment Post SFGH
Fiscal Year: 2010-11

Appendix A-5
Contract Term: 7/1/10-6/30/11
Funding Source (AIDS Office & CHPP only)

following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

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1. Program Name: Transgender Recovery Program

890 Hayes Street (Men) San Francisco, CA 94117 (415) 241-5566 (415) 621-1033 f	815 Buena Vista West (Women) San Francisco, CA 94117 (415) 554-1450 (415) 554-1475 f	214 Haight Street (Dual Recovery) San Francisco, CA 94102 (415) 554-1480 (415) 934-6867 f
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2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

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

4. Target Population

The target populations served by the Walden House Transgender Recovery Program (TRP) are transgender poly-substance abusers who live in San Francisco. Primary drugs of abuse are alcohol, amphetamines, crack cocaine and heroin. Walden House serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent, primarily African-American, followed demographically by Caucasian, Hispanic, and Asian. All are at significant risk for HIV as some are positive. We also serve female -to-male (FTM), and gender-queer identified clients.

- male-to-female (MTF) transgender
- poly-substance abusers
- other transgender (Female to Male and gender-queer)

5. Modality(ies)/Interventions

The service modality for this Appendix is residential substance abuse treatment

6. Methodology

Transgender Recovery Program – Gender Identity (Transgender) Responsive Residential Substance Abuse Treatment Program is a trauma-informed, gender identity sensitive residential substance abuse treatment program for transgendered (TG) individuals. This program accepts self-identifying TG San Francisco residents and offers integrated substance abuse and mental health treatment in a safe, recovery-oriented environment that recognizes and responds to the prominent roles that trauma and abuse have played in many TG individuals' paths to addiction. Each individual's treatment experience is unique, as services are assessment-driven, strength-based, and participant-centered. The program is staffed by self-identifying TG clinicians, and all staff and residents in the facility are trained in TG sensitivity. TG-specific needs, including access to hormones, are thoroughly assessed and addressed.

Outreach and Recruitment: Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance

abuse treatment programs. We make presentations, maintain working relationships with these programs 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 program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

In addition, because this program's target population is Transgender clients, the program staff has good referral relationships with several agencies that serve transgender clients in San Francisco. In addition, program staff delivers services via a monthly support groups with trans identified women in other community forum like St. James Infirmary's trans sex worker clinic on Thursday nights.

Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access services through an appointment or walk-in at the Intake Department. The person served may access Walden House services through an appointment or walk-in at the Multi Service center, Intake Department. A referral phone call secures an intake interview appointment at 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), the Modified Mini Screen, and the Addiction Severity Index-Lite. The ASI-Lite produces a severity profile and narrative describing problems in the areas of substance use, employment, family, legal, medical and mental health.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. 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. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants 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 WH psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment and a baseline Milestones of Recovery Scale, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis. Appropriate consents and releases of information are collected from individuals who will enter Walden House programs.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned Walden House continuum of care location based upon need, funding source and availability. If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

Program Service Delivery Model: The program is variable length, offering the possibility of services for six months to a year and is designed to serve Transgender clients, some of whom have co-occurring mental health disorders, and/or HIV/AIDS. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

Welcoming and Initial Engagement: Participants are transported from admissions to the residential facility by WH drivers who have received training in welcoming and supporting participants as they transition into residential care. They are warmly greeted at the facility by staff and are assigned a care manager and therapist who will, over the next several days, conduct additional assessments to determine the most pressing treatment needs. They attend orientation groups that outline the program's rules, structure and schedule. The new participant is also introduced to a Big Brother or Big Sister, a peer who has already adapted well to program demands and can assist with adjusting to the treatment environment. Participants are provided with clothes, toiletries, and other necessities and receive a lot of support from staff and peers.

Treatment Plan Development: Within fourteen days, a comprehensive treatment plan is developed in collaboration with the participant and based on assessment results. The plan identifies problems the participant wants to address and recommends interventions and strategies. Problems most often include substance use, severity of mental health symptoms, poor medication adherence, homelessness, and lack of social support and professional services. Residential substance abuse treatment plans always includes at least 20 hours per week of AOD services. The care manager and the participant both sign the treatment plan, which is updated with new objectives and goals as the participant moves through treatment. In addition to shaping the content of case management and individual therapy, the individualized treatment plan also determines what other services the participant will access at WH and what services they will access through linkage to partnering service providers.

Case Management and Care Review: Case Management with an emphasis on referral and linkage is the program's overarching evidence-based practice. The WH approach to case management is participant-driven and strength-based. Case managers partner with participants to help them utilize personal strengths and supports to navigate stressors and challenges. Issues of culture, ethnicity, family, environment, language, attitudes toward seeking help and stigmatization are actively addressed. Program participants frequently have a history of utilizing system of care services inconsistently and in ways that interfere with continuity of care. Creating meaningful linkages to key services both within and outside of Walden House supports a hearty recovery that can extend beyond the limits of the residential treatment episode.

Case Managers work with our partners to arrange participant appointments at Tom Waddell, San Francisco General Hospital, Positive Health Program, or St. Mary's Hospital if they don't already have a primary care home; these partners are all points of access for Healthy San Francisco enrollment. For those participants who have primary care providers, information about the date of last contact and frequency of care are determined, and they are encouraged to reestablish or become consistent with services. Participants are either dropped off to these appointments by a Walden House van and driver or are accompanied by peers for support. HIV+ participants who require a patient advocate are also linked to a peer advocate who can continue to assist with access to services after the Walden House stay.

Often, the treatment plan identifies other goals for case management including community reintegration planning for finding housing, employment or education services, SSI or other benefits advocacy and ongoing medical and mental health services. Releases of information are obtained and stored in participants' clinical files to facilitate communication between providers and to aid in the coordination of services.

The components of services include:

Alcohol and Drug Counseling - All TRP participants receive individual, group, and family AOD counseling with clinical staff who are trained to use a Motivational Interviewing clinical approach. This ensures that counseling maintains engagement, addresses ambivalence, and matches interventions to stages of change. Individual counseling sessions provide each participant the opportunity to meet privately with the Coordinator at least weekly for focused work toward meeting treatment plan goals. Group counseling is either delivered within the TG caseload or among the larger facility population; topical groups are typically process-oriented and have a psycho-educational and/or curriculum component to them (for example, Caseload Group, Drug Education Group, DBT Group, Relapse Prevention, Seeking Safety, Prevention with Positives); affinity groups are focused on AOD-related issues or concerns shared by particular groups of people (for example, Grief & Loss, LGBTQQ, Ex-Sex Workers); and family counseling may include family therapy with a clinician, and Family Psycho-education Group (a CMHS EBP).

HIV Services - Individuals who are HIV+ will receive specialized services throughout the program that target their specific needs. These program participants will receive psychiatric screenings, case management, linkage to primary care, prevention education, and medication support, with specialized treatment goals and interventions in these areas that reflect the needs inherent to life with HIV/AIDS. This will include participation in Prevention With Positives groups and HIV support groups. Case management strategies for HIV+ participants focus on developing meaningful linkages to assist the participant in the areas of disease management, advocacy, access to services and benefits, and supporting long-term recovery. All referrals and other linkages are recorded in the participant's clinical file. All WH clinical staff attend numerous annual HIV trainings sponsored by the San Francisco system or care and the Walden Institute of Training. They are educated about HIV, sensitive to issues of disclosure and forming trust with this population, knowledgeable about system of care resources, and maintain relationships with these providers which ensures the effectiveness of linkages and coordinated services.

Individual and Group Therapy - Participants whose assessments indicate trauma symptoms or a need for other mental health support will have the opportunity for at least one individual therapy session per week with a masters- or doctoral-level mental health professional. Therapy goals usually focus on symptom management, managing urges to use alcohol and drugs, increasing coping skills, using social support, and medication adherence. All WH clinicians are trained in the clinical approach of Motivational Interviewing. They respect the participant's own process, accurately assess and respond to the participants' readiness to change problem behaviors, and initiate interventions when they can be most effective.

Medication Services - Medication services are available to all participants with mental health or physical issues that require medical intervention, including access to hormone pills or injections. When clinically appropriate, participants are referred to a WH psychiatrist for initial medication evaluations and follow-up visits. These services are available on-site weekly. Medical services staff assist participants to assume responsibility for medication adherence, and medications information is tracked and regularly included in case reviews.

Prevention Services - Upon entering a WH program, all participants undergo a behavioral risk assessment to identify prevention issues for their treatment plan. Group and individual prevention services include seminars and counseling about reducing risk factors for HIV, HCV, and STDs. Additionally, when risk is identified, participants receive appropriate referrals and support for HIV testing through partnerships with the Native American Health Center and the Haight Ashbury Free Clinic, who provide services at our site. Individuals who are HIV+ attend seminars in Prevention With Positives, to reduce the risk of transmitting the virus. The WH Prevention Services staff team, which includes a TG woman to ensure engagement with the TRP population, are specially trained to provide culturally sensitive harm reduction, counseling, education, and referrals to participants according to the standards of the U.S. Center for Disease Control and Prevention's (CDC) HIV testing protocol.

Family and Support Network Assessment - Shortly after admission to the program, participants are asked to complete a self-administered questionnaire about their family relationships and interpersonal and professional support systems. They are also guided in creating a simple genogram (family map). This assessment provides useful information and opens a dialogue with the individual to explore whether family members can be enlisted to participate in the treatment process. Often, these assessments indicate a lack of family and social support, and increasing resources of support becomes a treatment goal.

Relapse Prevention - Relapse prevention strategies, based on Cognitive Behavioral Therapy (CBT) principles, are aimed at enhancing participants' self-efficacy and resilience to sustain recovery. They are designed to help participants understand their patterns of substance use, those issues that might lead to substance use, warning signs of potential lapse (use), and how to create a plan to prevent full relapse. Relapse prevention work is done in the individual, group, and family settings.

Self Help Groups - Walden House invites an NA/AA/MA panel into the facility weekly, in order to provide participants with an opportunity to interact with others who are thriving in the outside world. In order to build a clean and sober support system, WH encourages attendance at 12-Step meetings and other support groups that resonate with each individual, but does not endorse a particular model over others.

Legal Services - Because of the high incidence of incarceration and involvement with law enforcement among the TG population, and because of widespread discrimination and marginalization of TG individuals in almost all areas of public life, the TRP has strong ties with legal advocacy and resource agencies in San Francisco. The TRP works closely with the TGI Justice Project for legal advice and referrals as well as support in employment, housing, health care, and education discrimination cases. The Transgender Law Center offers free legal clinics to provide guidance on TG rights, presents Transgender Law 101 and Transgender Health Care Law 101 workshops, assists transgender people with legal name changes, gender changes and other legal issues. Additionally, the San Francisco Human Rights Commission's LGBT and AIDS/HIV Unit provides free and confidential investigation and mediation of complaints of HIV-based and sexual orientation/gender identity discrimination in SF in areas of employment, housing, and public accommodation.

Re-entry Services - Walden House has a comprehensive re-entry services component that supports participants as they prepare to leave residential treatment and transition to living independently. Often participants come to WH homeless, with no income, poor employment, skills, and little education. They frequently leave with a job or established benefits, housing, the foundation for economic self-sufficiency, and a GED with plans to pursue higher educational goals. Re-entry services include seminars and counseling on building resumes, job search and interviewing skills, housing search, filling out applications, establishing educational goals, computer skills, restoring credit and money management. Participants can obtain their high school diploma or GED on site through a partnership with 5 Keys Charter School.

Aftercare - Walden House plans to link TRP participants who need continued care to our forthcoming gender responsive Outpatient Services. Some will be referred to the WH Satellite Housing Program, where they will live with peers, work in the community, and continue less intensive counseling and case management with a WH clinician. Others will be linked to collaborative partners who offer transitional and supportive housing. Additionally, the TRP Coordinator will link participants to other needed services and supports prior to discharge from the program during the Re-Entry Phase of treatment.

Family Services - Family members and other supporters ("chosen family") can participate with the program if the participant invites them. Family Education Nights provide information about Walden House and behavioral health treatment, and holiday events and other recreational and social activities are open to supporters. Also upon invitation, when relevant to the individual's treatment plan, family members and other supporters can take part in therapy or other counseling sessions in order to optimize social support for the participant's recovery.

Program services are located at 214 Haight, 890 Hayes, and 815 Buena Vista West in San Francisco and the facility operates 24 hours every day. Admissions/intakes are conducted at 1899 Mission Street. The Site(s) are licensed and the treatment programs are certified by California's Dept. of Alcohol and Drug Programs. All sites are ADA compliant and complies with all licensing, certification, health, safety, and fire codes.

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within the community. Program completion includes a celebrated through a formal ceremony. 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). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

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Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

7. Objectives and Measurements

A. Performance/Outcome Objectives

Objective A.1: Reduced Psychiatric Symptoms

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

Objective A.2: Reduce Substance Use

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))

2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer.(A.2b)
3. Substance Abuse Treatment Providers will show a reduction of days in jail or prison from admission to discharge for 60% of new clients admitted during Fiscal Year 2010-11, who remained in the program for 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

Objective B.2: Treatment Access and Retention

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

Objective F.1: Health Disparity in African Americans

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

The new Avatar system will allow electronic documentation of such information.

3. Active engagement with primary care provider
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

Objective G.1: Alcohol Use/Dependency

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

compile the informing material on self - help Recovery groups and made it available to all contractors and civil service clinics by September 2010. (G.1a)

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

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

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

B. Other Measurable Objectives

1. 75% of participants who complete the program are linked to continuing care and supports as documented in client files.
2. 85% of those who complete will have improved housing status at time of discharge as documented in client files.
3. 60% of those who complete will achieve stable income through employment or established benefits as documented in client files.
4. At completion, 85% will report increased quality of life (versus self-report at intake) as documented in client files.
5. 75% of participants who report unknown HIV status at intake will be linked to testing as documented in client files.

8. Continuous Quality Improvement

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House 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.

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.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.

- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

Privacy Policy:

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule – December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all

amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

1. Program Name: Women's Residential Program

815 Buena Vista West
San Francisco, CA 94117
(415) 554-1450
(415) 554-1475 f

2. Nature of Document (check one)

New **Renewal** **Modification**

3. Goal Statement

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

4. Target Population

The target population served by Walden House Adult Residential is HIV+ adult women poly-substance abusers who live in San Francisco. Their primary drugs of abuse are heroin, crack, alcohol, cocaine, amphetamines and barbiturates. Walden House 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 for HIV+ women 18 years and older who are:

- Polysubstance abusers
- Intravenous route of administration
- Homeless Polysubstance abusers

5. Modality(ies)/Interventions

The service modality for this Appendix is residential substance abuse treatment

6. Methodology

Walden House's Gender Responsive Women's Residential Substance Abuse Treatment Program is a trauma-informed, gender responsive residential substance abuse treatment program for women. This program accepts HIV+ female San Francisco residents and offers HIV specific services, integrated substance abuse and mental health treatment in a safe, recovery-oriented environment that recognizes and responds to the prominent roles that trauma and abuse have played in many women's paths to addiction. Each woman's treatment experience is unique, as services are assessment-driven, strength-based, and woman-centered.

Outreach and Recruitment: Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs 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 program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties

through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access services through an appointment or walk-in at the Intake Department. The person served may access Walden House services through an appointment or walk-in at the Multi Service center, Intake Department. A referral phone call secures an intake interview appointment at 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; Intake takes place at 1899 Mission Street where the Walden House Intake Department receives all referrals and arranges interviews with the Intake Coordinator. Clients are asked to bring documentation of a recent TB Test, verification of San Francisco residency, HIV Status, and income to the interview in order for the Intake Coordinator to check to ensure that clients are eligible to receive CARE funded services. Clients are advised of their rights to confidentiality; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. In addition, the Intake Coordinator conducts the intake and assessment process that includes an Addiction Severity Index Survey to collect demographical information plus a complete biomedical/psychosocial assessment and obtains a signed consent for treatment form and provides a copy of the form to the client. The new client is assigned a room, and is introduced to their peers at the morning or evening meetings. New clients participate in Orientation groups, in which they learn about the norms and rules of the program.

Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), the Modified Mini Screen, and the Addiction Severity Index-Lite. The ASI-Lite produces a severity profile and narrative describing problems in the areas of substance use, employment, family, legal, medical and mental health.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. 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. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants 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 WH psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment and a baseline Milestones of Recovery Scale, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis. Appropriate consents and releases of information are collected from individuals who will enter Walden House programs.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned Walden House continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

Program Service Delivery Model: The program is variable length, offering the possibility of services for six months to a year and is designed to serve HIV+ women, some of whom have co-occurring mental health disorders. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

Welcoming and Initial Engagement: Participants are transported from admissions to the residential facility by WH drivers who have received training in welcoming and supporting participants as they transition into residential care. They are warmly greeted at the facility by staff and are assigned a care manager and therapist who will, over the next several days, conduct additional assessments to determine the most pressing treatment needs. They attend orientation groups that outline the program's rules, structure and schedule. The new participant is also introduced to a Big Sister, a peer who has already adapted well to program demands and can assist with adjusting to the treatment environment. Participants are provided with clothes, toiletries, and other necessities and receive a lot of support from staff and peers.

Treatment Plan Development: Within fourteen days, a comprehensive treatment plan is developed in collaboration with the participant and based on assessment results. The plan identifies problems the participant wants to address and recommends interventions and strategies. Problems most often include substance use, severity of mental health symptoms, poor medication adherence, homelessness, and lack of social support and professional services. Residential substance abuse treatment plans always includes at least 20 hours per week of AOD services. The care manager and the participant both sign the treatment plan, which is updated with new objectives and goals as the participant moves through treatment. In addition to shaping the content of case management and individual therapy, the individualized treatment plan also determines what other services the participant will access at WH and what services they will access through linkage to partnering service providers.

Case Management and Care Review: Case Management with an emphasis on referral and linkage is the program's overarching evidence-based practice. The WH approach to case management is participant-driven and strength-based. Case managers partner with participants to help them utilize personal strengths and supports to navigate stressors and challenges. Issues of culture, ethnicity, family, environment, language, attitudes toward seeking help and stigmatization are actively addressed. Program participants frequently have a history of utilizing system of care services inconsistently and in ways that interfere with continuity of care. Creating meaningful linkages to key services both within and outside of Walden House supports a hearty recovery that can extend beyond the limits of the residential treatment episode.

Case Managers work with our partners to arrange participant appointments at Tom Waddell, San Francisco General Hospital, Positive Health Program, or St. Mary's Hospital if they don't already have a primary care home; these partners are all points of access for Healthy San Francisco enrollment. For

those participants who have primary care providers, information about the date of last contact and frequency of care are determined, and they are encouraged to reestablish or become consistent with services. Participants are either dropped off to these appointments by a Walden House van and driver or are accompanied by peers for support. HIV+ participants who require a patient advocate are also linked to a peer advocate who can continue to assist with access to services after the Walden House stay.

Often, the treatment plan identifies other goals for case management including community reintegration planning for finding housing, employment or education services, SSI or other benefits advocacy and ongoing medical and mental health services. Releases of information are obtained and stored in participants' clinical files to facilitate communication between providers and to aid in the coordination of services. Walden House provides a variety of behavioral health and human services to the client. The components of services include: Wellness and Nutrition, Mental Health Services, Recovery Education, Individual and Group Counseling, Alcohol and Drug Counseling, Family and Support Network Assessment, Relapse Prevention, Self Help Groups, Reentry Services, and Aftercare.

In addition, some clients may require specialized treatment plan based on their specific needs. Walden House also provides:

HIV Services: These HIV+ women will receive specialized services throughout the program that target their specific needs. We utilize the standards of care established for HIV+ participants in providing care to all participants in our program. For instance, all program participants will receive psychiatric screenings, case management, linkage to primary care, prevention education, and medication support. These women will have specialized treatment goals and interventions in these areas that reflect the nature and scope of needs that are unique to the population. This will include participation in Prevention with Positives groups, and HIV support groups that help participants manage the unique challenges of living with HIV. Case management strategies for HIV+ participants focus on developing meaningful linkages to assist the participant in the areas of disease management, advocacy, access to services and benefits, and supporting long-term recovery. All referrals and other linkages are recorded in the participant's clinical file. Case managers and therapists working in the program attend numerous annual HIV trainings sponsored by the San Francisco system of care and the Walden Institute of Training. They are educated about HIV, sensitive to issues of disclosure and forming trust with this population, and are not only knowledgeable about system of care resources, but also maintain relationships with these providers which ensures the effectiveness of establishing linkages and coordinating services.

Prevention Services: Upon entering a WH program, all participants undergo a behavioral risk assessment to identify prevention issues for their treatment plan. Group and individual prevention services include educational seminars and counseling about reducing risk factors. They attend seminars in Prevention With Positives, to reduce the risk of transmitting the virus. WH Prevention Services staff is specially trained to provide culturally sensitive harm reduction, counseling, education, and referrals to participants according to the standards of the U.S. Center for Disease Control and Prevention's (CDC) HIV testing protocol.

Skills Training Groups: Building participants' healthy coping skills is one of the pillars of the clinical program. Participants are supported in skill development so that they can better manage symptoms and avoid using drugs and alcohol to self-medicate. Participants are referred to skills training groups

according to the goals in their treatment plan. Groups include Anger Management; Dialectical Behavior Therapy Skills (Mindfulness, Distress Tolerance, Interpersonal Effectiveness, and Emotional Regulation); Seeking Safety (a manualized CBT approach to treating co-morbid PTSD and substance abuse); and Relapse Prevention.

Parenting Skills: The Parenting Skills Classes at WH 815 will be available to all women with minor children and any other woman who wants to take the course. These skills classes are a series in the *Nurturing Parenting Programs* collection. The classes are geared for parents of children at different developmental levels so as to meet the needs of all women in the program

Family Services: Family members and other supporters can participate with the program if the participant invites them to do so. Family Education Nights provide information about Walden House and behavioral health treatment, and holiday events and other recreational and social activities are open to family members. Also upon invitation, when relevant to the individual's treatment plan, family members and other supporters can take part in therapy or other counseling sessions in order to optimize social support for the participant's recovery. For many WH participants, recovery involves visits and possible reunification with children who are involved with Child Protective Services. The program will support parents in numerous ways, including ensuring that all CPS mandates are honored, offering parenting classes and support groups, sponsoring parent/child activities, and providing linkage to Child Support Services for assistance in fulfilling child support obligations. When appropriate, participants are linked to the County's Family Law Facilitators Office for help with issues relating to divorce, visitation, and custody arrangements.

Gender Specific Services: The most common of these are gender specific support groups which provide an opportunity to process issues of addiction, mental illness and recovery as they relate to gender. Other groups and skills classes are also conducted in gender cohorts, including Seeking Safety groups and parenting classes, the latter of which consists of separate curricula for women (The Nurturing Parenting Program for Families in Substance Abuse Treatment and Recovery).

Community Re-integration: WH operates a Re-entry Services Center at 1550 Evans Ave. The Center provides job readiness skills, linkages to vocational training programs, job search skills, employment and housing counseling and linkages, computer training classes and benefits enrollment assistance. Additionally, the Five Keys Charter School operates a classroom at the Evans site that offers GED preparation, linkage to GED testing and high school class work for completion of a high school diploma. Participants at the Re-entry stage of their treatment episode are referred to the Re-entry Services Center in order to prepare for employment and begin a housing search or apply for necessary benefits if employment seems unlikely.

Program services are located at 815 Buena Vista West in San Francisco and the facility operates 24 hours every day. Admissions/Intakes are conducted at 1899 Mission Street. The Site(s) are licensed and the treatment programs are certified by California's Dept. of Alcohol and Drug Programs. All sites are ADA compliant and complies with all licensing, certification, health, safety, and fire codes.

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 includes a celebrated through a formal ceremony. 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). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

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2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer.(A.2b)
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1. Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section. (F.1a)
2. Primary Care provider and health care information
All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. (F.1b)

The new Avatar system will allow electronic documentation of such information.

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75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

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

informing material on self - help Recovery groups and made it available to all contractors and civil service clinics by September 2010. (G.1a)

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

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

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

1. During Fiscal Year 2010-11, at least 60 % of clients completing 1-5 days of treatment will be screened for inconsistent or lack of receipt of primary care, need for a psychiatric assessment, need for case management, and need for a patient advocate as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, at least 60 % of clients completing one week of treatment will be seen at least once over the course of their stay in the program by their primary care provider for a medical assessment including review of current medications and evaluation of the need for PCP prophylaxis; program staff will request consent to release information (when necessary as measured by internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, clients that complete at least 4 weeks of treatment, 90% of them will receive basic HIV disease education including information about blood work, PCP prophylaxis, treatment options, and the effect of drug and alcohol use on disease progression as documented in client files.

4. During Fiscal Year 2010-11, at least 60 % of clients completing one month of treatment, medication adherence skills will be included in their treatment plan and progress documented in client files.
5. During Fiscal Year 2010-11, HIV competency of staff will be achieved through on-going training including treatment advocacy, disease education, adherence skill building, and psychosocial issues facing HIV positive clients as documented by Agency training logs.

8. Continuous Quality Improvement

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

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1. Program Name: WH Women's HOPE (Healing Opportunities & Parenting Education) Program

2261 Bryant St
San Francisco, CA
(415) 554-1100
(415) 970-7564 f

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

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

4. Target Population

The target population for residential substance abuse treatment to pregnant and post-partum women and their children. Target populations include individuals with polysubstance abusers, 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, polysubstance abusers, seniors, and individuals with HIV/AIDS.

- Pregnant Women
- Post-partum Women
- Polysubstance abusers

5. Modality(ies)/Interventions

The service modality for this Appendix is residential substance abuse treatment

6. Methodology

WH HOPE Program will be a multi-services program is a residential substance abuse treatment program for pregnant and post-partum women. The facility houses up to 16 women, with additional capacity for up to 19 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.

Outreach and Recruitment: Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs 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 program. In addition, we distribute brochures and

publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access services through an appointment or walk-in at the Intake Department. The person served may access Walden House services through an appointment or walk-in at the Multi Service center, Intake Department. A referral phone call secures an intake interview appointment at 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), the Modified Mini Screen, and the Addiction Severity Index-Lite. The ASI-Lite produces a severity profile and narrative describing problems in the areas of substance use, employment, family, legal, medical and mental health.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. 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. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants 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 WH psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment and a baseline Milestones of Recovery Scale, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis. Appropriate consents and releases of information are collected from individuals who will enter Walden House programs.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned Walden House continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

Program Service Delivery Model: The WH HOPE Program is a variable-length program that accommodates up to 6 to 12 months. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

The Walden House assessment process will be completed within 12 days of admission and consists of the administration of the ASI, a Psycho-social Assessment, the administration of the PTSD Checklist (to assess trauma) and the University of Rhode Island Change Assessment (URICA) in order to understand the women's motivation to change. The Child Development Specialist will also complete a developmental assessment on each child.

After the Assessment is complete the Treatment Plan will be developed, within 14 days of admission. Treatment planning for female clients is based on each client's identified needs, problems, and resources or strengths. Client inclusion in treatment planning is a key to working with substance abusing women. Helping to craft their own treatment helps women to feel a sense of control, counteracts the impact of trauma, and therefore increases the likelihood of positive outcomes and accountability.

Walden House provides a variety of behavioral health and human services to the client. The components of services include: Wellness and Nutrition, Recovery Education, Individual, Group, and Family Counseling, Alcohol and Drug Counseling, Parenting Skills, Family and Support Network Assessment, Relapse Prevention, Self Help Groups, and Reentry Services.

The Walden House Gender Responsive/Trauma Informed Pomeroy House program service components include:

Case Management: Each woman will be provided with a Case Manager upon admission, who will see her weekly. This Case Manager will work with the woman to identify treatment goals as well as all ancillary needs. All needs that cannot be met through Walden House will be met through linkage and referral to an identified provider agency. The Case Manager will link the participant with all needed services except those related to benefits, education, employment and housing (these links will be taken care of by the Re-entry services department). Once a partner agency becomes involved with a participant they will become part of her treatment team and will be invited to appropriate case conferences and treatment plan meetings in order to help create an integrated system of care.

Community Re-integration: Walden House operates a Re-entry Services Center at the corporate office on Evans. The Center provides job readiness skills, linkages to vocational training programs, job search skills, employment and housing counseling and linkages, computer training classes and benefits enrollment assistance. Additionally, the Five Keys Charter School operates a classroom at the Evans site that offers GED preparation, linkage to GED testing and high school class work designed to help clients obtain a high school diploma. Participants at the Re-entry stage of their treatment episode are referred to the Re-entry Services Center in order to prepare for employment and begin a housing search or apply for necessary benefits if employment seems unlikely.

Aftercare: Walden House plans to link women with needs for continued care to our Outpatient Services for the purposes of continuity of care. Additionally, Walden House operates a Sober Living facility on Treasure Island for working women therefore women who complete the program and need/want Sober Living housing will be referred to this facility. Women who are less independent and who need additional support will be referred to collaborative partners who offer Transitional Housing. Finally, Case Managers will make sure to secure appointments for women who have needs in other service areas prior to discharge from the program.

Co-occurring Disorders:

- **HIV:** Walden House provides a full range of services to clients who are HIV positive or at risk. These services include Prevention Workshops designed to educate the participant population about HIV, risk factors and prevention. One of the evidence based practices utilized by WH is Time Our for Me. The curriculum was designed specifically as a tool for HIV prevention and relationship skill building. Walden House also provides referrals for testing and counseling related to testing. For clients who are HIV positive more specific case management is provided in order to assure proper linkage with medical providers and support services within the community. Additionally, WH runs groups for HIV positive participants. Medication storage and access is provided along with assistance in remembering to take medication in a timely manner. All providers involved with the client are considered part of the WH treatment team and as such a more integrated system of care is created.
- **Hepatitis C:** Walden House also provides prevention education related to Hepatitis C as well as referrals for testing and post test counseling. Clients with Hep C receive enhanced case management designed to improve and solidify access to medical providers. Counseling related to understanding and living with Hep C. is also provided.
- **Mental Health:** Understanding that many substance abusing women also present with co-occurring mental health disorders, Walden House provides an array of mental health services including: Mental Health assessment; medication evaluation; and Individual and group therapy in order to help participants cope with and manage symptoms as well as to function within the context of the program and the community. Women impacted by substance use have typically also experienced trauma which greatly affects their ability to cope in the world. To this end WH provides a trauma informed treatment environment as well as a variety of trauma interventions. Trauma is assessed at intake through the use of the PTSD Checklist. Participants who score in the clinical range on this instrument are referred for a Mental Health assessment. Clients with PTSD or other trauma symptoms are offered individual therapy as well as Seeking Safety. The goal of this curriculum is to help participants manage the residual symptoms of trauma and develop and understanding of the impact of trauma and addiction. WH also offers Skills Training for Dialectical Behavioral Therapy. This intervention is the treatment of choice for women who have difficulty with distress tolerance and emotional regulation which are hallmark issues for

women who have been traumatized or suffer from a variety of other mental health issues. Finally, a Domestic Violence Group will be offered at the facility.

Childcare and Children's Services: WH HOPE Program will operate a Cooperative Therapeutic Parenting Center. Participants will be trained by the Child Development Specialist to work with Child Care staff to operate the Center. Upon entry into the HOPE Program each child will be assessed using the WH Child Assessment Tool. Children who are identified as having developmental delays or behavioral problems will be referred to an appropriate partner agency for further evaluation. All children ages 0-3 will be referred to Early Intervention Services as their mother's addiction and incarceration qualifies them for assessment and services to ameliorate any delays that may have occurred. Children ages 4-5 will be referred to Head Start for pre-school in order to better prepare them for entry into school. Finally, The Incredible Years is an evidence-based social skills curriculum designed to modify persistent behavioral issues for children. Many children who come to Pomeroy House may have behavior problems due to disrupted attachments and neglect, Walden House will therefore implement Incredible Years Dina Dinosaur Curriculum.

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 includes a celebrated through a formal ceremony. 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). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

All program services and activities are documented in a client chart. Charting is consistent with regulations set by the State, Commission on Accreditation of Rehabilitation Facilities, and the San Francisco Department of Public Health. Current client files are securely stored in counselors locked cabinets. Discharged client files are locked in secured rooms at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

7. Objectives and Measurements

Objective A.1: Reduced Psychiatric Symptoms

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

Objective A.2: Reduce Substance Use

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer. (A.2b)
3. Substance Abuse Treatment Providers will show a reduction of days in jail or prison from admission to discharge for 60% of new clients admitted during Fiscal Year 2010-11, who remained in the program for 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

Objective B.2: Treatment Access and Retention

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

Objective F.1: Health Disparity in African Americans

1. Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section. (F.1a)

2. Primary Care provider and health care information

All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. (F.1b)

The new Avatar system will allow electronic documentation of such information.

3. Active engagement with primary care provider

75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

Objective G.1: Alcohol Use/Dependency

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

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

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

B. Other Measurable Objectives

1. During Fiscal Year 2010-11, 95% of participants will be successfully linked to 3rd party benefits and supports as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, At the time of completion 85% will report increased quality of life (versus self report at intake) as measured by internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, 90% of those who complete will have housing arranged at the time of completion as measured by internal outcome measurement system and documented in client.
4. During Fiscal Year 2010-11, 40% of those who complete will have gained employment as measured by internal outcome measurement system and documented in client.
5. During Fiscal Year 2010-11, 95% of babies born to participants while in program will have negative toxicology results as measured by internal outcome measurement system and documented in client files.

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Contractor: Walden House, Inc.
Program: Women's HOPE (Pomeroy)
Fiscal Year: 2010-11

Appendix A-8
Contract Term: 7/1/10-6/30/11
Funding Source (AIDS Office & CHPP only)

available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

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1. Program Name: WH Outpatient Addiction Specialized Integrated Services (OASIS)

1550 Evans Avenue
San Francisco, CA 94124
415-970-7500
415-970-7575 f

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

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

4. Target Population

The target population served by Walden House Outpatient Addiction Specialized Integrated Services (OASIS) are adults, 18 and above, who abuse and/or are dependant on drugs and/or alcohol with a focus on individuals residing in the Central City area of San Francisco and who are homeless and/or indigent. Primary drugs of abuse include: alcohol, barbiturates, amphetamines, cocaine, crack cocaine, and opiates (including prescription). Walden House 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 women; the mentally ill; HIV positive individuals; homeless addicts; young adults ages 18-24, gays, lesbians, bisexuals and transgenders; veterans; and individuals involved in the criminal justice system.

- Behavioral health disordered persons that are San Francisco residents.
- Homeless and indigent persons in the "Central City" designation.
- Substance dependent persons in the "Central City" designation.

5. Modality(ies)/Interventions

The service modality for this Appendix Outpatient Treatment.

6. Methodology

Walden House Outpatient Addiction Specialized Integrated Services (OASIS) offers a streamlined continuum of care comprehensive and Dual Diagnosis Capable (DDC) substance abuse services which include individual and group counseling, relapse prevention, vocational and educational classes, social services, family reunification and legal counseling and urine surveillance as a tool when appropriate. Our mission is to reduce the impact of substance abuse and its associated problems on the community by offering direct services to people throughout California. These services are designed to lessen the social cost of addiction disorders by promoting wellness and drug-free lifestyles.

Outpatient Addiction Specialized Integrated Services (OASIS)

Outreach and Recruitment: Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs 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 program. In addition, we distribute brochures and

publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

OASIS will actively work to reach out to target group clients on the streets, in shelters, in temporary housing sites, and other locations where they reside or are temporarily or transitionally located. WH uses a variety of strategies including incentives of food, housing, and access to other resources to begin to establish trust and encourage these clients to get off the streets and accept treatment and other services. WH will also use its extensive network of agencies that serve the homeless and/or located in the Central City area to identify target group clients. This program will encourage walk-ins of eligible clients, and also accept clients identified by other providers including the Treatment Access Program, Mental Health Access services, primary care providers, and, of course, the mental health partner agency that is assigned to work with this program. Program will increase the percentage of women and girls participating in program over the course of the contract year by 10% from a baseline established in the first quarter of service delivery.

Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access services through an appointment or walk-in at the Intake Department. A referral phone call secures an intake interview appointment at 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the Walden House continuum of care, the client begins with self-administered questionnaires including health and high-risk behavior issues for the Prevention/Diversion Department. An interview occurs thereafter with an intake staff member. This interview includes the administration of the Addiction Severity Index (ASI) Lite assessment which creates both a Narrative Summary and Severity Profile of the person served surrounding different life domains (Alcohol/Drug Use; Employment; Family; Legal; Medical; and Psychiatric). The client is provided further services as based on need identified by the severity profile for legal or psychiatric life domains.

If there is an identified need for legal assistance, the client is connected with the legal department to assist with interfacing with the legal system. If any psychiatric symptomology is identified during the assessment process, the client is further assessed by the licensed intake clinician to determine psychiatric status to determine the appropriateness for program placement. At any time should any immediate detoxification or medical need be identified, Walden House will coordinate with medical staff or external emergency medical service personnel. The client is then assessed as appropriate for the Walden House continuum of care or is identified as inappropriate.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

When the client is identified as appropriate, a level of care is determined based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned Walden House continuum of care location based upon need, funding source and availability.

Program Service Delivery Model: OASIS 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 – Day 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 RFP with the treatment services and wraparound supports of WH to deliver multifaceted programming that incorporates numerous evidence-based practices so as to respond comprehensively to multiple needs of high-risk individuals.

Location & Hours of Operation: The Program will be located at 1550 Evans Avenue. This location houses a comprehensive array of WH outpatient treatment and supportive services. The facility is ADA compliant and is situated in an area that is central to where many potential methamphetamine clients live and for which public transportation is readily accessible. OASIS will have outpatient service availability Monday – Friday 8am-8pm and Saturday 10am-6pm

Comprehensive Assessment and Individualized Treatment Planning: A comprehensive assessment that includes all problems and needs as well as strengths and resources of the client underpins treatment planning and services for clients. This begins with an interview to thoroughly assess the overall needs and issues using the Addiction Severity Index (ASI) Lite that is reliable and has been validated for substance abuse treatment. The ASI-Lite information is then entered into the Drug Evaluation Network (DENS) software. The DENS software uses the information from the ASI- Lite to create both a Narrative Summary and Severity Profile of the client in domains related to substance use, psychiatric issues, medical needs, education/employment history, and family issues.

Clients also complete a self-administered health questionnaire that documents their current health status, issues, treatment and needs as well as high-risk behaviors. It is noted that these assessment procedures may be modified or replaced with other instruments as WH and CBHS work together with other providers in implementing the CCISC model that is expected to establish a fully integrated assessment process.

Clients are then asked to use the information that is available from the assessment information to prepare a personalized Recovery Plan that responds to their needs as they understand them and as per their own priorities and wishes. This client centered tool helps to engage clients within a treatment planning process that is participatory and collaborative.

A counselor reviews the Recovery Plan and with input from other staff, family members, and providers, completes an Interpretive Summary that provides a clinical picture of the client's status and needs at the time of admission. The information in the Interpretive Summary is used to create Master Problem List that staff and client can use to track treatment outcomes. The client's identified needs and problems as well as their strengths and resources are then used to generate a Treatment Plan that focuses on enhancing functioning so as to achieve personal goals. The client and a counselor sign off on the treatment plan that identifies the services to be provided, the responsibilities of program staff, and of the clients, and where appropriate, their families, as well as other providers and individuals in carrying out the plan. Treatment plans include specific measurable objectives and time frames for achieving them. As assessment is an ongoing process and, as clients change with treatment over time, the Treatment Plan is every 90 days or with significant changes in the client's status.

PROGRAM DESIGN: Within the overall structure of CCISC, the OASIS also includes an array of evidence-based interventions that are considered necessary to effectively treat homeless and indigent populations. Therefore, the OASIS incorporates three levels of outpatient treatment that are necessary to establish a continuum of outpatient treatment that is described within CCISC programming. The three levels include (1) Outpatient Treatment, (2) Intensive Outpatient, and (3) Day Treatment that offer state-of-the-art treatment at varying levels of intensity to meet specific needs of clients with diverse needs and at differing levels of willingness to participate in treatment.

OASIS specifically incorporates harm reduction strategies with the treatment program to engage clients, build trust, and meet them where they are including their particular stage of change. This program especially integrates mental health assessments, treatment and care coordination for clients with co-occurring disorders, primary screening and treatment access, and the full array of wraparound supports.

Harm Reduction Strategies

Walden House is committed to offering a range of clinical interventions, including low threshold treatment, in order to make behavioral health assessable to the broadest range of clients. To that end, clients will be able to participate in the agency's harm reduction programs at the Walden House Multi Services facilities. The following clinical activities will be made available to clients based on their treatment plan:

- Harm reduction substance abuse individual counseling and groups
- Clinical activities to engage ambivalence and enhance motivation to change
- Recovery education
- Abstinence-based substance abuse individual counseling and groups
- Relapse Prevention skills training
- Coping skills training (DBT and Seeking Safety)
- Case management
- Psychiatric services
- Mental Health assessment
- Individual and group therapy

Vocational services
Prevention services

Clients will undergo assessment and screenings in order to identify substance use patterns, mental health problems, legal issues, medical problems and other social stressors. During the admission process, clients will be assessed for their stage of change on multiple behavioral issues such as ceasing or decreasing substance use and managing mental health symptoms and medical problems. Once admitted, clients will engage with staff in a collaborative treatment planning process that will meet the client where they are in establishing goals about behavioral change. Walden House staff are trained in a variety of interventions including Motivational Interviewing and clients will not be required to "cross the abstinence threshold" in order to receive outpatient services.

The Walden House Institute of Training has prepared a draft manual of treatment strategies and interventions that match the client's stage of change. These interventions are based on harm reduction principles and are currently being reviewed by agency clinical staff. Once finalized, this manual will become the basis for staff trainings and clinical protocols.

Outpatient Substance Abuse Treatment

The active treatment components of OASIS include three levels of service intensity. Clients can enter treatment at any of these levels and/or may move among them as per their needs and wishes and as their circumstances change. These levels include:

Level I -- Outpatient Treatment is provided for a minimum of 1 hour per week for clients who have maintained substantial stability in managing their behavioral health disorders.

Level II -- Intensive Outpatient Treatment is delivered for a minimum of 9 hours per week and 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 as a means of preventing the need for more intensive and costly services.

Level III - Day Treatment is provided at least 5 hours a day 5 days per week is the most intensive level of outpatient treatment provided for the highest need clients and, again, as a step-down program for clients leaving hospitalization, residential treatment or incarceration and/or to prevent clients from needing higher levels of service.

OASIS will integrate the following:

- Clinical Services (Integrated Substance Abuse and Mental Health Treatment) include comprehensive substance abuse services that are integrated with mental health treatment for individuals with co-occurring disorders. Services are provided by staff with appropriate certifications and/or licensed professionals as well as by peers who also support recovery of clients through self-help programming. All interventions are directly linked to the individualized Treatment Plan. The specific substance abuse treatment and integrated mental health services for individuals with co-occurring mental health disorders are discussed in the program methodology section below.

- Healthcare involves WH Health Coordinators monitoring clients health status and well being, accessing primary care screenings and treatment as needed, and coordinating the clients medical needs with the clients primary care providers and within the OASIS treatment activities.
- Wraparound Supports incorporate delivery or linkage to any service or resource that responds to any client need or wish that can support recovery and/or achievement of personal goals. WH case managers work within a clinical case management role and framework with responsibility for actively linking clients and coordinating any and all services described in the Treatment Plan.

OASIS Treatment Interventions: The OASIS components include a blend of group activities and individual counseling with the full array of wraparound supports. The particular groups that are available for clients to attend and the topics for individual counseling are based on the individualized need of each client as identified in the Treatment Plan. These can include those listed in Appendix A1 – Adult Residential Index I – VI.

It should be noted that there are numerous components of this curriculum that derive from evidence-based interventions and best practices including education on alcohol and drugs of abuse, relapse prevention strategies, Seeking Safety for individuals who have experienced trauma, the 12 step methodology, Motivational Enhancements, harm reduction interventions, Psychoeducation for mental health disorders, cognitive behavioral approaches including Dialectical Behavioral Therapy for managing emotional dysregulation and improving impulse control. In addition, staff are trained in and use Motivational Interviewing approaches in working with clients to make the most effective use of all aspects of the program.

OASIS will be ready to incorporate procedures for using of long-acting Naltrexone for appropriate clients, if and when this treatment becomes available—and as agreed upon with our partnering agencies.

Integrated Mental Health Treatment: The significant majority of target group clients have co-occurring mental health disorders and, therefore, mental health treatment is fully integrated with the substance abuse interventions and or is coordinated for clients with outside providers. Clients who are assessed to have mental health needs and are not currently in treatment are evaluated by a WH Psychiatrist and, if appropriate, are prescribed medications. Medication treatment is monitored closely for effectiveness and side effects by staff and the mental health providers would share information about client functioning, progress, and problems.

Dually disordered clients also receive psychotherapeutic services individually, in groups, and with their families as appropriate to their particular needs within the program. These services are provided by licensed clinicians and/or registered interns under supervision, and incorporate evidence-based approaches that may include, cognitive behavioral treatment (CBT) as a primary modality, dialectical behavioral treatment (DBT) approaches for clients with emotional dysregulation and impulse problems, Aggression Replacement Therapy to address violent behaviors, and Seeking Safety therapy for individuals with a history of trauma.

Clients who already have a psychiatrist and/or therapist with whom they have been working will be encouraged to maintain their existing relationships. Program staff will monitor clients closely and collaborate with the psychiatrists and therapists who are working with the clients whether the mental health treatment is provided by WH or by other community providers. The Program will establish an

MOU with its assigned mental health partner agency to assure linkage and coordination of care within the establishment of a "hub" of integrated behavioral care.

Primary Care Medical Services: Clients complete the self-administered Health Questionnaire at intake, and clients in out of home placement have had recent medical examinations that are received as part of the referral information. These documents are reviewed by the WH Health Coordinator, a registered nurse, who follows up with the clients to assure that they have access to treatment for identified health needs, and who follows through with issues that may require further screenings, assessment and treatment. WH case managers are responsible for coordinating care with medical providers.

Clients who identify behaviors on this questionnaire that put them at risk for HIV, STD's, Hepatitis and other health problems receive health education about the potential consequences of these behaviors and participate in treatment interventions that are intended to reduce their risks for HIV and other health problems. WH will actively link clients to medical providers for those who do not already have a physician or other healthcare services. WH has a long history of effective collaboration with the Tom Waddell Clinic and the primary care programs at San Francisco General Hospital that serve indigent populations.

Clients who are HIV positive and/or Appendix high risk behaviors will be linked to the WH continuum of HIV prevention services that utilize interventions promoted by the Center for Disease Control and adopted by DPH that include Individual Risk Reduction Counseling, Multiple Session Workshops, and Prevention Case Management.

Wraparound/Case Management Services: WH uses a clinical case management model to deliver wraparound supports that respond to all needs and wishes of clients and their families. The clinical case management model integrates assessment, treatment, and active linkage functions. The WH Case Managers will link and coordinate services with the numerous WH service components or to external service providers including the mental health partner assigned by CBHS to this program. The case management approach involves actively linking clients to needed resources. Active linkage requires following through with referrals with both the client and other provider and overcoming barriers to client engagement with other programs. Active linkage goes beyond physically linking a client to a resource and involves continued involvement of the case manager so that the services are coordinated with the substance abuse treatment services and the clients receive the benefit of the resources to which they are referred.

A focus of the wraparound approach is to support access to vocational services and employment. The OASIS program includes workshops to teach clients skills related to resume preparation, job search strategies, and interviewing skills. The WH Case Managers will work with each client individually to support their efforts to obtain employment as well as to provide job coaching supports. OASIS clients may also be linked with the WH Transitional Services or other vocational programming that is appropriate to their needs and wishes. The WH Transitional Services Department works hand in hand with WH Case Managers to provide job-readiness, resume writing, vocational skill building, employment placement and job coaching services. Clients will also be linked to the Department of Rehabilitation and One Stop Employment Centers as appropriate. Finally, appropriate clients with serious mental illnesses will be linked to the RAMS Hire-ability Program and Community Vocational Enterprise within the San Francisco mental health system.

A critical need for clients leaving out of home placement is the need for safe, decent, and affordable housing. This effort is supported by WH's comprehensive programming to assist its clients obtain appropriate housing in a very difficult housing market. This includes participating in a Housing Search Workshop that covers the pros and cons of different types of housing, the use of newspapers, the internet, networking and shared housing arrangements to locate housing opportunities, monthly budgeting, and the role of credit reports and housing references.

WH Case Managers will also help clients apply for subsidized and supportive housing programs for which they are eligible. WH has working relationships with numerous housing organizations that provide or assist in access to housing resources for its clients.

As discussed above, comprehensive services involves establishing partnerships with families and natural support system members who with education and support for themselves can play a key role in supporting the recovery of their family members. The WH Case Manager will work with clients to identify family members who the client agrees are appropriate and who are willing and able to be involved in the client's recovery plan. Services to families include family education and support groups, family therapy with clients, and other family focused program activities

To coordinate treatment and supportive services, the WH Counselor will be responsible for organizing and facilitating case conferences for dually disordered and other multiple need clients. The case conference will bring together WH providers, mental health and primary care treatment and other services staff to review the clients needs and establish a coordinated plan for delivering all of the services the client needs. Clients and, with the client's permission, family members are encouraged to participate in these case conferences, and to be actively involved in all aspects of the treatment process.

The case management function involves providing wraparound supports for all other needs identified by clients that could include access to legal services, recreational activities, transportation, spiritual/religious organizations, or any other resource that can support client recovery. To meet these many needs WH has MOUs with over 60 governmental and community based programs and organizations that describe collaborative relationships for assuring access and establishing mutual expectations for coordinating services. This includes mental health and primary care providers as described in the CCISC implementation section above and many other organizations that provide an array of services.

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 includes a celebrated through a formal ceremony.

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). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

All program services and activities are documented in a client chart. Charting is consistent with regulations set by the State, Commission on Accreditation of Rehabilitation Facilities, and the San Francisco Department of Public Health. Current client files are securely stored in counselors locked cabinets. Discharged client files are locked in secured rooms at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

7. Objectives and Measurements

A. Performance/Outcome Objectives

Objective A.1: Reduced Psychiatric Symptoms

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

Objective A.2: Reduce Substance Use

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer. (A.2b)
3. Substance Abuse Treatment Providers will show a reduction of days in jail or prison from admission to discharge for 60% of new clients admitted during Fiscal Year 2010-11, who remained in the program for 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

Objective A.3: Increase Stable Living Environment

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

Objective B.2: Treatment Access and Retention

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

Objective F.1: Health Disparity in African Americans

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

The new Avatar system will allow electronic documentation of such information.

3. Active engagement with primary care provider
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

Objective G.1: Alcohol Use/Dependency

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

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

1. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey. (H.1a)
2. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year,

based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged. (H.1b)

B. Other Measurable Objectives

1. During Fiscal Year 2010-11, 90% who complete are linked to an appropriate level of continuing care and support as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, 60% of participants will achieve at least two treatment goals as documented by client files.
3. During Fiscal Year 2010-11, 90% who complete are linked to 12 Step and/or support groups as measured by internal outcome measurement system and documented in client files.
4. During Fiscal Year 2010-11, at the time of completion 85% will report increased quality of life (versus self report at intake) as measured by Internal outcome measurement system and documented in client files.

8. Continuous Quality Improvement

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House 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.

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.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least

10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

Privacy Policy:

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule – December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc.; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

1. Program Name: REPRESENTATIVE PAYEE CASE MANAGEMENT

1899 Mission Street
San Francisco, CA 94103
415-934-3407
415-626-9263 f

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

The goal is to reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions.

4. Target 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 abuse or addiction and other behavioral problems.

Key characteristics of the RPI target population:

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

5. Modality/Interventions

The service intervention for this Appendix is targeted case management.

6. Methodology

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

Staff members are on site 5 days/week, 8 hours/day, Monday through Friday. Checks will be distributed from 12:00 noon to 4:00 pm on Mondays, Tuesdays and Thursdays. The office will be closed on Wednesdays and Fridays for intake and paperwork. If a holiday falls on a scheduled check day, prior notification will be given on the check day that falls a week before and check distribution will be the day before the holiday.

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 doesn't 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 modification will be made whenever changes are made which reflect benefit amounts.

The 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 Walden House's participation in service provider groups and public health meetings. The program will distribute flyers regarding the program to various community base organizations, individuals, and other interested parties through the Walden House's website and at community meetings.

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 the Walden House's Multi-Services 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.

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

The program consists of three services:

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

The program philosophy is to treat each recipient as a human being with potential for growth and change. The Representative Payee Program provides crucial support in dealing with the pressures of homelessness and untreated disabilities. Harm reduction and health promotion concepts have been incorporated into a facility that usually conducts abstinence-based treatment, creating a unique Walden House program.

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 the Mental Health Services or Residential services provided here at Walden House 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 Walden House Representative Payee Program. Because city-subsidized Representative Payee services are available for free, only about 40% of Walden House Representative Program recipients have been enrolled for more than 12 months, although a significant number of our clients are long term recipients. Thus, the Walden House 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.

The Representative Payee Program service is located at 1899 Mission Street. The site is licensed and the treatment program that shares the building is certified by the California's Department of Alcohol and Drug Programs, certified by the Commission on Accreditation of Rehabilitation Facilities and is handicap accessible. Walden House is in compliance with all licensing, certification, health, safety, and fire codes.

Walden House 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. Walden House evaluates services in terms of cultural competency as mandated by Policy Twenty-four documented in the Cultural and Linguistic Competency Report submitted annually.

7. Objectives and Measurements

A. Performance/Outcome Objectives

1. During fiscal year 2010-11, Representative Payee services will be provided to 200 unduplicated clients (UDC) as reported by internal database & through AVATAR billing.
2. During fiscal year 2010-11, 1000 units of service (UOS) will be provided as specified in the unit of service definition as captured via internal database & through AVATAR billing, as well as client file.

B. Other Measurable Objectives

1. During fiscal year 2010-11, at least 60% of all recipients will maintain stable housing as documented in the recipient ledger file indicating rent payments that were paid directly to landlords on behalf of the recipients to ensure their financial and housing stability.
2. During Fiscal Year 2010-11, at least 60% of all recipients will have created a budget for their daily living expenses to ensure that they have monies for the entire month of the monthly benefit amount as documented in the recipient ledger file indicating checks given to recipients for specific amounts on specific dates as specified in the budget.

3. During fiscal year 2010-11, at least 60% of all recipients will have enhanced their maintenance in the community through our weekly contacts with them to ensure that they are receiving adequate access to housing and their funds. Any recipients who attempt to collect funds in an inebriated condition will be instructed to return when they are sober, thus helping to ensure that they spend their funds in an appropriate manner. Such monthly contact will be documented in the recipients' case management files.
4. During fiscal year 2010-11, at least 60% of all recipients will maintain their benefits with the help of the program staff. Staff will assist them with completing the necessary forms for continued benefits. Once the forms are completed, they will be returned to Social Security in a timely manner. Recipients will be reminded of doctors' appointments for re-evaluation and noted in the case file.

8. Continuous Quality Improvement

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House 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.

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.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- **Data Integrity:** Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.

- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

Privacy Policy:

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule – December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

1. Program Name: Walden Residential Acute Psychiatric Stabilization Program

Program Address:

214 Haight Street
San Francisco, CA 94102
Telephone: (415) 554-1480
Facsimile: (415) (415) 934-6867

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

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

4. Target Population

The target populations served by **Walden Residential Acute Psychiatric Stabilization Program** are adults, 18-59, chronically mentally ill, poly-substance abusers or dependant on drugs and/or alcohol; undergoing acute psychiatric episodes, considered legal residents of San Francisco who are homeless and/or indigent. A pattern of repeated involvement in both mental health and substance abuse treatment programs is characteristic of this population. Walden House serves clients from all racial and cultural back grounds and from all economic classes, although the majority of clients are indigent. Populations benefiting from specialized services include women; the mentally ill; HIV positive individuals; homeless addicts; young adults, LGBTQQ; veterans; and individuals involved in the criminal justice system. These clients may have no medical insurance coverage (private or public) or be eligible for SSI/Medi-Cal/Short-Doyle benefits or in the process of applying for benefits; Potential clients do not need to be Medi-CAL or Short-Doyle eligible in order to participate in this program. Mental Health services provided to Medi-CAL or Short-Doyle eligible clients will be billed under the Walden House Mental Health Medi-CAL contract.

- Behavioral health disordered persons with persistent, serious or chronic mental illness who are San Francisco residents.
- Acute Psychiatric episodic persons
- Substance abusers or substance-dependent persons

5. Modality(ies)/Interventions

The service modality for this Appendix is System Development Residential Treatment. Clients qualifying for Medi-CAL or Short-Doyle coverage receive the Standard Outpatient Bundle for mental health services: Assessment/Plan Development, Individual Therapy, Collateral Contact and Case Management. Group Services and Medication Support are not included under

utilization review as is standard for the Walden House Medi-CAL contract. Clients do not need to be Medi-CAL or Short-Doyle eligible in order to participate in this program.

6. Methodology

The **Walden Residential Acute Psychiatric Stabilization (WRAPS) Program** is designed to provide recovery-oriented residential treatment services for adult individuals in the community undergoing acute psychiatric episodes, to enable them to receive support towards stabilization, and to engage in a partnership with the system towards recovery.

Outreach and Recruitment: Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs 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 program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

Admissions and Intake: Admission to the WRAPS is open to all acute psychiatric, seriously and chronically mentally ill, adult poly-substance abusers who live in San Francisco, who have either no insurance, Medi-CAL/Short-Doyle coverage or are in the process of applying for benefits and meet the County's criteria for medical and service necessity.

Medical Necessity is defined as interference in level of functioning due to a mental illness that disrupts or interferes with community living to the extent that without service the individual would be unable to function in the family/guardian's residence, attend school, or engage in activities normal to developmental stage and age group.

Service Necessity refers to the requirement for evidence of a mental illness that satisfies ICD-9-CM/DSM-IV-TR criteria or a description of the individual's symptoms and history which suggests mental illness.

Criteria for exclusion from program will take the following into consideration. Walden House does not accept clients with convictions for arson, or sexual offenders with PC 290 registration. Factors taken into consideration during intake screening which are potentially but are not necessarily excluding are: clients must be stable enough in terms of severe medical, psychiatric or cognitive factors to be able to participate in individual and group treatment and understand and follow program norms and rules. Potential clients must be detoxed but may not be stabilized on any psychiatric medications. The population does not meet criteria for 5150, is not gravely disabled,

or at substantial risk of harm to self or others; does not require shadowing or one to one supervision and must not require constant one-on-one line of sight monitoring; they can attend moderately to negotiate activities of daily living with minimal to moderate prompting.

In addition, clinicians will consider factors for admission to include: current level of potential violence and risk of harm, functional status and psychiatric status. Discharge planning, progress and status of care plan objectives and client's overall environment will be considered to determine which clients can be discharged from MHS/CMB services into medication-only or to Private Provider Network/Primary care services. The program will also begin utilizing more time-efficient brief therapy and group interventions to maximize the number of clients that can be helped – by sending clinicians to trainings on these modalities.

The person served may access Walden House services through an appointment or walk-in at the Multi Service center, Intake Department. A referral phone call secures an intake interview appointment at 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the Walden House continuum of care, the client begins with self-administered questionnaires including health and high-risk behavior issues for the Prevention/Diversion Department. An interview occurs thereafter with an intake staff member. This interview includes the administration of the Addiction Severity Index (ASI) Lite assessment which creates both a Narrative Summary and Severity Profile of the person served surrounding different life domains (Alcohol/Drug Use; Employment; Family; Legal; Medical; and Psychiatric). The client is provided further services as based on need identified by the severity profile for legal or psychiatric life domains.

If there is an identified need for legal assistance, the client is connected with the legal department to assist with interfacing with the legal system. If any psychiatric symptomology is identified during the assessment process, the client is further assessed by the licensed intake clinician to determine psychiatric status to determine the appropriateness for the Walden House continuum of care to ensure proper placement. At any time should any immediate detoxification or medical need be identified, Walden House will coordinate with medical staff or external emergency medical service personnel. The client is then assessed as appropriate for the Walden House continuum of care or is identified as inappropriate.

When the client is identified as inappropriate for the program will be provided referrals other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned Walden House continuum of care location based upon need, funding source and availability.

Process for Initiating Services: Residential treatment services offered to individuals undergoing acute psychiatric episode services fall under San Francisco County's category of planned services. When an individual applies for or is referred for planned mental health services, the Walden House intake staff will first ascertain that person's status of treatment with other providers in the DPH safety net by locating the client's BIS client ID number and care management status on the MHS-140 report. Clients not yet registered into the BHBIS system will be registered at Walden House. Care managers will be notified of their clients' intake within the first 7 days of treatment in the WRAPS program.

Program Service Delivery Model: WRAPS will participate in the CBHS Advance Access Initiative and will provide intake assessment within 24-48 hours of referral; provide medication evaluation (as needed) within 24-48 hours of request; ensure timely collection and reporting of data to CBHS as required; provide quarterly measurements of new client demand according to Advance Access methodology and more frequently if required by CBHS; and measure delay or access for both new and ongoing clients on at least a monthly basis according to Advance Access methodology and more frequently if required by CBHS. The vision, goals, principles, and purpose of SF MHSA Behavioral Health Innovations Task Force are integrated into the service structure.

Assessments/ Diagnosis & Written Evaluation: The Multi-Service Center, located at 1899 Mission Street in San Francisco, is the central intake site for adult mental health services. After referral from ACCESS, the Walden House 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. Once referral is made, clients are interviewed and given an appointment for assessment usually on the spot and within 48 hours.

Prior to admission, all WH prospective participants are screened to determine type and severity of psychiatric and substance abuse disorders in order to determine appropriate level of care. WH will also assess clients already in WH substance abuse treatment who indicate a need for mental health services. Individuals referred from ACCESS will be pre-screened; i.e., not be in need of medical detoxification services, appropriate for this sub-acute mental health setting, and also have a co-occurring substance abuse problem. Mental health staff will also be available to do intake assessments in the field, i.e., within a hospital or incarcerated setting, if the client has been pre-screened as appropriate for WH by ACCESS.

General intake includes the review of demographic information, a complete biomedical and psychosocial assessment and discussion of program norms and rules with the client. Primary

medical services are referred, if needed, and staff support is provided. Information from other/previous service providers when it is available, or from a client's current Care Manager, will be incorporated into the intake assessment and evaluation to better coordinate the continuum of care available.

The mental health assessment and diagnosis process is usually conducted after the general intake/admission form is filled out with an intake counselor. A psychologist or therapist who is trained and knowledgeable in co-occurring disorders and supervised by the program director, records the intake information into a new Mental Health Medi-CAL chart after establishing eligibility, and a provisional multi-axial diagnosis consistent with DSM-IV-TR/ICD-9-CM guidelines is determined through the clinical interview process. Clients are evaluated through a psychosocial and mental status exam assessment. During the assessments and the clinical interview process, the therapist incorporates an evaluation summarizing their findings and recommending services to be incorporated into the participant's treatment plan of care.

The assessment process and written evaluation form the basis for the treatment plan of care, which integrates the individual's own goals for better functionality with clinical recommendations for objectives. It delineates the client's diagnostic picture with these treatment objectives and goals. Assessment for psychotropic medication is part of Medication Services, described below. Participants may be referred for neurological assessments if so indicated. The Grievance procedures, clients' rights, HIPAA confidentiality, advance directives and consent for treatment forms are discussed and signed during the initial client intake process.

To fulfill the public behavioral health system's mission of serving as the safety net for San Franciscans, Walden House Adult outpatient services will remain open to accept new referrals from ACCESS and higher levels of care, and for new individuals who call or drop in requesting services. An intake appointment time within two (2) days of initial contact with the referral source or client, whichever comes first, will be offered. Following evaluation, the clinical judgment process will be used to determine the appropriate level of care for treatment at Walden House or referral to another agency.

Treatment Procedures and Program Components: The Walden House Adult Outpatient Mental Health Services program is designed to provide clients who have co-occurring disorders with a range of interventions aimed at reducing or managing symptoms of mental disability. Walden House provides assessments and evaluations, treatment planning, medication support, group and individual therapy, rehabilitative services such as life skills and relapse prevention, and collateral services such as family therapy. The goal is to discharge clients from Walden House to a lower level of care within the mental health system, if such services are still needed.

Based on their individual needs, each week, clients will participate in a number of individual and group sessions as determined by internal or external PURQC. Assessments, treatment plan development, case management, collateral contacts and medication assessment and support services will be provided as dictated by clinical necessity. Individuals will generally also participate in

substance abuse treatment activities, attend WH recreational and group functions, and be a part of the WH family, unless they are part of the Multi-Services outpatient only clinic, whose clients simply come in for weekly services and return home. WH will provide continuity of care to the extent possible within our own range of service options, and will link clients with services in the community. The average length of stay for Adult Outpatient Mental Health and Medication clients is 127.03 days.

Plan Development: A treatment plan of care is developed, which also addresses substance abuse treatment needs insofar as they affect mental health treatment. If the client's substance abuse disorder forms a barrier to mental health treatment, then those issues will be a more prominent part of the plan. Following the assessment and presentation by the intake therapist, the treatment team will decide and provide input to the treating therapist who acts as care manager, on treating and incorporating recommendations into the treatment plan of care. Our psychiatrist's evaluations and recommendations, and previous provider data (if available) are all incorporated into the plan of care. Following this team meeting, the client meets with the team, and once it is agreed upon by all, the participant and psychotherapist sign the plan of care.

Plans of care will be developed within 7- 10 days of admission to WH. WH will contact Care Managers for those clients already care-managed to assure the appropriateness of the plan of care and to obtain updated plans of care. The plan of care will be updated every 12 months, when dictated by clinical necessity or as the client approaches completion to focus on discharge issues (if before 12 months).

Orientation: When it is determined that an individual will reside at one of the Walden House adult facilities, he or she first meets with their caseload counselor and is given a tour of the facility and orientation for new residents. Staff members exercise care when orienting Mental Health Med-CAL clients, paying attention to the individual's symptom picture and need for adjustment to the treatment milieu.

The individual is given a preliminary schedule and assigned a 'big sister' or 'big brother' to offer guidance and support for their first two weeks in treatment. In certain cases the Mental Health Medi-Cal treatment team in conjunction with the outside referral provider may decide to "phase" the individual into treatment by a gradual introduction over a period of days to a Walden House residential facility. Within the first two days of treatment, the individual has a preliminary meeting with his or her designated psychotherapist to establish initial rapport, discuss the role of the care manager, review patients' rights and grievance procedures, and arrange an appointment to formulate a treatment plan.

Medication Support Services: Assessment of the need for medication is conducted by a psychiatrist in a clinical interview, and may include educating the client on anticipated benefits and side effects of medications, as well as obtaining informed consent for any prescription of psychoactive medications. Medication use is an important part of the mental health treatment plan for many individuals diagnosed with co-occurring disorders. Medications are held for the clients in

the medication office at each facility for clients who self-administer at appointed times under the monitoring of a qualified medical support staff member. Participants residing within the WH residential substance abuse treatment program are monitored while taking medication to assure compliance.

Counselors, therapists and medical support staff are trained in medication effects on an annual basis, and meet with the psychiatrist on a weekly basis to report progress or problems. The psychiatrist is available each week to see any clients with medication problems or questions, and is on-call for any urgent situations. They are also available for medication consultations with other care providers on an as-needed basis (i.e., upon transfer or discharge to another setting). Counselors discuss compliance to the prescribed course of medication with outpatient clients as part of case management. Staff trainings in medication support are a part of the overall training effort by the agency's human resources and staff development department.

Therapy: Each client will work individually with a licensed or board-registered, waived intern therapist on an agreed upon plan to address psychiatric symptoms and management of functional impairments. Therapy will be time-limited, usually occurring once a week, and will make use of the treatment plan of care to identify specific problem behaviors or symptoms to be addressed. As individuals progress, the frequency of their visits with the therapist will decrease as symptoms abate and functionality improves.

Wellness Recovery Action Plan (Wrap): The plan is a system based on increasing awareness of triggers, improving self-care, and strengthening peer support networks. WRAP is used as an addendum to our regular relapse prevention training process. Walden House clinical staffs are regularly trained in helping our clients to design a WRAP before they are discharged from treatment.

Urgent Care Plan: Walden House residential facilities are staffed 24 hours a day. If an individual is in need of psychiatric attention in an urgent situation (i.e., that same day, but not an emergency, potentially life-threatening situation), a mental health staff person is always on-call and available by pager or cell phone to provide Crisis Intervention services. In addition, all counselors working with mental health Medi-Cal clients receive training in crisis intervention and suicide prevention, as well as training in working with clients diagnosed with co-occurring disorders. If an individual is having extreme problems, and does not respond to counseling or clinical intervention from the on-call therapist, the Mobile Crisis Team, Psychiatric Emergency Services, or the Police are called. Staffs work to address problems before they become emergencies.

Crisis Intervention Services: Crisis Intervention services are provided by therapists and counselors trained in emergency response to psychiatric crises. A crisis may occur at any time, and all staff is trained to respond immediately. Typical examples of crisis situations are: when an individual expresses the desire to harm themselves or someone else; when an individual becomes violent or assaultive; or when a client's behavior becomes psychotic and bizarre,

including having severe delusions or hallucinations, to the degree that they are unable to attend treatment activities and/or are unable to respond to staff.

The goal of the crisis intervention is to stabilize the client, assess the severity of the crisis, determine what level of intervention is required, and to stay with the client until the emergency has passed, or until the client has been transported to a more appropriate emergency care site.

Upon identification of a crisis situation, the therapist on duty as officer of the day or the on call therapist is notified. The client is assessed by a qualified mental health professional to determine the acuteness of the crisis and the severity of symptoms. The therapist may make an attempt to have the client sign a behavioral contract to modify the potentially injurious behavior. The therapist may also remain with the client or assign staff to stay with the client, and provide a quieter environment when possible. They may make a referral for a psychiatrist to assess the client's need for medication.

If the crisis is evaluated as being severe, the therapist may make a referral to the Mobile Crisis Team (MCT) and/or to Psychiatric Emergency Services (PES) at SF General Hospital. They may also refer the client to ACCESS for placement into a higher level of care, such as other community mental health programs (Acute Diversion Units). If the client has any outside collateral support, such as a parole officer, outside therapist, or family members, etc., they are contacted regarding the client's new placement. Staff is on alert to watch for problems when a client Appendixs repeated crisis behaviors over a period of time. Clients who are appropriately stabilized at other programs are eligible to be reevaluated and considered for readmission.

Mental Health Discharge Guidelines:

Walden House is committed to providing quality mental health services and substance abuse 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 Rehabilitation Program at Walden House, Mental Health Discharge Guidelines will be implemented. Discharge from the program may occur under the following circumstances:

Case Management /Rehabilitative Activities: Therapists use a targeted case management approach in the delivery of contacts made on behalf of the client for purposes of linkage and brokerage. Clients diagnosed with mental health disorders often must participate in activities related to a number of other practical problems, such as medical appointments, family issues, and school problems, which are key parts of mental health service delivery.

Integrated Mental Health Treatment: The significant majority of target group clients have co-occurring mental health disorders and, therefore, mental health treatment is fully integrated with the substance abuse interventions and or is coordinated for clients with outside providers. Clients who are assessed to have mental health needs and are not currently in treatment are evaluated by a WH Psychiatrist and, if appropriate, are prescribed medications. Medication

treatment is monitored closely for effectiveness and side effects by staff and the mental health providers would share information about client functioning, progress, and problems.

Dually disordered clients also receive psychotherapeutic services individually, in groups, and with their families as appropriate to their particular needs within the program. These services are provided by licensed clinicians and/or registered interns under supervision, and incorporate evidence-based approaches that may include, cognitive behavioral treatment (CBT) as a primary modality, dialectical behavioral treatment (DBT) approaches for clients with emotional dysregulation and impulse problems, Aggression Replacement Therapy to address violent behaviors, and Seeking Safety therapy for individuals with a history of trauma.

Clients who already have a psychiatrist and/or therapist with whom they have been working will be encouraged to maintain their existing relationships. Program staff will monitor clients closely and collaborate with the psychiatrists and therapists who are working with the clients whether the mental health treatment is provided by WH or by other community providers. The Program will establish an MOU with its assigned mental health partner agency to assure linkage and coordination of care within the establishment of a "hub" of integrated behavioral care.

Primary Care Medical Services: Clients complete the self-administered Health Questionnaire at intake, and clients in out of home placement have had recent medical examinations that are received as part of the referral information. These documents are reviewed by the WH Health Coordinator, a registered nurse, who follows up with the clients to assure that they have access to treatment for identified health needs, and who follows through with issues that may require further screenings, assessment and treatment. WH case managers are responsible for coordinating care with medical providers.

Clients who identify behaviors on this questionnaire that put them at risk for HIV, STD's, Hepatitis and other health problems receive health education about the potential consequences of these behaviors and participate in treatment interventions that are intended to reduce their risks for HIV and other health problems. WH will actively link clients to medical providers for those who do not already have a physician or other healthcare services. WH has a long history of effective collaboration with the Tom Waddell Clinic and the primary care programs at San Francisco General Hospital that serve indigent populations.

Clients who are HIV positive and/or Appendix high risk behaviors will be linked to the WH continuum of HIV prevention services that utilize interventions promoted by the Center for Disease Control and adopted by DPH that include Individual Risk Reduction Counseling, Multiple Session Workshops, and Prevention Case Management.

Wraparound/Case Management Services: WH uses a clinical case management model to deliver wraparound supports that respond to all needs and wishes of clients and their families. The clinical case management model integrates assessment, treatment, and active linkage functions. The WH Case Managers will link and coordinate services with the numerous WH

service components or to external service providers including the mental health partner assigned by CBHS to this program. The case management approach involves actively linking clients to needed resources. Active linkage requires following through with referrals with both the client and other provider and overcoming barriers to client engagement with other programs. Active linkage goes beyond physically linking a client to a resource and involves continued involvement of the case manager so that the services are coordinated with the substance abuse treatment services and the clients receive the benefit of the resources to which they are referred.

A focus of the wraparound approach is to support access to vocational services and employment. The OASIS program includes workshops to teach clients skills related to resume preparation, job search strategies, and interviewing skills. The WH Case Managers will work with each client individually to support their efforts to obtain employment as well as to provide job coaching supports. OASIS clients may also be linked with the WH Transitional Services or other vocational programming that is appropriate to their needs and wishes. The WH Transitional Services Department works hand in hand with WH Case Managers to provide job-readiness, resume writing, vocational skill building, employment placement and job coaching services. Clients will also be linked to the Department of Rehabilitation and One Stop Employment Centers as appropriate. Finally, appropriate clients with serious mental illnesses will be linked to the RAMS Hire-ability Program and Community Vocational Enterprise within the San Francisco mental health system.

A critical need for clients leaving out of home placement is the need for safe, decent, and affordable housing. This effort is supported by WH's comprehensive programming to assist its clients obtain appropriate housing in a very difficult housing market. This includes participating in a Housing Search Workshop that covers the pros and cons of different types of housing, the use of newspapers, the internet, networking and shared housing arrangements to locate housing opportunities, monthly budgeting, and the role of credit reports and housing references.

WH Case Managers will also help clients apply for subsidized and supportive housing programs for which they are eligible. WH has working relationships with numerous housing organizations that provide or assist in access to housing resources for its clients.

As discussed above, comprehensive services involves establishing partnerships with families and natural support system members who with education and support for themselves can play a key role in supporting the recovery of their family members. The WH Case Manager will work with clients to identify family members who the client agrees are appropriate and who are willing and able to be involved in the client's recovery plan. Services to families include family education and support groups, family therapy with clients, and other family focused program activities

To coordinate treatment and supportive services, the WH Counselor will be responsible for organizing and facilitating case conferences for dually disordered and other multiple need clients. The case conference will bring together WH providers, mental health and primary care treatment and other services staff to review the clients needs and establish a coordinated plan for

delivering all of the services the client needs. Clients and, with the client's permission, family members are encouraged to participate in these case conferences, and to be actively involved in all aspects of the treatment process.

The case management function involves providing wraparound supports for all other needs identified by clients that could include access to legal services, recreational activities, transportation, spiritual/religious organizations, or any other resource that can support client recovery. To meet these many needs WH has MOUs with over 60 governmental and community based programs and organizations that describe collaborative relationships for assuring access and establishing mutual expectations for coordinating services. This includes mental health and primary care providers as described in the CCISC implementation section above and many other organizations that provide an array of services.

Program Staffing:

Integrated mental health and substance abuse service as well as psychiatric care for WRAPS clients will be conducted by a multidisciplinary team of professionals who will regularly assess the client's needs and review the progress toward treatment goals. This team will consist of a licensed or license-eligible therapist, the coordinator of adult mental health services, psychiatrists, the WRAPS peer counselor, and the Director of Mental Health Services.

WRAPS Clients will undergo an initial mental health screening and assessment conducted by the intake assessment psychologist. Information from the assessment will be communicated to the adult services mental health coordinator who is a registered psychologist responsible for assigning clients to primary therapists. After being assigned to a therapist, additional mental health assessments will take place as well as referral to a Walden House psychiatrist when an initial medication screening is required or coordination with existing outside psychiatric services needs to take place on a doctor to doctor basis..

Beyond assessment, the role of the primary therapist is to create a detailed treatment plan outlining the goals of the stabilization treatment episode, submitting the treatment plan and other appropriate paperwork to the Mental Health Coordinator and the Director for review and approval; coordinating with internal and external psychiatric services and enrolling the client in relevant clinical groups and activities such as DBT skills training, Wellness Recovery Action Plan or Seeking Safety groups. Additionally, the primary therapist will take part in the weekly team meetings to review the client's progress towards goals and will take on primary responsibility for discharge planning and related case management tasks.

The role of the adult services mental health coordinator will be to make initial clinical assignments, assist in the scheduling of medication evaluations and follow-up appointments, provide supervision to the primary mental health therapist and conduct/lead weekly team meetings to assure continuity of care. The adult services mental health coordinator reviews treatment plans, progress notes, and other documentation and is available for consultation in addition to regularly scheduled supervisions.

The role of the psychiatrist is to perform initial medication evaluations, conduct medication follow-up appointments, provide consultation to other WRAPS staff and Walden House Clinicians, plus take part in weekly team meetings. Additional roles may include coordination of services with outside providers.

The WRAPS Peer Counselor's role is to provide support and encouragement to the client by fostering motivation to change problem behaviors. Functioning as a role model and mentor, the peer counselor will accomplish their goal through formal and informal interactions with the client designed to normalize the client's experience, destigmatize the utilization of mental health services and coach the use of newly acquired skills.

WRAPS will recruit current consumers of our mental health services who are in the reentry or continuing care phase of treatment to become WRAPS peer counselors. Clients will be informed of the staff opportunity in a number of ways including announcements in morning/evening meetings, job postings on bulletin boards in all facilities, and postings on Walden House's website as well as disseminating job opportunities via our vocational services department which assists hundreds of clients with job training, vocational services, and education.

Consumers who are selected to become WRAPS peer counselors will take part in skills training opportunities as well as received additional training and mentoring from agency clinical staff. They will take part in new staff orientation which encompasses confidentiality, reporting requirements, cultural competency, basic counseling skills, boundaries, health & safety issues, and ethics. The WRAPS peer counselors will also be required to take part in motivational interviewing and understanding the stages of change seminars. Plus, WRAPS peer counselors may also attend numerous monthly trainings held by Walden House Institute of Training which includes mental health/integrated treatment topics, DBT, Seeking Safety, Wellness Recovery Action Plan, gender-specific, cultural-specific, psychotropic medications, treating dual-diagnosed clients, and so on.

7. Objectives and Measurements

A. Performance/Outcome Objectives

Objective A.1: Reduced Psychiatric Symptoms

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

50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized. (A.1a)

2. 75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge. (A.1e)

Note: if data available in AVATAR

3. Providers will ensure that all clinicians who provide mental health services are certified in the use of the Adult Needs and Strengths Assessment (ANSA). New employees will have completed the ANSA training within 30 days of hire. (A.1f)
4. Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial MRD/ANSA assessment and treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program performance objective, an 85% completion rate will be considered a passing score. (A.1.m)

Objective A.3: Increase Stable Living Environment

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

Objective B.1: Access to Service

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

Objective B.2: Treatment Access and Retention

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

Objective C.2: Client Outcomes Data Collection

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

Objective F.1: Health Disparity in African Americans

To improve the health, well-being and quality of life of African Americans living in San Francisco CBHS will initiate efforts to identify and treat the health issues facing African American residents of San Francisco. The efforts will take two approaches:

- 1) Immediate identification of possible health problems for all current African American clients and new clients as they enter the system of care;
- 2) Enhance welcoming and engagement of African American clients.

Interventions to address health issues:

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

The new Avatar system will allow electronic documentation of such information.

3. Active engagement with primary care provider
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

Objective G.1: Alcohol Use/Dependency

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

Cultural Competency Unit will compile the informing material on self - help Recovery groups and made it available to all contractors and civil service clinics by September 2010. (G.1a)

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

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

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

B. Other Measurable Objectives

1. During Fiscal Year 2010-11, 90% who complete are linked to an appropriate level of continuing care and support as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, 95% who complete are linked to a primary care home as measured by internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, 75% will avoid hospitalization for mental health reasons for the duration of their stay as measured by internal outcome measurement system and documented in client files.
4. During Fiscal Year 2010-11, at the time of completion 85% will report increased quality of life (versus self report at intake) measured by internal outcome measurement system and documented in client files.

8. Continuous Quality Improvement

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House 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.

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.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors

standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.

- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

Privacy Policy:

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule – December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

Contractor: Walden House, Inc.
Program: On-Call Crisis Intervention
Fiscal Year: 2010-11

Appendix A-12
Contract Term: 7/1/10-6/30/11
Funding Source (AIDS/CHPP only)

1. Program Name: On-Call/Crisis Intervention

Walden House
1550 Evans Ave
San Francisco, CA 94124
415-9770-7500
415-970-7564 f

Comprehensive Child Crisis
3801 Third St. Ste 400 – Bldg B
San Francisco CA, 94124

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

To provide immediate on-call/ crisis care and follow-up case management services to family members and loved ones of victims of violence, in a professional, culturally-competent, dependable, through a sufficiently-staffed and well-organized program that is sustainable.

4. Target Population

The target population served by the **Violence Response Team** include victims of violence, their families, and children. These clients are in need of crisis care and follow-up case management services to ensure victims of violence and their loved ones receive increased access to services.

- Victims of Violence
- Children
- Family members

5. Modality(ies)/Interventions

The service modality for this Appendix is case management services.

6. Methodology:

The Walden House **On-Call/ Crisis Intervention (WHCI)** consists of a multidisciplinary team of experienced counselors who can provide immediate crisis care and follow-up case management when activated by SFPD/CBHS. WHCI can provide timely urgent crisis care to support victims of violence, their children/family and loved ones. WHCI will be on-call to respond to violence incidents and serve as standby-counselors. WHCI will use Walden House cell phones and pagers when activated for a crisis. Responders on Duty (ROD) will meet at the Comprehensive Child Crisis when activated, or be onsite on scene, at the hospital, or other care facility as needed. ROD will report information on incidents and follow-ups needed to be made with families to the regular program staff for immediate case management services the very next day.

Training: Counselors will be required to attend mandatory orientations. Orientation content will consist of: history of the violence response work; overview of the overall initiative (including the CRN as well as relations with the Mayor's Office and other departments); policies and procedures for responding to incidents, and for doing follow-up case management work; what is required and expected of the responders; further training, and ongoing debriefing support, to be provided to/for responders; logistics for responding (scheduling, communications, uniform, transportation, documentation, protocols, phoned-in and written reports, etc.) Ongoing and advanced training in crisis and trauma, and grief and loss, will be identified and provided to the responders.

7. Objectives and Measurements- Not Applicable

8. Continuous Quality Improvement

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House 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.

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.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- **Data Integrity:** Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- **Standards & Compliance:** Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- **Health and Safety:** Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- **Training:** Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.

- **Clinical:** Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- **Operations Committee:** The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

Privacy Policy:

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule – December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

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Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies

Contractor: Walden House, Inc.
Program: On-Call Crisis Intervention
Fiscal Year: 2010-11

Appendix A-12
Contract Term: 7/1/10-6/30/11
Funding Source (AIDS/CHPP only)

and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

1. Program Name: BASN Adult Residential

890 Hayes Street (Men)
San Francisco, CA 94117
(415) 241-5566
(415) 621-1033 f

815 Buena Vista (Women)
San Francisco, CA 94117
(415) 554-1450
(415) 554-1475 f

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

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

4. Target Population

The target population for BASN Residential consists of parolees referred through the Bay Area Services Network. Participants are non-violent offenders who abuse substances. The Walden House BASN Residential Program is part of the larger Bay Area Services Network. It is a variable length residential program (typically four to six months) designed to help paroled substance abusers maintain sobriety and abstinence from alcohol and other drugs, teach self-reliance and improve social functioning, and provide participants with an extensive support system. BASN clients are mainstreamed with other Walden House residential clients. Walden House emphasizes self-help and peer support in a humanistic therapeutic community and offers special programs for various populations with specific needs. The program 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.

- Criminal Justice (BASN) referrals
- Non violent parolees
- Polysubstance abusers

5. Modality(ies)/Interventions

The service modality for this Appendix is residential substance abuse treatment

6. Methodology

The goal of the BASN Residential Therapeutic Community Services program is to reduce substance abuse and related criminal behavior in individuals referred to WH from the BASN administrator agency. To reach this goal, the project will provide 6 months of structured residential substance abuse treatment services to a static population of 18 individuals within a licensed treatment facility. This program will be integrated into the existing Walden House Residential TC Program

Outreach and Recruitment: Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs 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 program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

Admissions and Intake: Admission to the BASN Residential Program is open to all adult San Francisco parolees referred through the Bay Area Services Network residents with a substance abuse problem who desire treatment in a therapeutic community.

The person served may access Walden House services through an appointment or walk-in at the Intake Department. A referral phone call secures an intake interview appointment at the 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the Walden House continuum of care, the client begins with self-administered questionnaires including health and high-risk behavior issues for the Prevention/Diversion Department. An interview occurs thereafter with an intake staff member. This interview includes the administration of the Addiction Severity Index (ASI) Lite assessment which creates both a Narrative Summary and Severity Profile of the person served surrounding different life domains (Alcohol/Drug Use; Employment; Family; Legal; Medical; and Psychiatric). The client is provided further services as based on need identified by the severity profile for legal or psychiatric life domains.

If there is an identified need for legal assistance, the client is connected with the legal department to assist with interfacing with the legal system. If any psychiatric symptomology is identified during the assessment process, the client is further assessed by the licensed intake clinician to determine psychiatric status to determine the appropriateness for the Walden House continuum of care to ensure proper placement. At any time should any immediate detoxification or medical need be identified, Walden House will coordinate with medical staff or external emergency medical service personnel. The client is then assessed as appropriate for the Walden House continuum of care or is identified as inappropriate.

When the client is identified as inappropriate for the program will be provided referrals other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned Walden House continuum of care location based upon need, funding source and availability.

Program Service Delivery Model: The BASN residential program is a variable-length program that accommodates up to 6 months. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

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

- introduction to staff and peers;
- orientation of their living quarters including common problems of communal living are also explained (i.e. dining times; hygiene times; infection control, etc.);
- "ABC" handbook which outlines program expectations, guidelines, norms, regulations, and rules;
- Recovery Plan – self assessment of needs, life problems, and areas for improvement.

Program Phases:

The BASN Residential TC program at Walden House is divided into phases: Phase I, Orientation; Phase II, Therapeutic Community (TC); and Phase III, Pre-Reentry/Reentry, and Phase IV, Continuing Care. These phases are designed to provide a continuum of care for each client.

Orientation: The first 14-30 days at Walden House consists of the Orientation phase of treatment, in which new residents become familiar with the people, procedures and norms of the therapeutic community. Treatment plans are developed at this time. Orientation clients participate in all basic clinical groups, have a job function, and take GED/BAE classes. They are assigned "buddy" companions (clients with more time in program) to accompany them outside the facility. When the client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the TC phase.

TC Phase: The TC phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. During this time the resident begins to receive an increasing number of privileges in accordance with a demonstration of responsibility. They participate in many groups counseling activities, as well as individual counseling and other supportive services.

When it is deemed appropriate by the counselor and client, the client writes a proposal to become an "Elder" in the community and enter the Pre-Reentry phase.

Pre-Reentry/Reentry: The Pre-Reentry phase is a transition between TC and Reentry. It may last a few weeks or a few months, dependent on the client. During this time the resident receives intensive vocational counseling and develops a reentry plan. When the resident has enrolled in vocational training, or has gotten a job or enrolled in school, they may move into one of several satellite apartments in the outside community. Satellites provide supported transitional housing to several clients living as roommates. The Reentry phase focuses on re-socialization, work and family-related issues. This phase lasts several months. Reentry clients pay subsidized rent, and engage in money management, family reunification, independent living and relapse prevention counseling activities. When the client has saved enough money to obtain an independent household, they may enter the Continuing Care/ Aftercare (outpatient) program.

Continuing Care (Aftercare): Continuing Care clients live on their own in the community, but return to Walden House for weekly groups and individual check-ins. They may also participate in Relapse Prevention

sessions, recreational activities, and all Walden House family celebrations. After several months, these clients complete treatment with a completion ceremony. All clients who have completed during the past year are acknowledged at the large annual Celebration of Achievement ceremony held in June.

Program Service Locations: The BASN residential program will be located at two Walden House facilities, one at 815 Buena Vista West, San Francisco, CA and the other at 890 Hayes Street, San Francisco, CA with additional services to be provided at the 1550 Evans Avenue. The 890 Hayes and 815 Buena Vista facilities house the WH adult substance abuse residential treatment programs. Individual and Group Counseling, MH services, and other substance abuse treatment related activities and services will take place at these facilities. These facilities are staffed 24 hours a day, 7 days a week. Intake will take place at the 1899 Mission Street which also houses the Representative Payee Services Program. Adjunctively the Primary Medical Clinic in partnership with the City and County of San Francisco, Tom Waddell Health Clinic and the Psychiatric Team in partnership with the University of California Medical Center are located at this facility. This facility is open from 8am – 8pm Monday through Friday and 8am – 4pm Saturday.

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 includes a celebrated through a formal ceremony. 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). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

All program services and activities are documented in a client chart. Charting is consistent with regulations set by the State, Commission on Accreditation of Rehabilitation Facilities, and the San Francisco Department of Public Health. Current client files are securely stored in counselors locked cabinets. Discharged client files are locked in secured rooms at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

7. Objectives and Measurements

A. Performance/Outcome Objectives

Objective A.1: Reduced Psychiatric Symptoms

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

Objective A.2: Reduce Substance Use

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer. (A.2b)
3. Substance Abuse Treatment Providers will show a reduction of days in jail or prison from admission to discharge for 60% of new clients admitted during Fiscal Year 2010-11, who remained in the program for 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

Objective B.2: Treatment Access and Retention

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

Objective F.1: Health Disparity in African Americans

To improve the health, well-being and quality of life of African Americans living in San Francisco CBHS will initiate efforts to identify and treat the health issues facing African American residents of San Francisco. The efforts will take two approaches:

- 1) Immediate identification of possible health problems for all current African American clients and new clients as they enter the system of care;

- 2) Enhance welcoming and engagement of African American clients.

Interventions to address health issues:

1. Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section. (F.1a)

2. Primary Care provider and health care information

All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. (F.1b)

The new Avatar system will allow electronic documentation of such information.

3. Active engagement with primary care provider

75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

Objective G.1: Alcohol Use/Dependency

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

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

1. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey. (H.1a)
2. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. Program evaluation unit will evaluate

retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on - going review of clinical literature is encouraged. (H.1b)

B. Other Measurable Objectives

1. During Fiscal Year 2010-11, 90% who complete are linked to an appropriate level of continuing care and support as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, 90% who complete are linked to 12 Step and/or support groups as measured by internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, 95% who complete are linked to a primary care home as measured by internal outcome measurement system and documented in client files.
4. During Fiscal Year 2010-11, at the time of completion 85% will report increased quality of life (versus self report at intake) as measured by Internal outcome measurement system and documented in client files.

8. Continuous Quality Improvement

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House 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.

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.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management

and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

Privacy Policy:

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule - December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

1. **Program Name: CARE Variable Length**
Program Address:

890 Hayes Street (Men)	815 Buena Vista West (Women)	214 Haight Street (Dual Recovery)
San Francisco, CA 94117	San Francisco, CA 94117	San Francisco, CA 94102
(415) 241-5566	(415) 554-1450	(415) 554-1480
(415) 621-1033 f	(415) 554-1475 f	(415) 934-6867f

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

New **Renewal** **Modification**

3. **Goal Statement**

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

4. **Target Population**

The target populations are poly-substance abusing, persons living with HIV-infection or AIDS who are indigent. Included in these populations are men and women; gays, lesbians, bisexuals and transgenders; all ethnic/racial minorities; young adults 18 to 24 years old, and 16 to 17 year old emancipated minors; veterans; criminal justice involved individuals; persons multiply diagnosed with concomitant mental health and behavioral issues; and homeless people. Enrollment priority will be given to residents of San Francisco who are low income and uninsured or underinsured.

- HIV+/AIDS plus:
 - Substance abusers
 - Homeless

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

The service modality for this Appendix is residential substance abuse treatment

6. **Methodology**

Walden House's Gender Responsive Residential Substance Abuse Treatment Program is a trauma-informed, gender responsive residential substance abuse treatment program. Walden House CARE Variable Length offers a streamlined continuum of care comprehensive residential substance abuse service.

Our Agency's overarching mission is "to reduce the impact of substance abuse and its associated problems on the community by offering direct services to people throughout California with services designed to lessen the social cost of addiction disorders by promoting wellness and drug-free lifestyles." This mission is directed to the target population we serve who live in San Francisco.

Outreach and Recruitment: Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs 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 program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

Admissions and Intake:

Intake takes place at 1899 Mission Street where the Walden House Intake Department receives all referrals and arranges interviews with the Intake Coordinator. Clients are asked to bring documentation of a recent TB Test, verification of San Francisco residency, HIV Status, and income to the interview in order for the Intake Coordinator to check to ensure that clients are eligible to receive CARE funded services. Clients are advised of their rights to confidentiality; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. In addition, the Intake Coordinator conducts the intake and assessment process that includes an Addiction Severity Index Survey to collect demographical information plus a complete biomedical/psychosocial assessment and obtains a signed consent for treatment form and provides a copy of the form to the client. The new client is assigned a room, and is introduced to their peers at the morning or evening meetings. New clients participate in Orientation groups, in which they learn about the norms and rules of the program.

Program Service Delivery Model:

During this component a client works on achieving their individual treatment plan goals, continues to attend various groups including: anger management meetings, art therapy group meetings, men's group, women's group meetings, DBT group meetings, HIV prevention & education meetings, HIV support group meetings, community meetings, Narcotics Anonymous/Alcoholics Anonymous meetings (in house and in the community), and works on finding a 12 step sponsor and an outside HIV support group with which they feel comfortable.

Clients continue with health care appointments, as well as any other outside appointments. At two weeks into the main phase, clients reassess their individual treatment plan goals. This treatment plan is reassessed at 30 days, 60 days and 90 days, at which time the client discusses their progress with the clinical review team and the counselor, to determine what goals will be pursued in the next phase, or upon completion. Client responsibilities are to follow program rules, participate fully in treatment activities, act as a role model for new clients, and do house chores, including making dinner once a week for the house. During this time the resident begins to receive an increasing number of privileges including, but limited to: sending and receiving monitored mail, personally use house electronic equipment, eligibility for community outings, and room privileges (which include posters on walls and the use of radio/tape players). These privileges are granted in accordance with demonstrated responsibility. When it is deemed appropriate by the counselor and client, the client writes a proposal to become a mentor in the community and enter the Pre-Reentry phase of the variable length program.

The Pre-Reentry phase of programming is where the client prepares for the transition between Variable Length and Reentry Phase. During this time the resident develops a reentry plan. In this later stage of treatment, the client focuses on developing strong support systems within the larger community and relapse prevention.

After pre-reentry, clients enter the reentry phase of the program. Clients reside in satellite housing, which is subsidized rent-free transitional supportive housing. Satellite provides the client the opportunity to learn to live independently and save funds to transition to permanent housing.

Reentry goals must include making plans to - return to employment or seek further treatment; become involved in volunteer work or other ongoing outside activities; or seek education or vocational training. Other concerns that the clients must address during reentry include housing, benefits entitlement, creating a stable health care regime, identifying clean and sober recreational resources, and giving back to the program and the community. These issues are addressed in individual counseling sessions and with case managers, to ensure clients are leaving with appropriate information, skills and resources. The length of stay for variable length will ranged between 3 months and 18 months.

Clients 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.

Clients are unsuccessfully completed when they leave treatment 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). Clients who abandon treatment may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, and/or get contact information; referral information is offered to the client upon discharge. When a client is discharged from the residential programs, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

Admissions/Intakes are conducted at the Multi-Services Center located at 1899 Mission Street. 214 Haight is licensed by California's Dept. of Alcohol and Drug Programs and are handicap accessible with elevator, path of travel and appropriate facilities. Walden House complies with all licensing, certification, health, safety, and fire codes.

Walden House agrees to maintain appropriate referral relationships with key points of access outside of the HIV care system to ensure referral into care of newly diagnosed and people living with HIV disease not in care. Key points of access include emergency rooms, substance use treatment programs, detox centers, adult probation, HIV testing and counseling programs, mental health program, and homeless shelters.

All program services and activities are documented in a client chart that has a separate section for all HIV related information. Charting is consistent with regulations set by Commission on Accreditation of Rehabilitation Facilities and the San Francisco Department of Public Health AIDS Office. Current client files

are securely stored with their counselors at 214 Haight. Discharged client files are locked in secured rooms at 1550 Evans Street.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer information; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, and ensures that the progress notes match the treatment plan within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

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 includes a celebrated through a formal ceremony. 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). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

All program services and activities are documented in a client chart. Charting is consistent with regulations set by the State, Commission on Accreditation of Rehabilitation Facilities, and the San Francisco Department of Public Health. Current client files are securely stored in counselors locked cabinets. Discharged client files are locked in secured rooms at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

7. Objectives and Measurements

A. Performance/Outcome Objectives

Objective A.1: Reduced Psychiatric Symptoms

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

Objective A.2: Reduce Substance Use

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer. (A.2b)
3. Substance Abuse Treatment Providers will show a reduction of days in jail or prison from admission to discharge for 60% of new clients admitted during Fiscal Year 2010-11, who remained in the program for 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

Objective B.2: Treatment Access and Retention

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

Objective F.1: Health Disparity in African Americans

To improve the health, well-being and quality of life of African Americans living in San Francisco CBHS will initiate efforts to identify and treat the health issues facing African American residents of San Francisco. The efforts will take two approaches:

- 1) Immediate identification of possible health problems for all current African American clients and new clients as they enter the system of care;
- 2) Enhance welcoming and engagement of African American clients.

Interventions to address health issues:

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

The new Avatar system will allow electronic documentation of such information.

3. Active engagement with primary care provider
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

Objective G.1: Alcohol Use/Dependency

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

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

1. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey. (H.1a)
2. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The

contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on - going review of clinical literature is encouraged. (H.1b)

B. Other Measurable Objectives

1. During Fiscal Year 2010-11, 75% of HIV positive clients successfully referred for treatment will complete their substance abuse treatment plan as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, 85% of HIV positive clients determined to be out-of-care [previous six months or longer] when substance abuse services are initiated, will be successfully referred into medical care within four weeks of their referral as measured by internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, 50% of the clients who completed one month of treatment and has the need for medication adherence skills included in their treatment, will demonstrate increased understanding of the importance of medication adherence or demonstrate improvements in medication adherence as measured by internal outcome measurement system and documented in client files.

8. Continuous Quality Improvement

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House 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.

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.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.

- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

Privacy Policy:

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule – December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

1. Program Name: CARE MDSP

214 Haight Street
(Dual Recovery)
San Francisco, CA
94102
(415) 554-1480
(415) 934-6867f

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

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

4. Target Population

The target populations are poly-substance abusing, persons living with HIV-infection or AIDS who are indigent. Included in these populations are men and women; gays, lesbians, bisexuals and transgenders; all ethnic/racial minorities; young adults 18 to 24 years old, and 16 to 17 year old emancipated minors; veterans; criminal justice involved individuals; persons multiply diagnosed with concomitant mental health and behavioral issues; and homeless people. Enrollment priority will be given to residents of San Francisco who are low income and uninsured or underinsured.

- HIV+/AIDS plus:
 - Substance abusers
 - Homeless

5. Modality(ies)/Interventions

The service modality for this Appendix is residential mental health and substance abuse treatment.

6. Methodology

Walden House's Gender Responsive Residential Substance Abuse Treatment Program is a trauma-informed, gender responsive residential substance abuse treatment program. Walden House CARE MDSP offers a streamlined continuum of care comprehensive residential substance abuse service.

Our Agency's overarching mission is "to reduce the impact of substance abuse and its associated problems on the community by offering direct services to people throughout California with services designed to lessen the social cost of addiction disorders by promoting wellness and drug-free lifestyles." This mission is directed to the target population we serve who live in San Francisco.

Outreach and Recruitment: Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs 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 program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

Admissions and Intake:

Intake takes place at 1899 Mission Street where the Walden House Intake Department receives all referrals and arranges interviews with the Intake Coordinator. Clients are asked to bring documentation of a recent TB Test, verification of San Francisco residency, HIV Status, and income to the interview in order for the Intake Coordinator to check to ensure that clients are eligible to receive CARE funded services. Clients are advised of their rights to confidentiality; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. In addition, the Intake Coordinator conducts the intake and assessment process that includes an Addiction Severity Index Survey to collect demographical information plus a complete biomedical/psychosocial assessment and obtains a signed consent for treatment form and provides a copy of the form to the client. The new client is assigned a room, and is introduced to their peers at the morning or evening meetings. New clients participate in Orientation groups, in which they learn about the norms and rules of the program.

Program Service Delivery Model:

During this component a client works on achieving their individual treatment plan goals, continues to attend various groups including: anger management meetings, art therapy group meetings, men's group, women's group meetings, DBT group meetings, HIV prevention & education meetings, HIV support group meetings, community meetings, Narcotics Anonymous/Alcoholics Anonymous meetings (in house and in the community), and works on finding a 12 step sponsor and an outside HIV support group with which they feel comfortable.

Clients continue with health care appointments, as well as any other outside appointments. At two weeks into the main phase, clients reassess their individual treatment plan goals. This treatment plan is reassessed at 30 days, 60 days and 90 days, at which time the client discusses their progress with the clinical review team and the counselor, to determine what goals will be pursued in the next phase, or upon completion. Client responsibilities are to follow program rules, participate fully in treatment activities, act as a role model for new clients, and do house chores, including making dinner once a week for the house. During this time the resident begins to receive an increasing number of privileges including, but limited to: sending and receiving monitored mail, personally use house electronic equipment, eligibility for community outings, and room privileges (which include posters on walls and the use of radio/tape players). These privileges are granted in accordance with demonstrated responsibility. When it is deemed appropriate by the counselor and client, the client writes a proposal to become a mentor in the community and enter the Pre-Reentry phase of the variable length program.

The Pre-Reentry phase of programming is where the client prepares for the transition between Variable Length and Reentry Phase. During this time the resident develops a reentry plan. In this later stage of treatment, the client focuses on developing strong support systems within the larger community and relapse prevention.

After pre-reentry, clients enter the reentry phase of the program. Clients reside in satellite housing, which is subsidized rent-free transitional supportive housing. Satellite provides the client the opportunity to learn to live independently and save funds to transition to permanent housing.

Reentry goals must include making plans to - return to employment or seek further treatment; become involved in volunteer work or other ongoing outside activities; or seek education or vocational training. Other concerns that the clients must address during reentry include housing, benefits entitlement, creating a stable health care regime, identifying clean and sober recreational resources, and giving back to the program and the community. These issues are addressed in individual counseling sessions and with case managers, to ensure clients are leaving with appropriate information, skills and resources. The length of stay for variable length will range between 3 months and 18 months.

Clients 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.

Clients are unsuccessfully completed when they leave treatment 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). Clients who abandon treatment may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, and/or get contact information; referral information is offered to the client upon discharge. When a client is discharged from the residential programs, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

Admissions/Intakes are conducted at the Multi-Services Center located at 1899 Mission Street. 214 Haight is licensed by California's Dept. of Alcohol and Drug Programs and are handicap accessible with elevator, path of travel and appropriate facilities. Walden House complies with all licensing, certification, health, safety, and fire codes.

Walden House agrees to maintain appropriate referral relationships with key points of access outside of the HIV care system to ensure referral into care of newly diagnosed and people living with HIV disease not in care. Key points of access include emergency rooms, substance use treatment programs, detox centers, adult probation, HIV testing and counseling programs, mental health program, and homeless shelters.

All program services and activities are documented in a client chart that has a separate section for all HIV related information. Charting is consistent with regulations set by Commission on Accreditation of Rehabilitation Facilities and the San Francisco Department of Public Health AIDS Office. Current client files are securely stored with their counselors at 214 Haight. Discharged client files are locked in secured rooms at 1550 Evans Street.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or

transfer information; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, and ensures that the progress notes match the treatment plan within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

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 includes a celebrated through a formal ceremony. 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). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

All program services and activities are documented in a client chart. Charting is consistent with regulations set by the State, Commission on Accreditation of Rehabilitation Facilities, and the San Francisco Department of Public Health. Current client files are securely stored in counselors locked cabinets. Discharged client files are locked in secured rooms at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

7. Objectives and Measurements

A. Performance/Outcome Objectives

Objective A.1: Reduced Psychiatric Symptoms

1. The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes

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

Objective A.2: Reduce Substance Use

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer.(A.2b)
3. Substance Abuse Treatment Providers will show a reduction of days in jail or prison from admission to discharge for 60% of new clients admitted during Fiscal Year 2010-11, who remained in the program for 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

Objective B.2: Treatment Access and Retention

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

Objective F.1: Health Disparity in African Americans

To improve the health, well-being and quality of life of African Americans living in San Francisco CBHS will initiate efforts to identify and treat the health issues facing African American residents of San Francisco. The efforts will take two approaches:

- 1) Immediate identification of possible health problems for all current African American clients and new clients as they enter the system of care;
- 2) Enhance welcoming and engagement of African American clients.

Interventions to address health issues:

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

Outpatient providers will document screening information in the Avatar Health Monitoring section. (F.1a)

2. Primary Care provider and health care information

All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. (F.1b)

The new Avatar system will allow electronic documentation of such information.

3. Active engagement with primary care provider

75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

Objective G.1: Alcohol Use/Dependency

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

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

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

B. Other Measurable Objectives

1. During Fiscal Year 2010-11, 75% of HIV positive clients successfully referred for treatment will complete their substance abuse treatment plan as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, 85% of HIV positive clients determined to be out-of-care [previous six months or longer] when substance abuse services are initiated, will be successfully referred into medical care within four weeks of their referral as measured by internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, 50% of the clients who completed one month of treatment and has the need for medication adherence skills included in their treatment, will demonstrate increased understanding of the importance of medication adherence or demonstrate improvements in medication adherence as measured by internal outcome measurement system and documented in client files.

8. Continuous Quality Improvement

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- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
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and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

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Privacy Policy:

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule – December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

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Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Contractor: Walden House, Inc.
Program: CARE (Variable length)
City Fiscal Year: 2010-11

Appendix A-15
Contract Term: 7/1/10-6/30/11
Funding Source (AIDS/CHPP only)

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

1. **Program Name: CARE Detox/Stabilization**

214 Haight Street
San Francisco, CA 94102
Telephone: (415) 554-1480
Facsimile: (415) 934-6867

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

New Renewal Modification

3. **Goal Statement**

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

4. **Target Population**

The target populations are poly-substance abusing, persons living with HIV-infection or AIDS who are indigent. Included in these populations are men and women; gays, lesbians, bisexuals and transgenders; all ethnic/racial minorities; young adults 18 to 24 years old, and 16 to 17 year old emancipated minors; veterans; criminal justice involved individuals; persons multiply diagnosed with concomitant mental health and behavioral issues; and homeless people. Enrollment priority will be given to residents of San Francisco who are low income and uninsured or underinsured.

- HIV+/AIDS
- Substance abusers
- Homeless

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

The service modality for this Appendix is residential substance abuse treatment

6. **Methodology**

Walden House's Gender Responsive Residential Substance Abuse Treatment Program is a trauma-informed, gender responsive residential substance abuse treatment program. Walden House CARE Detox offers a streamlined continuum of care providing comprehensive residential substance abuse service to HIV+ participants in a short time.

Our Agency's overarching mission is "to reduce the impact of substance abuse and its associated problems on the community by offering direct services to people throughout California with services designed to lessen the social cost of addiction disorders by promoting wellness and drug-free lifestyles." This mission is directed to the target population we serve who live in San Francisco.

Outreach and Recruitment: Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs 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 program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

Admissions and Intake:

Intake takes place at 1899 Mission Street where the Walden House Intake Department receives all referrals and arranges interviews with the Intake Coordinator. Clients are asked to bring documentation of a recent TB Test, verification of San Francisco residency, HIV Status, and income to the interview in order for the Intake Coordinator to check to ensure that clients are eligible to receive CARE funded services. Clients are advised of their rights to confidentiality; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. In addition, the Intake Coordinator conducts the intake and assessment process that includes an Addiction Severity Index Survey to collect demographical information plus a complete biomedical/psychosocial assessment and obtains a signed consent for treatment form and provides a copy of the form to the client. The new client is assigned a room, and is introduced to their peers at the morning or evening meetings. New clients participate in Orientation groups, in which they learn about the norms and rules of the program.

Program Service Delivery Model:

During this component a client works on achieving their individual treatment plan goals, continues to attend various groups including: anger management meetings, art therapy group meetings, men's group, women's group meetings, DBT group meetings, HIV prevention & education meetings, HIV support group meetings, community meetings, Narcotics Anonymous/Alcoholics Anonymous meetings (in house and in the community), and works on finding a 12 step sponsor and an outside HIV support group with which they feel comfortable.

Clients continue with health care appointments, as well as any other outside appointments. At two weeks into the main phase, clients reassess their individual treatment plan goals. This treatment plan is reassessed at 30 days, 60 days and 90 days, at which time the client discusses their progress with the clinical review team and the counselor, to determine what goals will be pursued in the next phase, or upon completion. Client responsibilities are to follow program rules, participate fully in treatment activities, act as a role model for new clients, and do house chores, including making dinner once a week for the house. During this time the resident begins to receive an increasing number of privileges including, but limited to: sending and receiving monitored mail, personally use house electronic equipment, eligibility for community outings, and room privileges (which include posters on walls and the use of radio/tape players). These privileges are granted in accordance with demonstrated responsibility. When it is deemed appropriate by the counselor and client, the client writes a proposal to become a mentor in the community and enter the Pre-Reentry phase of the variable length program.

The Pre-Reentry phase of programming is where the client prepares for the transition between Variable Length and Reentry Phase. During this time the resident develops a reentry plan. In this later stage of

treatment, the client focuses on developing strong support systems within the larger community and relapse prevention.

After pre-reentry, clients enter the reentry phase of the program. Clients reside in satellite housing, which is subsidized rent-free transitional supportive housing. Satellite provides the client the opportunity to learn to live independently and save funds to transition to permanent housing.

Reentry goals must include making plans to - return to employment or seek further treatment; become involved in volunteer work or other ongoing outside activities; or seek education or vocational training. Other concerns that the clients must address during reentry include housing, benefits entitlement, creating a stable health care regime, identifying clean and sober recreational resources, and giving back to the program and the community. These issues are addressed in individual counseling sessions and with case managers, to ensure clients are leaving with appropriate information, skills and resources. The length of stay for variable length will ranged between 3 months and 18 months.

Clients 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.

Clients are unsuccessfully completed when they leave treatment 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). Clients who abandon treatment may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, and/or get contact information; referral information is offered to the client upon discharge. When a client is discharged from the residential programs, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

Admissions/Intakes are conducted at the Multi-Services Center located at 1899 Mission Street. 214 Haight is licensed by California's Dept. of Alcohol and Drug Programs and are handicap accessible with elevator, path of travel and appropriate facilities. Walden House complies with all licensing, certification, health, safety, and fire codes.

Walden House agrees to maintain appropriate referral relationships with key points of access outside of the HIV care system to ensure referral into care of newly diagnosed and people living with HIV disease not in care. Key points of access include emergency rooms, substance use treatment programs, detox centers, adult probation, HIV testing and counseling programs, mental health program, and homeless shelters.

All program services and activities are documented in a client chart that has a separate section for all HIV related information. Charting is consistent with regulations set by Commission on Accreditation of Rehabilitation Facilities and the San Francisco Department of Public Health AIDS Office. Current client files are securely stored with their counselors at 214 Haight. Discharged client files are locked in secured rooms at 1550 Evans Street.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer information; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, and ensures that the progress notes match the treatment plan within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

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 includes a celebrated through a formal ceremony. 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). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

All program services and activities are documented in a client chart. Charting is consistent with regulations set by the State, Commission on Accreditation of Rehabilitation Facilities, and the San Francisco Department of Public Health. Current client files are securely stored in counselors locked cabinets. Discharged client files are locked in secured rooms at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

7. Objectives and Measurements

A. Performance/Outcome Objectives

Objective A.1: Reduced Psychiatric Symptoms

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

Objective A.2: Reduce Substance Use

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer. (A.2b)
3. Substance Abuse Treatment Providers will show a reduction of days in jail or prison from admission to discharge for 60% of new clients admitted during Fiscal Year 2010-11, who remained in the program for 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

Objective B.2: Treatment Access and Retention

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

Objective F.1: Health Disparity in African Americans

To improve the health, well-being and quality of life of African Americans living in San Francisco CBHS will initiate efforts to identify and treat the health issues facing African American residents of San Francisco. The efforts will take two approaches:

- 1) Immediate identification of possible health problems for all current African American clients and new clients as they enter the system of care;
- 2) Enhance welcoming and engagement of African American clients.

Interventions to address health issues:

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

The new Avatar system will allow electronic documentation of such information.

3. Active engagement with primary care provider
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

Objective G.1: Alcohol Use/Dependency

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

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

1. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey. (H.1a)
2. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. Program evaluation unit will evaluate

retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged. (H.1b)

B. Other Measurable Objectives

1. During Fiscal Year 2010-11, 75% of HIV positive clients successfully referred for treatment will complete their substance abuse treatment plan as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, 85% of HIV positive clients determined to be out-of-care [previous six months or longer] when substance abuse services are initiated, will be successfully referred into medical care within four weeks of their referral as measured by internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, 50% of the clients who completed one month of treatment and has the need for medication adherence skills included in their treatment, will demonstrate increased understanding of the importance of medication adherence or demonstrate improvements in medication adherence as measured by internal outcome measurement system and documented in client files.

8. Continuous Quality Improvement

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House 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.

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.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.

- **Operations Committee:** The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

Privacy Policy:

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule – December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

1. **Program Name: BRIDGES Outpatient**
1885 Mission Street
San Francisco, CA 94102
(415) 554-1131
(415) 703-9722 f

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

New Renewal Modification

3. **Goal Statement**

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

4. **Target Population**

The target population served by the Walden House BRIDGES program are adults parolees, mentally ill, poly-substance abusers or dependant on drugs and/or alcohol, considered legal residents of San Francisco.

- CDCR Parolees
- Poly-Substance Abusers
- Mentally Ill

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

The service modality for this Appendix is outpatient substance abuse treatment

6. **Methodology**

Walden House offers a streamlined continuum of care comprehensive residential substance abuse services.

Outreach and Recruitment: Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs 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 program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals. In addition, because this program's target population are CDCR parolees, the program staff have good referral relationships with the Parole agencies that serve parolees in San Francisco.

Admissions and Intake: Admission to the BRIDGES Program through an initial referral by the Parole Agent. A referral phone call secures an intake interview appointment at 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a

biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the Walden House continuum of care, additional assessments will take place in order to determine current mental status; symptom picture; substance use; living situation; medications; potential for economic self-sufficiency; client strengths; and personal goals. The client will also take part in the Walden House Family/Support Network assessment which seeks to identify professional helpers and avenues of interpersonal support. The three-part assessment includes a questionnaire, completion of a simple genogram and a support system map. Upon admission, the client will complete a baseline "Milestones of Recovery Scale (MORS).

Program Service Delivery Model: BRIDGES is designed to provide intensive case management, skills training, advocacy and recovery support to parolees managing significant reentry challenges including mental illness, addiction, homelessness, poverty, institutionalized patterns of behavior, and poor social support. The program services are arrayed in order to help clients avoid reincarceration and the need for emergency services; meet survival needs; create and maintain a foundation for wellness and recovery; and have more quality of life.

Location & Hours of Operation: The Program will be located at 1885 Mission Street. This location houses a comprehensive array of BRIDGES services. The facility is ADA compliant and is situated in an area that is central to where many potential clients live and for which public transportation is readily accessible. BRIDGES will have outpatient service availability Monday – Friday 8am-8pm and Saturday 10am-6pm

Orientation: Within three days of being admitted to the program, each parolee will receive a face-to-face orientation to the program along with a copy of written policies and procedures.

Wellness Recovery Action Plan

Upon entering the program, clients will be guided in the creation of their own Wellness Recovery Action plan and share it with their case manager. This plan will include the following:

- Wellness Toolbox: Practical things that can be done to stay well and feel better
- Daily Maintenance List: Description of feeling right and what needs to happen every day to feel that way
- Triggers: Things that can make you feel worse and an action plan to avoid these.
- Early Warning Signs: Subtle internal signs that warn of problems and how to manage these
- Things are Breaking Down or Getting Worse: Signs that indicate a crisis is coming and how to respond to these.
- Crisis Planning: Instructions for others about how you want to be cared for if you temporarily can't care for yourself

- Post Crisis Plan: Plans to gradually resume everyday responsibilities in a way as to not feel overwhelmed

WRAP Diary Card: Upon the initial creation of the Wellness Recovery Action Plan, a diary card will be created that is designed to track key elements of the WRAP plan. These elements could include medications; managing anger; self-harm or assault; using or craving substances; asking for help when needed; staying within a budget; following through on important appointments; housing search; etc. Each parolee will have a customized diary card that tracks thoughts, feelings, and behaviors on one side and gives them the opportunity to list skills they have learned and used on the other side. The skills will come from their wellness toolbox which should expand as they participate in the program.

Clients will have their diary cards reviewed by staff every day that they attend program or at least on a once a week basis depending on the treatment plan. Parolees will review their diary card with the case manager who will use the session to do further analysis of problem behaviors, develop alternative strategies for the future, and coach the use of skills when they are most needed. When clients engage in behaviors that move them farther away from their stated goals, the disparity will be noted and the case manager will seek to determine if problems arose because the client did not have a skill to manage the situation or if they had a skill but were not motivated to use it. The answer to that question will determine whether to teach a new skill or use motivational strategies to ensure that the skills are being used.

The program plans to use small, noncash incentives to encourage greater participation in program services. Clients who complete classes or are consistent with their WRAP diary cards can be given personal care products, food, movie tickets, restaurant coupons, etc. Criteria will be developed and peer mentors might be used to manage this process.

Development of the Individual Personal Services Plan: Within seven days of enrollment into the program, a case review will take place and a goal oriented Individual Personal Services Plan will be developed. The plan will guide case management efforts and activities in key areas including establishing income, housing, medical and mental health treatment, social support, etc. Assessments and the Wellness Recovery Action Plan will also inform the process. The goals of the Individual Personal Services Plan will be matched to the clinical schedule of groups and seminars. Clients will be encouraged to use program activities in order to create structure to their daily and weekly schedules.

Program Services are configured in such a way as to provide clients with daily structure and support as they can attend groups and seminars five days a week as well as take part in recreational/socialization activities, eat breakfast and lunch at the program, and participate in opportunities to mentor other clients. In this way, clients will be encouraged to utilize services as a Rehabilitation Day Treatment model with intensive case management services. Clients will receive independent living skills classes, vocational/educational support, wellness classes, social skills training, parenting support, crisis intervention support, DBT mindfulness training, and peer mentoring support.

The program is relationally oriented and case managers engage clients with respect and empathy and seek to develop a sense of connection with them. Clients are encouraged to manage symptoms and problem behaviors through intentional planning and resource management. The program also works to shore up inadequate or poorly utilized networks of interpersonal support so that help is at hand for clients when they need it the most.

Case Management & Case Conferencing: Case management activities will be directed by the individual services plan and will include linkage to system of care services and follow-up to ensure that services have been established. When appropriate, case managers will refer clients to organizations that can provide advocacy for establishing benefits and will work to ensure that clinical information will be made available to support that process. Appropriate Releases of Information will be sought in order to facilitate case conferencing and with outside agencies and regular case reviews will be scheduled with parole agents.

Staff will address criminal thinking and behaviors by utilizing the "Thinking for a Change" curriculum. Parolees will be able to learn how their thoughts, feelings, behaviors, and core belief systems have created problems in the past. Utilizing role play, the curriculum encourages the practice of cognitive, self-change skills in high risk situations to prepare for future challenges. The curriculum will most likely require some modification for the population served in this program.

Recreational Activities and Opportunities to Improve Socialization Skills: Because services will be offered on a daily basis and clients will be encouraged to use the program to structure daily activities, organized recreational activities will be offered. These activities could include parties, movie days, field trips, outings to the park, game days, etc. These activities will also provide important opportunities to practice and apply newly acquired social skills.

The program will seek to involve the family and friends of our clients in creating an effective network of support that will assist the client both while they are being actively case managed and once they are discharged as well. Family/Friends education events will be sponsored in order to provide supporters with information about recovery from mental health and addiction as well as information about involvement in the criminal justice system. If willing, individual members of client support networks could take part in groups or individual counseling sessions that would focus on setting up guidelines for future support. For example, a discussion might take place between a client and a supporter regarding how the supporter should approach the client if they fear he is in a high-risk situation. Using role play and behavioral rehearsal, difficult conversations could be prepared for in advance. Supporters could also take part in curriculum and learn how to help the client do a chain analysis, assist them to fill out the WRAP diary card, or learn principles that support recovery and prevent relapse.

Stabilization Beds: While the program will work to help keep clients out of inpatient care, it is possible that some clients may require either a brief stay in Psychiatric Emergency Services or less intensive services in a residential stabilization program.

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 includes a celebrated through a formal ceremony. 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). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

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Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

7. Objectives and Measurements

A. Performance/Outcome Objectives

Objective A.1: Reduced Psychiatric Symptoms

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

Objective A.2: Reduce Substance Use

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer.(A.2b)
3. Substance Abuse Treatment Providers will show a reduction of days in jail or prison from admission to discharge for 60% of new clients admitted during Fiscal Year 2010-11, who remained in the program for 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

Objective B.2: Treatment Access and Retention

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

Objective F.1: Health Disparity in African Americans

To improve the health, well-being and quality of life of African Americans living in San Francisco CBHS will initiate efforts to identify and treat the health issues facing African American residents of San Francisco. The efforts will take two approaches:

- 1) Immediate identification of possible health problems for all current African American clients and new clients as they enter the system of care;
- 2) Enhance welcoming and engagement of African American clients.

Interventions to address health issues:

1. Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section. (F.1a)
2. Primary Care provider and health care information

All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. (F.1b)

The new Avatar system will allow electronic documentation of such information.

3. Active engagement with primary care provider

75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

Objective G.1: Alcohol Use/Dependency

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

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

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

B. Other Measurable Objectives

1. During Fiscal Year 2010-11, 75% of those who complete will report improved quality of life at discharge (versus self-report at intake) as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, 60% of participants will achieve at least two treatment goals as measured by internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, 80% of those who complete will be linked to an appropriate level of continuing care and support as measured by internal outcome measurement system and documented in client files.
4. During Fiscal Year 2010-11, 70% will avoid hospitalization for mental health reasons and/or other crisis services during their stay as measured by internal outcome measurement system and documented in client files.

8. Continuous Quality Improvement

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House 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.

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.

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- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
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- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

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Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to

Contractor: Walden House, Inc.
Program: BRIDGES Outpatient
Fiscal Year: 2010-11

Appendix A-17
Contract Term: 7/1/10-6/30/11
Funding Source: CDRC

providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

1. Program Name: Second Chance SLE

1254 13th St. Units A, E & F,
Treasure Island
San Francisco, CA 94130
(415) 402-0435
(415) 402-0413 f

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

To increase access to community resources and provide wrap around case management services in order to reduce recidivism and increase pro-social life skills/choices in the target population.

4. Target Population

The target population served by the Walden House 2nd Chance program is SF County women sentenced to State prison. Services to be provided in-custody and when inmates parole back to San Francisco County.

- CDCR Inmates and Parolees from San Francisco County
- Adult Females

5. Modality(ies)/Interventions

The service modality for this Appendix is a residential Sober Living Environment.

6. Methodology

Walden House will serve as the primary point of contact and Case Manager for the women involved in the 2nd Chance Program. In conjunction with the programs partners client needs will be assessed and appropriate service referrals will be made.

Outreach and Recruitment: Walden House is well established in the human service provider community and the criminal justice system. We make presentations and maintain working relationships with both community based service agencies and the criminal justice system. In addition, we make direct contact with incarcerated individuals in SF County jail and state prison to make individuals aware of available programs and services through Walden House. In the community as well as in the criminal justice institutions we distribute brochures and publications about our programs. Recruitment is also done through Walden House's website at <http://www.waldenhouse.org>, word of mouth and self-referrals both in the community and in the criminal justice system. Specifically, because this program's target population is CDCR parolees, the program staff has good referral relationships with the Parole Agencies that serve parolees in San Francisco. In addition regular outreach visits to the institutions (SF County Jail, VSPW, CCWF, Leo Chesney) will occur in order to identify women that qualify for the program and then presentations will be conducted to educate them on services available.

Admissions and Intake: Admission to the 2nd Chance Program occurs through an initial referral by the SF Adult Probation Department. A referral form will be faxed to secure an intake interview appointment at the SF County Jail by a Case Manager. The Case Management staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a needs assessment; completes clinical assessments (CAIS, ASI, PCL, URICA); Obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; a detailed explanation of services available in the program, and the grievance procedures.

Upon release from the criminal justice system (SF County Jail, VSPW, CCWF) further intake paperwork will be done in the form of the CalOMS forms so that participants can be appropriately entered into San Francisco County substance abuse/mental health system. Additionally as clients enter the community and are referred to partner agencies those agencies may complete additional assessments.

Program Service Delivery Model: 2nd Chance is designed to provide intensive case management to incarcerated individuals and parolees managing significant reentry challenges including mental illness, addiction, homelessness, poverty, institutionalized patterns of behavior, and poor social support. The program services are arrayed in order to help clients avoid reincarceration, build family relationships, and increase overall quality of life.

Program services will occur in two distinct segments incarceration/post incarceration. Clients will initially be assessed at San Francisco County Jail while they are pending transfer to state prison (CCWF, VSPW, Leo Chesney). Upon their transfer from SF County Jail and into state prison Case Management visits will continue to occur. During the clients time of incarceration services will consist of weekly Case Management visits. During these visits all appropriate Assessments and forms will be completed, a preliminary Individual Personal Services Plan will be established, appropriate referrals will be identified, transportation support will be provided to family members monthly to encourage visits, and upon release the client will be provided transportation to their designated housing by one of the Case Management staff. Upon the client entering San Francisco County and being post release from state prison the referral services will be implemented, a case conference will occur to formalize the Individual Personal Service Plan, weekly case management will continue to occur to ensure proper follow up on needs and referrals, and as appropriate reassessments will occur.

During the case management visits, both while incarcerated and post incarceration, the appropriateness of referrals will continually be assessed and Case Managers will work on building and maintaining client motivation for treatment.

Location & Hours of Operation: This location houses the Sober Living beds of the case management program.

Orientation: An initial orientation will occur in SF County Jail where potential clients will be informed of the services available. In the event that a client is identified after transfer from SF County Jail to state prison then this initial orientation will take place at the housing institution (VSPW, CCWF, Leo Chesney). Upon release from the criminal justice system and placement into San Francisco County another orientation will occur within three days, each parolee will receive a face-to-face orientation to the program along with a copy of written policies and procedures. For those clients who will be residing in one of the 15 SLE beds this orientation will take place on the day of arrival.

Development of the Individual Personal Services Plan: Prior to release from state prison the Case Manager and client will have formed a preliminary Individual Personal Services Plan. This plan will be based on the client's objectives, Needs Assessment, and Clinical Assessments. Within seven days of release into San Francisco County, a case conference will take place and a goal oriented Individual Personal Services Plan will be developed. The plan will guide case management efforts and activities in key areas including establishing income, housing, medical and mental health treatment, social support, etc. The clients Needs/Clinical Assessments, the Preliminary Individual Personal Services Plan, Project Partners feedback and client objectives will inform the service plan process. Clients will be encouraged to make full use of available referral services.

Program Services The program is configured in such a way as to provide clients with intensive case management services. Clients will be given Clinical Assessments in the form of the CAIS, ASI, PCL, and URICA in addition to a thorough Needs Assessment, while in the criminal justice system. Where possible the initial assessments will occur while the client is in SF County jail prior to transfer to state prison. Based on this information and the client's stated goals/objectives appropriate service referrals will be made. Services and referrals will be implemented while still incarcerated where it is appropriate to do so.

Upon release into San Francisco County the project partners will be the primary referral source; as needed (based on client need and suitability) other referral sources will also be used. A case conference will be conducted with all applicable partners and the client upon their release from prison to design the Individual Personal Services Plan.

During both the in custody and out custody portion of case management regular follow-up on the service referrals will be made in addition to periodic reassessment of the client and their needs.

The program is relationally oriented and case managers engage clients with respect and empathy and seek to develop a sense of connection with them. The program also works to shore up inadequate or poorly utilized networks of interpersonal support so that help is at hand for clients when they need it the most. One significant way this will be accomplished is by the community referrals. However, monthly, client family members will be provided transportation support to encourage family connection and reunification which will also be a significant part of the interpersonal support process.

Case Management & Case Conferencing: Throughout the entire case management episode services and referrals will be directed by the individual services plan and will include linkage to system of care services and follow-up to ensure that services have been established. When appropriate, case managers will refer clients to organizations that can provide advocacy for establishing benefits and will work to

ensure that clinical information will be made available to support that process. Appropriate Releases of Information will be sought in order to facilitate case conferencing with outside agencies and regular case reviews will be scheduled with parole agents.

Exit planning: Walden House program staff will engage in exit planning during any transitions of care for any reason or at least 90 days prior to an anticipated discharge. The focus of the exit planning phase will be to ensure a smooth transition of services. Specifically exit planning will occur when clients are preparing to move from the criminal justice system and when a client is preparing to complete their case management services.

Successful completion of program consists of being discharged from parole or having successfully taken part in the 2nd Chance referral services for one year post release from CDCR. Those who complete the program have stabilized their lives and have moved on to safe housing within the community.

Unsuccessful completion includes those who fail to make use of any of the referral services, and those who engage in acts of violence or threats of violence towards staff or other clients. Those who abandoned treatment may return at which time counselors seek to engage back into case management services. Upon discharge, clients are offered referral information and a discharge summary is completed.

Admissions/Intakes are conducted at the SF County Jail and CDCR intutions prior to release and at 13th St Unit B post release. All sites are ADA compliant and comply with all health, safety, and fire codes.

All program services and referrals are documented in a client chart. Charting is consistent with regulations set by the State, and the San Francisco Department of Public Health. Current client files are securely stored in centralized location in locked cabinets. Discharged client files are locked in secured property at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the clients' needs and issues, and track these along with referrals within the client chart notes.

Program Staffing: Walden House 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.

7. Objectives and Measurements

A. Performance/Outcome Objectives

Objective A.1: Reduced Psychiatric Symptoms

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

Objective A.2: Reduce Substance Use

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer. (A.2b)
3. Substance Abuse Treatment Providers will show a reduction of days in jail or prison from admission to discharge for 60% of new clients admitted during Fiscal Year 2010-11, who remained in the program for 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

Objective B.2: Treatment Access and Retention

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

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1. Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section. (F.1a)

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All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. (F.1b)

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

- i. During Fiscal Year 2010-11, 90% of those who will complete will be linked to an appropriate level of continuing care and support as measured by internal outcome measurement system and documented in client files.
- ii. During Fiscal Year 2010-11, 90% of those who complete will have improved housing status at time of discharge as measured by internal outcome measurement system and documented in client files.
- iii. During Fiscal Year 2010-11, 60% will gain, maintain, or regain employment as measured by internal outcome measurement system and documented in client files.
- iv. During Fiscal Year 2010-11, at the time of completion, 85% will report increased quality of life (versus self report at intake) as measured by internal outcome measurement system and documented in client files.
- v. During Fiscal Year 2010-11, 95% who complete will be linked to appropriate continuing care and support as measured by internal outcome measurement system and documented in client files in addition to being captured in AVATAR via or other required tools.

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Contractor: Walden House, Inc.
Program: Second Chance SLE
Fiscal Year: 2010-11

Appendix A-18
Contract Term: 7/1/10-6/30/11
Funding Source: DOJ

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1. **Program Name: Second Chance CSM**
1254 13th St. Unit B, Treasure
Island
San Francisco, CA 94130
(415) 402-0435
(415) 402-0413 f

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

New Renewal Modification

3. **Goal Statement**

To increase access to community resources and provide wrap around case management services in order to reduce recidivism and increase pro-social life skills/choices in the target population.

4. **Target Population**

The target population served by the Walden House 2nd Chance program is SF County women sentenced to State prison. Services to be provided in-custody and when inmates parole back to San Francisco County.

- CDCR Inmates and Parolees from San Francisco County
- Adult Females

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

The service modality for this Appendix is Case Management Auxiliary Services.

6. **Methodology**

Walden House will serve as the primary point of contact and Case Manager for the women involved in the 2nd Chance Program. In conjunction with the programs partners client needs will be assessed and appropriate service referrals will be made.

Outreach and Recruitment: Walden House is well established in the human service provider community and the criminal justice system. We make presentations and maintain working relationships with both community based service agencies and the criminal justice system. In addition, we make direct contact with incarcerated individuals in SF County jail and state prison to make individuals aware of available programs and services through Walden House. In the community as well as in the criminal justice institutions we distribute brochures and publications about our programs. Recruitment is also done through Walden House's website at <http://www.waldenhouse.org>, word of mouth and self-referrals both in the community and in the criminal justice system. Specifically, because this program's target population is CDCR parolees, the program staff has good referral relationships with the Parole Agencies that serve parolees in San Francisco. In addition regular outreach visits to the institutions (SF County Jail, VSPW, CCWF, Leo Chesney) will occur in order to identify women that qualify for the program and then presentations will be conducted to educate them on services available.

Admissions and Intake: Admission to the 2nd Chance Program occurs through an initial referral by the SF Adult Probation Department. A referral form will be faxed to secure an intake interview appointment at the SF County Jail by a Case Manager. The Case Management staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a needs assessment; completes clinical assessments (CAIS, ASI, PCL, URICA); Obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; a detailed explanation of services available in the program, and the grievance procedures.

Upon release from the criminal justice system (SF County Jail, VSPW, CCWF) further intake paperwork will be done in the form of the CalOMS forms so that participants can be appropriately entered into San Francisco County substance abuse/mental health system. Additionally as clients enter the community and are referred to partner agencies those agencies may complete additional assessments.

Program Service Delivery Model: Second Chance is designed to provide intensive case management to incarcerated individuals and parolees managing significant reentry challenges including mental illness, addiction, homelessness, poverty, institutionalized patterns of behavior, and poor social support. The program services are arrayed in order to help clients avoid reincarceration, build family relationships, and increase overall quality of life.

Program services will occur in two distinct segments incarceration/post incarceration. Clients will initially be assessed at San Francisco County Jail while they are pending transfer to state prison (CCWF, VSPW, Leo Chesney). Upon their transfer from SF County Jail and into state prison Case Management visits will continue to occur. During the clients time of incarceration services will consist of weekly Case Management visits. During these visits all appropriate Assessments and forms will be completed, a preliminary Individual Personal Services Plan will be established, appropriate referrals will be identified, transportation support will be provided to family members monthly to encourage visits, and upon release the client will be provided transportation to their designated housing by one of the Case Management staff. Upon the client entering San Francisco County and being post release from state prison the referral services will be implemented, a case conference will occur to formalize the Individual Personal Service Plan, weekly case management will continue to occur to ensure proper follow up on needs and referrals, and as appropriate reassessments will occur.

During the case management visits, both while incarcerated and post incarceration, the appropriateness of referrals will continually be assessed and Case Managers will work on building and maintaining client motivation for treatment.

Location & Hours of Operation: The Program will be located at 1254 13th St Unit B on Treasure Island. This location houses the staff offices and Community Meeting Facility for those in 2nd Chance SLE beds. 2nd Chance will have Sober Living beds located in Units A, E and F of the same facility.

Orientation: An initial orientation will occur in SF County Jail where potential clients will be informed of the services available. In the event that a client is identified after transfer from SF County Jail to state prison then this initial orientation will take place at the housing institution (VSPW, CCWF, Leo Chesney). Upon release from the criminal justice system and placement into San Francisco County another orientation will occur within three days, each parolee will receive a face-to-face orientation to the program along with a copy of written policies and procedures. For those clients who will be residing in one of the 15 SLE beds this orientation will take place on the day of arrival.

Development of the Individual Personal Services Plan: Prior to release from state prison the Case Manager and client will have formed a preliminary Individual Personal Services Plan. This plan will be based on the client's objectives, Needs Assessment, and Clinical Assessments. Within seven days of release into San Francisco County, a case conference will take place and a goal oriented Individual Personal Services Plan will be developed. The plan will guide case management efforts and activities in key areas including establishing income, housing, medical and mental health treatment, social support, etc. The clients Needs/Clinical Assessments, the Preliminary Individual Personal Services Plan, Project Partners feedback and client objectives will inform the service plan process. Clients will be encouraged to make full use of available referral services.

Program Services The program is configured in such a way as to provide clients with intensive case management services. Clients will be given Clinical Assessments in the form of the CAIS, ASI, PCL, and URICA in addition to a thorough Needs Assessment, while in the criminal justice system. Where possible the initial assessments will occur while the client is in SF County jail prior to transfer to state prison. Based on this information and the client's stated goals/objectives appropriate service referrals will be made. Services and referrals will be implemented while still incarcerated where it is appropriate to do so.

Upon release into San Francisco County the project partners will be the primary referral source; as needed (based on client need and suitability) other referral sources will also be used. A case conference will be conducted with all applicable partners and the client upon their release from prison to design the Individual Personal Services Plan.

During both the in custody and out custody portion of case management regular follow-up on the service referrals will be made in addition to periodic reassessment of the client and their needs.

The program is relationally oriented and case managers engage clients with respect and empathy and seek to develop a sense of connection with them. The program also works to shore up inadequate or poorly utilized networks of interpersonal support so that help is at hand for clients when they need it the most. One significant way this will be accomplished is by the community referrals. However, monthly, client family members will be provided transportation support to encourage family connection and reunification which will also be a significant part of the interpersonal support process.

Case Management & Case Conferencing: Throughout the entire case management episode services and referrals will be directed by the individual services plan and will include linkage to system of care services and follow-up to ensure that services have been established. When appropriate, case managers will refer clients to organizations that can provide advocacy for establishing benefits and will work to

ensure that clinical information will be made available to support that process. Appropriate Releases of Information will be sought in order to facilitate case conferencing with outside agencies and regular case reviews will be scheduled with parole agents.

Exit Criteria and process: Walden House program staff will engage in exit planning during any transitions of care for any reason or at least 90 days prior to an anticipated discharge. The focus of the exit planning phase will be to ensure a smooth transition of services. Specifically exit planning will occur when clients are preparing to move from the criminal justice system and when a client is preparing to complete their case management services.

Successful completion of program consists of being discharged from parole or having successfully taken part in the 2nd Chance referral services for one year post release from CDCR. Those who complete the program have stabilized their lives and have moved on to safe housing within the community.

Unsuccessful completion includes those who fail to make use of any of the referral services, and those who engage in acts of violence or threats of violence towards staff or other clients. Those who abandoned treatment may return at which time counselors seek to engage back into case management services. Upon discharge, clients are offered referral information and a discharge summary is completed.

Admissions/Intakes are conducted at the SF County Jail and CDCR intuitions prior to release and at 13th St Unit B post release. All sites are ADA compliant and comply with all health, safety, and fire codes.

All program services and referrals are documented in a client chart. Charting is consistent with regulations set by the State, and the San Francisco Department of Public Health. Current client files are securely stored in centralized location in locked cabinets. Discharged client files are locked in secured property at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the clients' needs and issues, and track these along with referrals within the client chart notes.

7. Objectives and Measurements

A. Performance/Outcome Objectives

Objective A.1: Reduced Psychiatric Symptoms

1. The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute

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

Objective A.2: Reduce Substance Use

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer. (A.2b)
3. Substance Abuse Treatment Providers will show a reduction of days in jail or prison from admission to discharge for 60% of new clients admitted during Fiscal Year 2010-11, who remained in the program for 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

Objective B.2: Treatment Access and Retention

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

Objective F.1: Health Disparity in African Americans

To improve the health, well-being and quality of life of African Americans living in San Francisco CBHS will initiate efforts to identify and treat the health issues facing African American residents of San Francisco. The efforts will take two approaches:

- 1) Immediate identification of possible health problems for all current African American clients and new clients as they enter the system of care;
- 2) Enhance welcoming and engagement of African American clients.

Interventions to address health issues:

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

The new Avatar system will allow electronic documentation of such information.

3. Active engagement with primary care provider
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

Objective G.1: Alcohol Use/Dependency

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

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

1. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey. (H.1a)
2. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. Program evaluation unit will evaluate retention of African American clients and provide feedback to

contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on - going review of clinical literature is encouraged. (H.1b)

B. Other Measurable Objectives

1. During Fiscal Year 2010-11, 75% of those who complete will report improved quality of life at discharge (versus self-report at intake) as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, 60% of participants will achieve at least two treatment goals as measured by internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, 80% of those who complete will be linked to an appropriate level of continuing care and support as measured by internal outcome measurement system and documented in client files.

8. Continuous Quality Improvement

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House 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.

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.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to

be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

Privacy Policy:

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule – December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a

copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

1. Program Name: WH Women & Children Connections Program

1550 Evans Avenue
San Francisco, CA 94124
415-970-7500
415-970-7575 f

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

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

4. Target Population

Target populations include female with children who are polysubstance abusers, 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, polysubstance abusers, seniors, and individuals with HIV/AIDS.

- Pregnant Women
- Post-partum Women
- Women with Children

5. Modality(ies)/Interventions

The service modality for this Appendix is Outpatient & Casemanagment Services.

6. Methodology

The WH Women & Children Connections Program services are arrayed to address the needs of women with children who are in residential and outpatient services at Walden House. These services focus on family strengthening activities and are designed to assist women in recovery from substance abuse and mental health problems to fulfill important family role obligations and for their children to thrive and grow. Addiction, mental illness, and involvement with the criminal justice system often weaken families and create fragmented social support networks for clients in recovery. The children of individuals suffering from addiction and mental health problems frequently demonstrate problems related to attachment wounding, trauma, and inconsistent nurturing. They often are delayed in reaching developmental milestones, experience emotional and behavioral dysregulation, and exhibit risk behaviors for substance abuse and other problems. The Walden House Nurture program will provide assessment; individual, child, and family therapy; case management; and parenting support to women and their children. Additionally, the program will offer referral and linkage to support reconnection to the greater family network as often, they have, themselves, been impacted by the forces of addiction, mental illness,

and incarceration. The provision of family services not only increases long-term social support for recovery, it also helps to break the intergenerational cycle of addiction, mental illness, and criminal behavior.

Women with children who might benefit from receiving family services are identified through assessment during the orientation phase of treatment. They are then referred to the Family Services Manager who assigns a Nurture Program Case Manager (Masters-level I Case Manager III) to conduct further assessment and develop specific family related goals for their treatment plan. Adult clients will be assessed with the ANSA and children with the CANS. Treatment goals for adult clients can include establishing visitation with children, regaining custody when appropriate, fulfilling CPS mandates, improving parenting skills, and obtaining additional services for children and other family members. Treatment goals for children may include addressing behavioral problems, improving school attendance and performance, increasing emotional regulation or supporting acculturation. The Nurture Program case manager assigned to the client will then directly provide or otherwise establish in-house services and develop referral and linkage to appropriate outside services.

Specifically, program services will include adult assessment; child assessment; individual therapy focused on family goals; child therapy; family therapy; case management; and parenting skills training. Family services at Walden House include support and advocacy to establish visitation and possible reunification with minor children by working with family members, Child Protective Services, and client advocates. The program offers skills training for parents (Triple P) along with other groups and activities to support parent-child bonding. Further, when appropriate, clients are linked to agencies and advocates who will assist them to fulfill child support obligations or other CPS mandates. Additionally, program staff organizes and supervise parent-child bonding activities such as holiday gatherings, summer outings, and structured weekend activities.

Outreach and Recruitment: Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs 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 program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access services through an appointment or walk-in at the Intake Department. The person served may access Walden House services through an appointment or walk-in at the Multi Service center, Intake Department. A referral phone call secures an intake interview appointment at 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent

for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), the Modified Mini Screen, and the Addiction Severity Index-Lite. The ASI-Lite produces a severity profile and narrative describing problems in the areas of substance use, employment, family, legal, medical and mental health.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. 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. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants 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 WH psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment and a baseline Milestones of Recovery Scale, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis. Appropriate consents and releases of information are collected from individuals who will enter Walden House programs.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned Walden House continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

Program Service Delivery Model: The WH HOPE Program is a variable-length program that accommodates up to 6 to 12 months. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

The Walden House assessment process will be completed within 12 days of admission and consists of the administration of the ASI, a Psycho-social Assessment, the administration of the PTSD Checklist (to assess trauma) and the University of Rhode Island Change Assessment (URICA) in order to understand the women's motivation to change. The Child Development Specialist will also complete a developmental assessment on each child.

After the Assessment is complete the Treatment Plan will be developed, within 14 days of admission. Treatment planning for female clients is based on each client's identified needs, problems, and resources or strengths. Client inclusion in treatment planning is a key to working with substance abusing women. Helping to craft their own treatment helps women to feel a sense of control, counteracts the impact of trauma, and therefore increases the likelihood of positive outcomes and accountability.

Walden House provides a variety of behavioral health and human services to the client. The components of services include: Wellness and Nutrition, Recovery Education, Individual, Group, and Family Counseling, Alcohol and Drug Counseling, Parenting Skills, Family and Support Network Assessment, Relapse Prevention, Self Help Groups, and Reentry Services.

The Walden House Gender Responsive/Trauma Informed Pomeroy House program service components include:

Case Management: Each woman will be provided with a Case Manager upon admission, who will see her weekly. This Case Manager will work with the woman to identify treatment goals as well as all ancillary needs. All needs that cannot be met through Walden House will be met through linkage and referral to an identified provider agency. The Case Manager will link the participant with all needed services except those related to benefits, education, employment and housing (these links will be taken care of by the Re-entry services department). Once a partner agency becomes involved with a participant they will become part of her treatment team and will be invited to appropriate case conferences and treatment plan meetings in order to help create an integrated system of care.

Community Re-integration: Walden House operates a Re-entry Services Center at the corporate office on Evans. The Center provides job readiness skills, linkages to vocational training programs, job search skills, employment and housing counseling and linkages, computer training classes and benefits enrollment assistance. Additionally, the Five Keys Charter School operates a classroom at the Evans site that offers GED preparation, linkage to GED testing and high school class work designed to help clients obtain a high school diploma. Participants at the Re-entry stage of their treatment episode are referred to the Re-entry Services Center in order to prepare for employment and begin a housing search or apply for necessary benefits if employment seems unlikely.

Aftercare: Walden House plans to link women with needs for continued care to our Outpatient Services for the purposes of continuity of care. Additionally, Walden House operates a Sober Living facility on Treasure Island for working women therefore women who complete the program and need/want Sober Living housing will be referred to this facility. Women who are less independent and who need additional support will be referred to collaborative partners who offer Transitional Housing. Finally, Case Managers will make sure to secure appointments for women who have needs in other service areas prior to discharge from the program.

Co-occurring Disorders:

- **HIV:** Walden House provides a full range of services to clients who are HIV positive or at risk. These services include Prevention Workshops designed to educate the participant population about HIV, risk factors and prevention. One of the evidence based practices utilized by WH is Time Our for Me. The curriculum was designed specifically as a tool for HIV prevention and relationship skill building. Walden House also provides referrals for testing and counseling related to testing. For clients who are HIV positive more specific case management is provided in order to assure proper linkage with medical providers and support services within the community. Additionally, WH runs groups for HIV positive participants. Medication storage and access is provided along with assistance in remembering to take medication in a timely manner. All providers involved with the client are considered part of the WH treatment team and as such a more integrated system of care is created.
- **Hepatitis C:** Walden House also provides prevention education related to Hepatitis C as well as referrals for testing and post test counseling. Clients with Hep C receive enhanced case management designed to improve and solidify access to medical providers. Counseling related to understanding and living with Hep C. is also provided.
- **Mental Health:** Understanding that many substance abusing women also present with co-occurring mental health disorders, Walden House provides an array of mental health services including: Mental Health assessment; medication evaluation; and Individual and group therapy in order to help participants cope with and manage symptoms as well as to function within the context of the program and the community. Women impacted by substance use have typically also experienced trauma which greatly affects their ability to cope in the world. To this end WH provides a trauma informed treatment environment as well as a variety of trauma interventions. Trauma is assessed at intake through the use of the PTSD Checklist. Participants who score in the clinical range on this instrument are referred for a Mental Health assessment. Clients with PTSD or other trauma symptoms are offered individual therapy as well as Seeking Safety. The goal of this curriculum is to help participants manage the residual symptoms of trauma and develop and understanding of the impact of trauma and addiction. WH also offers Skills Training for Dialectical Behavioral Therapy. This intervention is the treatment of choice for women who have difficulty with distress tolerance and emotional regulation which are hallmark issues for women who have been traumatized or suffer from a variety of other mental health issues. Finally, a Domestic Violence Group will be offered at the facility.

Childcare and Children's Services: WH Women & Children Connections Program will operate a Cooperative Therapeutic Parenting Center. Participants will be trained by the Child Development Specialist to work with Child Care staff to operate the Center. Upon entry into the HOPE Program each child will be assessed using the WH Child Assessment Tool. Children who are identified as having developmental delays or behavioral problems will be referred to an appropriate partner agency for further evaluation. All children ages 0-3 will be referred to Early Intervention Services as their mother's addiction and incarceration qualifies them for assessment and services to ameliorate any delays that may have occurred. Children ages 4-5 will be referred to Head Start for pre-school in order to better prepare them for entry into school. Finally, The Incredible Years is an evidence-based social skills curriculum

designed to modify persistent behavioral issues for children. Many children who come to Pomeroy House may have behavior problems due to disrupted attachments and neglect, Walden House will therefore implement Incredible Years Dina Dinosaur Curriculum.

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 includes a celebrated through a formal ceremony. 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). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

All program services and activities are documented in a client chart. Charting is consistent with regulations set by the State, Commission on Accreditation of Rehabilitation Facilities, and the San Francisco Department of Public Health. Current client files are securely stored in counselors locked cabinets. Discharged client files are locked in secured rooms at 1550 Evans Avenue.

Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes. An activity chart within the client's file tracks what group the client has attended. In addition, each group has sign-in sheets, which are passed around in the group for clients to sign, and is stored in a binder for staff review.

7. Objectives and Measurements

Objective A.1: Reduced Psychiatric Symptoms

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

Objective A.2: Reduce Substance Use

1. During Fiscal Year 2010-11, at least 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes. (A.2a (i))
2. For Substance Abuse Residential Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program as measured from admission to discharge for clients who remain in the program for 30 days or longer.(A.2b)
3. Substance Abuse Treatment Providers will show a reduction of days in jail or prison from admission to discharge for 60% of new clients admitted during Fiscal Year 2010-11, who remained in the program for 60 days or longer. For Substance Abuse Residential Providers, this objective will be measured on new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer. (A.2c)

Objective B.2: Treatment Access and Retention

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

Objective F.1: Health Disparity in African Americans

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

The new Avatar system will allow electronic documentation of such information.

3. Active engagement with primary care provider
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

Objective G.1: Alcohol Use/Dependency

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

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

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

B. Other Measurable Objectives

1. During Fiscal Year 2010-11, 90% of adult participants will receive an assessment using the Adult Needs and Strengths Assessment (ANSA) as measured by internal outcome measurement and documentation in client files.
2. During Fiscal Year 2010-11, 90% of child participants will receive an assessment using the Child Assessment of Needs and Strengths (CANS) as measured by internal outcome measurement and documentation in client files.
3. During Fiscal Year 2010-11, 90% of participants requiring services outside of Walden House will be successfully linked to services as measured by internal outcome measurement and documentation in client files.

4. During Fiscal Year 2010-11, 90% of participants requiring parenting support will be enrolled in parenting services as measured by internal outcome measurement and documentation in client files.
5. During Fiscal Year 2010-11 90% of participants will have made some step towards improving parent/child bonding, (i.e. increasing visitations, attendance at Walden House child-parent bonding activities, enrollment in parenting classes, fulfilling CPS mandates, steps toward meeting child support obligations) as measured by internal outcome measurement and documentation in client files.

8. Continuous Quality Improvement

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House 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.

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.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide

opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

Privacy Policy:

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule – December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden

House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

1. **Program Name:** Reaffirming Educating and Advocating Life (REAL) - PROP

Program Address:

1550 Evans Avenue
San Francisco, CA 94124
415-970-7500
415-970-7575 f

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

New Renewal Modification

3. **Goal Statement**

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

4. **Target Population**

The REAL program will provide culturally competent treatment services for adults 18 and above who abuse or are dependent on methamphetamine. The target population will focus on individuals who are HIV-positive or at high risk for contracting HIV including the following behavioral risk populations.

- Men who have sex with Men and/or Females (MSM, MSM/F)
- Male-to-female transgenders (MTF) who have sex with men and women (TSM, TSM/F, TSF, TST, TSM/T, and TSF/T).

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

The service modality for this Appendix is Outpatient Services.

6. **Methodology**

Walden House, Inc. (WH), a non-profit, behavioral health services agency serving the San Francisco community, shall provide Methamphetamine -- HIV Prevention Outpatient services targeting South of Market, Tenderloin, and Inner Mission neighborhoods with evidence-based practices. These practices include the Positive Reinforcement Opportunity Project (PROP) and the Matrix Model, and state-of-the-art HIV prevention interventions within a comprehensive, integrated and culturally competent substance abuse outpatient treatment services model.

Reaffirming Educating and Advocating Life (REAL)

REAL is consistent with the WH Mission that is to establish integrated and comprehensive substance abuse treatment services that integrate mental health and primary care services, and incorporates evidence-based practices and culturally competent programming that meets the needs of diverse multiple need populations. In REAL this is achieved through several distinct but integrating program elements that include: harm reduction strategies, two abstinence focused treatment programs based on new research and evidence-based practices including the Positive Reinforcement Opportunity Project (PROP), and state-of-the-art HIV prevention interventions. REAL specifically incorporates the best known interventions for treating individuals who are addicted to methamphetamines and for preventing HIV infections. WH is committed to implementing these recommendations and will work with CBHS and DPH to modify the program components based both on these recommendations and the outcomes from this program, and to identify and seek additional funding sources as necessary.

Outreach and Recruitment: Walden House is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs 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 program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through Walden House's website at <http://www.waldenhouse.org>. Word of mouth and self-referrals also serves as sources for referrals.

In addition to the outreach activities and walk-in procedures that identify and encourage clients to accept treatment and to fully participate so promote their recovery. WH programming incorporates number of strategies to engage both clients and their family members. Specifically, this begins with harm reduction strategies that support clients' safety and health in the pre-contemplation contemplation stages of change and build trust within a working relationship that are necessary so that clients can consider accepting active treatment to reduce or abstain from substance use.

WH reaches out to and actively works with families of clients, because it is well documented that families can undermine treatment efforts if they do not understand the rationale for program requirements or remain aloof and uninvolved in the treatment process. Conversely, family can be a major support for members in recovery if they are educated about substance abuse disorders, and understand their treatment role in supporting the recovery of a family member. Clients are asked identify family and/or other natural support system members who could serve as partners in treatment and recovery. Family members are strongly encouraged to visit the program site regularly and to participate in family meetings with the clients and also in family education groups, family therapy, and other family focused activities. Program will increase the percentage of women and girls participating in program over the course of the contract year by 10% from a baseline established in the first quarter of service delivery.

Admissions and Intake: Admission to the Walden House Behavioral Health programs including Adult Residential and Outpatient Programs are open to all adult San Francisco residents with a substance abuse problem. The person served may access Walden House services through an appointment or walk-in at the Multi Service center, Intake Department. A referral phone call secures an intake interview appointment at the Walden House Multi-Services Center at 1899 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises

the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the Walden House continuum of care, the client begins with self-administered questionnaires including health and high-risk behavior issues for the Prevention/Diversion Department. An interview occurs thereafter with an intake staff member. This interview includes the administration of the Addiction Severity Index (ASI) Lite assessment which creates both a Narrative Summary and Severity Profile of the person served surrounding different life domains (Alcohol/Drug Use; Employment; Family; Legal; Medical; and Psychiatric). The client is provided further services as based on need identified by the severity profile for legal or psychiatric life domains.

If there is an identified need for legal assistance, the client is connected with the legal department to assist with interfacing with the legal system. If any psychiatric symptomology is identified during the assessment process, the client is further assessed by the licensed intake clinician to determine psychiatric status to determine the appropriateness for the Walden House continuum of care to ensure proper placement. At any time should any immediate detoxification or medical need be identified, Walden House will coordinate with medical staff or external emergency medical service personnel. The client is then assessed as appropriate for the Walden House continuum of care or is identified as inappropriate.

When the client is identified as inappropriate for the program will be provided referrals other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned Walden House continuum of care location based upon need, funding source and availability.

Also, all potential REAL client and/or their family members are encouraged to walk in or call for services. Through program brochures and other marketing materials, potential clients, family members, and other providers will be informed that they may come by the program or call any WH facility to learn more about these and other services. Whether they walk in or call, all WH staff members are trained to welcome everyone and to congratulate potential clients for their courage in taking the first step in addressing their problem. This is the case, no matter whether the contact is about substance abuse treatment or any other need they may have, or if they are appropriate for any WH service at all. If the contact is by phone, the WH staff quickly assesses the person's request for services and direct them to the most appropriate program within the WH continuum of services and/or the services of other providers including our new mental health provider partners on this project. The client will be given the name of the WH staff person they contacted and will be encouraged to call back for further assistance if the referral does not work out or meet their needs.

If the client is eligible for REAL, they will be scheduled for an intake and invited to visit the program site to see for themselves how it looks and how it works. They will be provided the hours of operation and the name and telephone number of a contact person at the program. Potential clients or family members who walk into the WH Multi Services program site will be greeted immediately and congratulated for coming in. A staff member will be available to meet with them within 15 minutes to briefly assess their needs. If the potential client meets target group criteria for REAL, a current program participant and peer volunteer will describe the program, and the potential client will be invited to sit in on an appropriate treatment group meeting that day to experience how treatment works. If clients do not meet eligibility criteria or if the program is currently full, they will be

referred to another program that can provide them with services in a more timely manner. Again, the client will be given the staff persons name and will be encouraged to call back if the referral does not work out or meet their needs.

Comprehensive Assessment and Individualized Treatment Planning: A comprehensive assessment that includes all problems and needs as well as strengths and resources of the client underpins treatment planning and services for clients. This begins with an interview to thoroughly assess the overall needs and issues using the Addiction Severity Index (ASI) Lite that is reliable and has been validated for substance abuse treatment. The ASI-Lite information is then entered into the Drug Evaluation Network (DENS) software. The DENS software uses the information from the ASI- Lite to create both a Narrative Summary and Severity Profile of the client in domains related to substance use, psychiatric issues, medical needs, education/employment history, and family issues.

Clients also complete a self-administered health questionnaire that documents their current health status, issues, treatment and needs as well as high-risk behaviors. It is noted that these assessment procedures may be modified or replaced with other instruments as WH and CBHS work together with other providers in implementing the CCISC model that is expected to establish a fully integrated assessment process. Clients are then asked to use the information that is available from the assessment information to prepare a personalized Recovery Plan that responds to their needs as they understand them and as per their own priorities and wishes. This client centered tool helps to engage clients within a treatment planning process that is a participatory and collaborative. A counselor reviews the Recovery Plan and with input from other staff, family members, and providers, completes an Interpretive Summary that provides a clinical picture of the client's status and needs at the time of admission. The information in the Interpretive Summary is used to create Master Problem List that staff and client can use to track treatment outcomes. The client's identified needs and problems as well as their strengths and resources are then used to generate a Treatment Plan that focuses on enhancing functioning so as to achieve personal goals. The client and a counselor sign off on the treatment plan that identifies the services to be provided, the responsibilities of program staff, and of the clients, and where appropriate, their families, as well as other providers and individuals in carrying out the plan. Treatment plans include specific measurable objectives and time frames for achieving them. As assessment is an ongoing process and, as clients change with treatment over time, the Treatment Plan is every 90 days or with significant changes in the client's status.

Client Orientation: The WH Intake process includes obtaining a "Consent for Treatment" and signed "Releases of Information," as needed. All WH clients are given an individual orientation to the program to which they are admitted. They also receive the Walden ABC book that thoroughly reviews all the agency's privacy policies, client's rights and responsibilities, and other agency policies and procedures.

Harm Reduction Strategies: Harm reduction strategies have proved to be essential in engaging and supporting individuals with substance abuse disorders, and particularly during the pre-contemplation and contemplation stages of change. Harm reduction methodologies demonstrate that substance abuse providers accept them where they are and can be the foundation of a trusting relationship. These strategies educate clients about behaviors that can keep them safer and healthier, and at the same time demonstrate to clients that there are significant risks associated with continuing their behaviors. Harm reductions strategies are used in REAL to engage, educate, and provide support for clients who are not yet ready to accept one of the active treatment components. Information about risky behaviors that clients engage in arise during the engagement activities, and are more fully evaluated in the comprehensive assessment process. WH counselors are trained to identify these behaviors and to suggest to clients things they can do to reduce their risks. The particular strategies used are individualized to each client's needs, issues, and willingness to accept them. A few of the many strategies that counselors will suggest

can include: needle cleaning procedures and exchange programs, HIV testing, use of condoms, using a designated driver, using in safer environments, and obtaining healthcare assessments and treatment for health problems associated with the use of methamphetamines.

The PROP Treatment Program: The PROP program is based on new evidence that contingency management techniques can reduce substance use and abuse for clients who have previously been difficult to engage and effectively treat. PROP is a contingency management program model that has been piloted in San Francisco through a collaboration of the San Francisco Department of Public Health, STD prevention & Control Services, The Office of AIDS, Community Behavioral Health Services, the Positive Health Program, Magnet, and Continuum. WH is adopting the model as one element of outpatient treatment milieu at its 1550 Evans Avenue location and will partner with Continuum TLC on 255 Golden Gate in the Tenderloin.

PROP Intake Procedures

Clients who are interested in participating in PROP will participate in the intake process described in the approved PROP protocol. The intake will screen bio-psychosocial issues. Once intake is complete, the PROP Protocol will be administered in full compliance with the model as described in the *PROP Operational Protocol, Using Positive Re-Enforcement to Reduce Methamphetamine Use in Methamphetamine using MSM in San Francisco CA* (June 2005)

The following inclusion and exclusion criteria must be met prior to admissions into the program:

Inclusion Criteria

- Individual must identify as a man who has sex with other men;
- Test positive for methamphetamine within 7 days of baseline visit;
- Report methamphetamine use at least weekly, on average, in the prior 3 months
- Willing to comply with the requirements of observed urine testing, three times per week.

Exclusion Criteria

- Unable to commit to three times-a-week clinic visits.
- Currently taking Ritalin or other medication, including those containing pseudophedrine, which may result in false-positive urine samples.
- Will not refrain from the use of Ecstasy and Cocaine during the project.
- Currently participating or enrolled in other residential, outpatient and/or any substance use program. (Participation in a 12-step based program is acceptable).

The positive reinforcement procedure is intended to be brief. It is crucial that all elements of the procedure be completed in 15 minutes or less on each clinic visit. Upon visiting the recruitment or clinical site, participants will be screened and asked if they have used methamphetamines in the past week. Those that have will meet with a health worker for a 45-minute orientation to the positive reinforcement procedures. Participants will be asked to provide a sample of urine for testing; those whose urine test positive for methamphetamine will be eligible for the Positive Reinforcement Opportunity Project (PROP). A medical provider may refer other participants. If this is the case, the participant will provide the Health Worker with the signed and dated Medical Provider Referral Sheet. Eligible participants will be informed that they meet with the health worker on 3 alternate days a week (M/ W/ F) to provide a directly observed urine sample. During these visits reinforcements based upon abstinence from methamphetamine, cocaine, crack, and MDMA are determined and delivered.

During their initial visit the reinforcement schedule is explained. In this positive reinforcement treatment program, the voucher for the initial stimulant-free sample is worth \$2.50. Vouchers increase in value by \$1.25 for each consecutive stimulant-free sample to a maximum of \$10.00. Participants earn a \$10.00 bonus voucher for every third consecutive stimulant-free sample. Participants who produce a sample positive for stimulant metabolites, or who fail to submit urine samples, will not receive a voucher for that particular visit and their subsequent voucher value is reduced to the initial \$2.50. A rapid reset procedure allows participants to return to their place in the escalating contingency schedule after producing three urine samples that are negative for stimulant metabolites.

There should be only limited interaction between the participant and the health worker. The health worker provides positive reinforcement for samples indicating abstinence, but provides no form of drug counseling. Results that indicate recent methamphetamine use are handled in a nonjudgmental manner, informing the subject that no voucher is earned for the day, and encouraging the subject to continue pursuing the goal of abstinence. Outcomes are only based upon stimulant use (cocaine, methamphetamine, Ecstasy), as abstinence from stimulant use is the specifically targeted behavior that is being reinforced. Referrals for drug treatment programs and other relevant resources will be provided.

Urine Drug Screening Procedures. Analysis of all urine samples is conducted immediately on-site to determine the presence of select drugs of abuse. The most important concept that must be followed with these participants is that all urine samples are directly observed while providing samples. In addition, participants are informed that use of over-the-counter cold and allergy preparations that contain ephedrine or similar ingredients will be detected by toxicology and will be interpreted as an indication of methamphetamine, Cocaine and/or MDMA use. We anticipate the potential for tampering with samples in an attempt to produce false negative results (e.g. using common household chemicals to nullify positive results and for drinking significant amounts of water (i.e., water-loading). Urine adulterant strips are used as an efficient method for detecting over-hydration and other abnormal variations in pH or constituents. Participants will be directly observed while providing urine samples. Participants are informed at the beginning of the study that evidence suggesting sample tampering will be interpreted as conclusive and results for that day will be recorded as positive for stimulant metabolite.

Urine bottles and potential adulterants (i.e., cleaning supplies) are stored away from participants' reach. For the few participants who cannot urinate under direct observation, bottles containing a temperature strip may be used to minimize the possibility that the sample was mishandled. This protocol will be strictly observed during the time that clients are participating in this contingency management intervention with one minor modification. This is, clients who express interest in or ask for information about other treatment programs, health or mental health services, or other resources will be provided the information and request with contact information.

Upon Completion of the PROP 12-Week program

The 12-week program is designed to reduce methamphetamine use. After completion, participants shall be referred to other treatment programs for maintenance and supportive therapy as indicated. Repeating PROP is not encouraged but may be available to select participants on a case-by-case basis as determined by the Clinical Staff. If a PROP participant wishes to repeat the PROP project, a written request will be required to review each individual case. Participants may receive a certificate of treatment completion. This certificate may be adequate documentation for some programs, e.g. employers, but may not be sufficient for other programs, e.g. court-mandated drug treatment programs or parole officers. Clients who are not successfully at abstaining from methamphetamine use or who quit the program will be encouraged to participate in the Matrix component of The REAL.

Integrated HIV Prevention Services: The REAL incorporates evidence-based HIV prevention programming, Health Education and Risk Reduction intervention for individuals who are HIV negative or do not know their serostatus and Prevention with Positive approaches for individuals who are HIV positive. From the assessment process, information is used to identify clients who are at risk for contracting HIV, and those who are known to be HIV positive. All WH clients receive information and education about HIV, its transmission and safer sex strategies. Clients who do not know their HIV status are encouraged to be tested. Those who test positive are linked to healthcare services as well as the DPH partner notification program.

REAL clients who are HIV negative or who do not know their status and who are from an identified behavioral risk population or who participate in high risk behaviors will be eligible for the WH Health Education and Risk Reduction services. Specifically, clients will be linked to one or more interventions that respond to their level of risk and willingness to participate. These include Multiple Session Workshops, Individual Risk Reduction Counseling, and Prevention Case Management programming that are available on site. Individuals who are HIV positive will be actively engaged by WH Prevention with Positives services. These services also include Multiple Session Workshops, Individual Risk Reduction Counseling and Prevention Case Management with a focus on reducing behaviors that could spread the HIV virus to others.

Primary Care Medical Services: Clients complete the self-administered Health Questionnaire at intake, and clients. This document is reviewed by the WH Health Coordinator, a registered nurse, who follows up with the clients to assure that they have access to treatment for identified health needs, and who follows through with issues that may require further screenings, assessment and treatment. WH case managers are responsible for coordinating care with medical providers. They will also actively link clients to medical providers for the clients who do not already have a physician or other healthcare services. Clients who identify behaviors on this questionnaire that put them at risk for HIV, STD's, Hepatitis and other health problems receive health education about the potential consequences of these behaviors and are encouraged to be tested. These clients will also be linked to the evidence-based Health Education and Risk Reduction interventions for preventing HIV infection.

Wraparound/Case Management Services: WH uses a clinical case management model to deliver wraparound supports that respond to all needs and wishes of clients and their families. The clinical case management model integrates assessment, treatment, and active linkage functions. The WH Case Managers will link and coordinate services with the numerous WH service components or to external service providers including the mental health partner assigned by CBHS to this program. The case management approach involves actively linking clients to needed resources. Active linkage requires following through with referrals with both the client and other provider and overcoming barriers to client engagement with other programs. Active linkage goes beyond physically linking a client to a resource and involves continued involvement of the case manager so that the services are coordinated with the substance abuse treatment services and the clients receive the benefit of the resources to which they are referred.

The REAL program includes workshops to teach clients skills related to resume preparation, job search strategies, and interviewing skills. The WH Case Managers works with each client individually to support their efforts to obtain employment as well as to provide job coaching supports. REAL clients may also be linked with the WH Transitional Services or other vocational programming that is appropriate to their needs and wishes. The WH Transitional Services Department works hand in hand with WH Case Managers to provide job-readiness, resume writing, vocational skill building, employment placement and job coaching services. Clients will also be linked to the Department of Rehabilitation and One Stop Employment Centers as appropriate. Finally, appropriate clients with serious mental illnesses will be linked to the RAMS Hire-ability Program and Community Vocational Enterprise within the San Francisco mental health system.

A critical need for clients leaving out of home placement is the need for safe, decent, and affordable housing. This effort is supported by WH's comprehensive programming to assist its clients obtain appropriate housing in a very difficult housing market. This includes participating in a Housing Search Workshop that covers the pros and cons of different types of housing, the use of newspapers, the internet, networking and shared housing arrangements to locate housing opportunities, monthly budgeting, and the role of credit reports and housing references. WH Case Managers helps clients to apply for subsidized and supportive housing programs for which they are eligible. WH has working relationship with numerous housing organizations that provide or assist in access to housing resources for its clients. Some of these include the Independent Living Resource Center, Larkin Street Youth Services, Guerrero House, Conard House Supportive Housing Services, North-Gate Transitional Housing (for men and women) the New Leaf Transitional Program, Catholic Charities of San Francisco, and selected sober living facilities and single room occupancy hotels.

Our comprehensive services involve establishing partnerships with families and natural support system members who with education and support for themselves can play a key role in supporting the recovery of their family members. The WH Case Manager will work with clients to identify family members who the client agrees are appropriate and who are willing and able to be involved in the client's recovery plan. Services to families include family education and support groups, family therapy with clients, and other family focused program activities. To coordinate treatment and supportive services, the WH Counselor will be responsible for organizing and facilitating case conferences for dually disordered and other multiple need clients. The case conference will bring together WH providers, mental health and primary care treatment and other services staff to review the client's needs and establish a coordinated plan for delivering all of the services the client needs. Clients and, with the client's permission, family members are encouraged to participate in these case conferences, and to be actively involved in all aspects of the treatment process. The case management function involves providing wraparound supports for all other needs identified by clients that could include access to legal services, recreational activities, transportation, spiritual/religious organizations, or any other resource that can support client recovery.

Transgender Services: Transgender clients experience particularly challenging barriers to acceptance and effective services. Staff and clients are trained at the agency's quarterly Clinical Days program to educate the entire community on transgender needs and issues, and which includes transgender individuals telling their stories. Effective treatment involves acknowledging and addressing the likelihood of a trauma history, the high risk for HIV, and often the experience of being a sex worker as this may be the only way these clients can make a living because of the discrimination they experience with school and employment. Transgender identified youth in the REAL will have access to a transgender therapist and to the Transgender Pride curriculum that WH has developed. This a six-week curriculum includes lecture, role play, films, arts, and crafts to explore the history and cross-cultural experiences of transgender individuals and supports the establishment of an accepting community for these clients.

Tobacco & Nicotine Addiction: Staff, clients and guests of Walden House are required to smoke at least 20 feet away from any doorway and in designated smoking areas. Tobacco use in clients is assessed upon intake. Clients in their orientation phase of treatment receive a tobacco education presentation. Walden House offers stop smoking groups to adult clients in 3 of its facilities with 4 programs on a rotating basis. The stop smoking curriculum currently being used is the American Lung Association's (ALA), Freedom From Smoking. This model is facilitated by ALA trained substance abuse counselors and medical services staff. The six sessions are offered during a 6 week period and each session is 1 1/2 hours long. Clients are provided nicotine replacement therapy only if they participate in a group.

Incorporating CCISC Principles in REAL: WH is committed to incorporating the principles of the CCISC model within all of its services and to collaborate with the full array of behavioral health, primary care, and social service providers, and particularly its assigned mental health partner to establish a comprehensive and integrated system of care to meet the particular needs of all individuals with substance abuse disorders and their families. The REAL program is designed to be welcoming, accessible, and culturally competent and to deliver individualized services. All clients are assessed for mental health, primary care and other needs as part of a comprehensive assessment, and receive or are linked to treatment and other services. Families are encouraged to be full partners in treatment. The interventions delivered through this program represent an array of evidence base practices that meet clients where there are, and provide comprehensive supports. This includes state-of-the-art substance abuse interventions that are integrated and/or coordinated with mental health treatment, access to and primary care screenings and services, and linkage to the all needed community resources. Services are delivered in a hopeful and empathic manner and are designed to promote recovery so that clients can pursue their goals and productively participate in community life.

Location & Hours of Operation: The Program will be located at 1550 Evans Avenue. The facility is ADA compliant and is situated in an area that is central to where many potential methamphetamine clients live and for which public transportation is readily accessible. REAL will have outpatient service availability Monday – Friday 8am-8pm and Saturday 10am-6pm

7. Objectives and Measurements

A. Performance/Outcome Objectives

1. During Fiscal Year 2010-2011, each month, 40% of participants' urine test results will be negative for methamphetamines.
2. During Fiscal Year 2010-2011, each month, 50% of participants will have consecutive negatives results for methamphetamine.
3. During Fiscal Year 2010-2011, at 3 months, 75% of participants will self-report reduced use of methamphetamines, through follow-up by email/phone.

8. Continuous Quality Improvement

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House 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.

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.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermittent scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees;

sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

Privacy Policy:

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule – December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or

Contractor: Walden House, Inc.
Program: REAL/PROP
City Fiscal Year: 2010-11

Appendix A-21
Contract Term: 7/1/10-6/30/11
Funding Source (AIDS/CHPP only)

contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

1. Program Name: HIV Set Aside Coordinator

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

To provide technical assistance and training to providers in servicing substance abusers with high-risk HIV behaviors. Reduction of high-risk sexual behaviors by substance abusers will be reduced as a result of the technical assistance provided.

4. Target Population

The target population served by Walden House Health Program Coordinator for HIV Counseling and Testing provides technical assistance to the HIV Counseling, Testing and Linkages Providers in San Francisco.

- Counseling, Testing and Linkages Providers in San Francisco
- Providers and Programs serving Substance Abuse issues.
- HIV Prevention and Substance Abuse Providers

5. Modality(ies)/Interventions

The service modality for this Appendix is HIV Early Intervention (65)

6. Methodology

This position performs highly complex tasks relative to the operation of the HIV Counseling, Testing and Linkages Program. This position is responsible for providing technical assistance and insuring the quality of counseling and testing at CTL programs that are part of the San Francisco Network, with a special emphasis on those programs that serve persons with substance abuse issues. This position will work with the CTL team and the CTL Manager in setting policy/procedures and supporting the network of CTL providers in San Francisco.

The essential job functions of this position:

- Works closely with substance use service providers in San Francisco to assess the need for HIV counseling and testing of their clients
- Develops plans to insure clients in alcohol and drug programs in San Francisco are able to access testing services
- Provides technical assistance and appropriate training to programs that serve persons with substance use issues
- Implements continuous quality improvement efforts for CTL programs, data, testing and counseling.
- Participates in various CTL and HIV Prevention Section and Substance Abuse Services working groups, committees, meetings and task forces as needed

Contractor: Walden House, LLC.
Program: HIV Set Aside Coordinator
City Fiscal Year: 2010-11

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Contract Term: 7/1/10-6/30/11
Funding Source (AIDS/CHPP only)

- Working with the Manager for CTL and the CTL team, helps to monitor and analyze CTL data and CTL reports for QA, trends, evaluation and planning as needed.
- Monitors programs for the appropriate use of Substance Abuse Prevention and Treatment Block Grant HIV Early Intervention Set Aside funds.

Staff Required Qualifications:

Education and special training: Minimum-possession of a bachelor's degree; preferred possession of a Master's in Public Health, Social Work or Public Administration.

Practical experience: One year of experience managing a public health program requiring training, insuring quality of services, team work, public speaking, planning and evaluation.

Licenses or Certificates required: California certification as an HIV test counselor or willingness to become a certified HIV test counselor within 6 months of hire.

Verification/Waiver: Verification of qualifying experience, education, and/or training is required at the time of filing and application. Candidates unable to do so may submit a letter requesting a waiver of this requirement indication the reason(s) verification cannot be obtained.

Staff Desired Qualifications

- Knowledge and experience of HIV counseling, testing and linkage programs and services;
- knowledge and experience working with alcohol and drug programs in San Francisco;
- excellent written and oral communication skills;
- sensitivity to and experience working with ethnically, culturally and sexually diverse individuals, communities, agencies and organizations;
- knowledge of and experience with data, program and quality assurance;
- knowledge of HIV rapid testing technology and application.

7. N/A

8. Continuous Quality Improvement

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

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individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

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- **Training:** Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- **Clinical:** Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- **Operations Committee:** The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

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New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various

Contractor: Walden House, Inc.
Program: HIV Set Aside Coordinator
City Fiscal Year: 2010-11

Appendix A-22
Contract Term: 7/1/10-6/30/11
Funding Source (AIDS/CHPP only)

regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

Contractor: Walden House, Inc.
Program: Adult OPMH & Med Svcs
Fiscal Year: 2010-11

Appendix A-23
Contract Term: 7/1/10-6/30/11
Funding Source:(AIDS office only)

1. Program Name: Adult Outpatient Mental Health & Medication Services (Medi-Cal)

Program Site I
1550 Evans Avenue
San Francisco, CA 94124
Telephone: (415) 970-7500
Facsimile: (415) 970-7575f

Program Site II
815 Buena Vista West
San Francisco, CA 94117
Telephone: (415) 554-1450
Facsimile: (415) 863-1305f

Program Site III
890 Hayes Street
San Francisco, CA 94117
Telephone: (415) 701-5100
Facsimile: (415) 863-1305f

Program Site IV
214 Haight Street
San Francisco, CA 94102
(415) 554-1480
(415) 934-6867f

2. Nature of Document (check one)

New Renewal Modification

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 in the settings of residential substance abuse treatment, substance abuse day treatment or outpatient office visits.

4. Target Population

This component serves individuals in the community whose psychiatric disorders are accompanied by co-morbid substance abuse or dependence. In many cases, individuals present with longstanding psychiatric histories, numerous psychiatric hospitalizations and crisis services. Walden House serves individuals from all racial and cultural backgrounds and from all economic classes. Participants in this program are either Medi-CAL 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 WH programs. These clients must meet medical and service necessity criteria as defined for Medi-CAL services.

- Adult psychiatric disorders
- Co-morbid substance abuse or dependence
- MediCal eligible or Short-Doyle

5. Modalities/Interventions

Assessment Services
Collateral Services
Case Management Services
Crisis Intervention

Group Therapy Services
Medication Support Services
Individual Therapy Services
(Provided in CRDC)

6. Methodology

Walden House is a comprehensive behavioral health program providing a wide range of high quality services to adult San Francisco residents. Walden House emphasizes self-help and peer support in a humanistic therapeutic community and offers special programs for individuals with specific needs. The WH 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 Walden House reflects an emphasis on self-reliance, shared community values, and the development of supportive peer relationships. Each individual learns to take responsibility for his/her own actions, and to share in the daily operations of each treatment site. Group and individual counseling helps individuals focus on issues related to their substance abuse and mental disorders. Coordinated efforts with ACCESS are designed to maintain appropriate service options for participants. The agency has had extensive experience with multiply-diagnosed adult clients.

DPH STANDARDIZED CONTRACT PROGRAM NARRATIVE
FORMAT

Contractor: Walden House, Inc.
Program: Adult OPMH & Med Svcs
Fiscal Year: 2010-11

Appendix A-23
Contract Term: 7/1/10-6/30/11
Funding Source: General Fund

In recognition of the complex needs of multiply diagnosed clients, Walden House provides integrated mental health and substance abuse treatment services. From the initial point of intake through continuing care and discharge, the agency recognizes the importance of treating addiction and other mental health disorders concurrently with a multidisciplinary staff.

The Admissions department at the Walden House Multi Services facility, located at 1899 Mission Street, is staffed with a registered psychologist who performs mental health screenings and assessments. The object of these screenings is to identify the mental health needs of clients entering residential and day treatment programs. Additional psychiatric screenings or medication evaluation appointments are also made available on an as-needed basis with our regular Psychiatrists and Doctors.

All Walden House 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 substance abuse. **Motivational Interviewing** is also in the process of being introduced as a best practice this year, bringing a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.

Walden House staffs in general, including some administrative staffs, receive numerous trainings on treating multiply diagnosed clients. This training begins with a four-week intensive Clinical Training conducted for all new staffs having contact with clients. This training includes an introduction to mental health assessment, an introduction to dual diagnosis services and an interactive exercise focused on when and how to refer a client to a Walden House therapist. Additionally, the staff attends monthly mental health trainings organized by the Walden House Human Resources and Staff Development department. These topics include: depression, trauma, dialectical behavior therapy, integrating mental health services and the therapeutic community, eating disorders, psychopharmacology, confidentiality, root cause analysis techniques and other risk management techniques, etc.

As an agency, Walden House 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 Walden House.

Harm reduction principles are applied in all of our programs, including our abstinence-based residential programs. Walden House teaches formal relapse prevention techniques to all of its 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.

Reclaiming a life damaged by alcohol and drugs is complex and change is often a circular and not a linear process. Whatever the client's treatment goals, relapse is often part of the cycle of change. While agency staff are trained to assist clients to prevent relapse, when it does occur Walden House is committed to retaining the client in treatment and to reducing the emotional and physical damage created by the relapse.

The Walden House Outpatient Mental Health Medi-CAL Program participates in the CBHS Advanced Access Initiative:

- Walden House provides intake assessment within 24-48 hours of referral.

Contractor: Walden House, Inc.
Program: Adult OPMH & Med Svcs
Fiscal Year: 2010-11

Appendix A-23
Contract Term: 7/1/10-6/30/11
Funding Source: General Fund

- Program provides Medication evaluation (as needed) within 7-10 days of request.
- Walden House will ensure timely collection and reporting of data to CBHS as required.
- Program will provide quarterly measure of new client *demand* according to Advanced Access methodology and more frequently if required by CBHS.
- Program will also measure *delay or access* for both new and ongoing clients on at least a monthly basis according to Advanced Access reporting methodology and more frequently if required by CBHS.

Because of limited and shrinking mental health resources, coupled with the need to immediately serve many new acute patients coming in the front door, the program will consistently apply utilization review and discharge/exit criteria to alleviate increasing caseload pressure and to prioritize services to those most in need. Clinicians will consider such factors as: risk of harm, functional status, psychiatric stability and risk of de-compensation, medication compliance, progress and status of care plan objectives and the client's overall environment to determine which clients can be discharged from MHS/CMB services into medication-only or to Private Provider Network/Primary care services. The program will also begin utilizing more of time-efficient brief therapy and group interventions to maximize the number of clients that can be helped, which has been started by sending clinicians to trainings on these modalities.

Admission Criteria: The Mental Health Medi-CAL component of Walden House'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.

Process for Initiating Services and Securing Authorization: Outpatient Mental Health services offered to individuals with dual disorders fall under San Francisco County's category, planned services. By definition, planned services require prior authorization within the San Francisco Behavioral Health Plan.

When an individual applies for or is referred for planned mental health services, the Walden House intake staff will first ascertain that person's eligibility for Mental Health Medi-Cal services by locating the client's BIS ID number and care management status on the MHS-140 report. Clients not yet registered into the BHBIS system will be registered at Walden House. In addition, the client must possess current Medi-CAL eligibility for the month in which he or she is requesting services. Current eligibility will be verified by referring to the Cal Meds printout, which can be obtained from the INSYST data operators in our IT or clinical departments. Under this contract, Walden House also serves a percentage of indigent clients who do not have Medi-CAL benefits as part of our compliance with the Short-Doyle-Lanterman-Petris act.

The Walden House Intake Assessment Psychologist, a registered clinician, will complete the assessment form and complete the paperwork necessary to open the client's chart.

Prior to the client's acceptance into treatment, it is the responsibility of the Assessment Psychologist to establish whether the individual has an existing open episode with another provider in the County or has insurance through another source than Medi-CAL. If the individual has care management through another San Francisco County provider, the psychologist will contact that care manager to discuss the client's current treatment and necessity for specialized treatment at Walden House. In the event that an individual has other health care coverage from a private provider, in addition to Medi-CAL, Walden House staff must obtain a letter of denial of services, in order to be able to bill Medi-CAL.

Clients under Walden House care management are authorized by the Walden House PURQC committee.

Once authorization is received, the Intake Assessment Psychologist will notify the Coordinator of Adult Mental Health Services to arrange to present the individual's case at the weekly Walden House outpatient MediCal staff meeting.

Assessments/ Diagnosis & Written Evaluation: The Multi-Service Center, located at 1899 Mission Street in San Francisco, is the central intake site for adult mental health services. After referral from ACCESS, the

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Walden House 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. Once referral is made, clients are interviewed and given an appointment for assessment usually on the spot and within 48 hours.

Prior to admission, all WH prospective participants are screened to determine type and severity of psychiatric and substance abuse disorders in order to determine appropriate level of care. WH will also assess clients already in WH substance abuse treatment who indicate a need for mental health services. Individuals referred from ACCESS will be pre-screened; i.e., not be in need of medical detoxification services, appropriate for this sub-acute mental health setting, and also have a co-occurring substance abuse problem. Mental health staff will also be available to do intake assessments in the field, i.e., within a hospital or incarcerated setting, if the client has been pre-screened as appropriate for WH by ACCESS.

General intake includes the review of demographic information, a complete biomedical and psychosocial assessment and discussion of program norms and rules with the client. Primary medical services are referred, if needed, and staff support is provided. Information from other/previous service providers when it is available, or from a client's current Care Manager, will be incorporated into the intake assessment and evaluation to better coordinate the continuum of care available.

The mental health assessment and diagnosis process is usually conducted after the general intake/admission form is filled out with an intake counselor. A psychologist or therapist who is trained and knowledgeable in co-occurring disorders and supervised by the program director, records the intake information into a new Mental Health Medi-CAL chart after establishing eligibility, and a provisional multi-axial diagnosis consistent with DSM-IV-TR/ICD-9-CM guidelines is determined through the clinical interview process. Clients are evaluated through a psychosocial and mental status exam assessment. During the assessments and the clinical interview process, the therapist incorporates an evaluation summarizing their findings and recommending services to be incorporated into the participant's treatment plan of care.

The assessment process and written evaluation form the basis for the treatment plan of care, which integrates the individual's own goals for better functionality with clinical recommendations for objectives. It delineates the client's diagnostic picture with these treatment objectives and goals. Assessment for psychotropic medication is part of Medication Services, described below. Participants may be referred for neurological assessments if so indicated. The Grievance procedures, clients' rights, HIPAA confidentiality, advance directives and consent for treatment forms are discussed and signed during the initial client intake process.

To fulfill the public behavioral health system's mission of serving as the safety net for San Franciscans, Walden House Adult outpatient services will remain open to accept new referrals from ACCESS and higher levels of care, and for new individuals who call or drop in requesting services. An intake appointment time within two (2) days of initial contact with the referral source or client, whichever comes first, will be offered. Following evaluation, the clinical judgment process will be used to determine the appropriate level of care for treatment at Walden House or referral to another agency.

Treatment Procedures and Program Components: The Walden House Adult Outpatient Mental Health Services program is designed to provide clients who have co-occurring disorders with a range of interventions aimed at reducing or managing symptoms of mental disability. Walden House provides assessments and evaluations, treatment planning, medication support, group and individual therapy, rehabilitative services such as life skills and relapse prevention, and collateral services such as family therapy. The goal is to discharge clients from Walden House to a lower level of care within the mental health system, if such services are still needed.

Based on their individual needs, each week, clients will participate in a number of individual and group sessions as determined by internal or external PURQC. Assessments, treatment plan development, case management, collateral contacts and medication assessment and support services will be provided as

dictated by clinical necessity. Individuals will generally also participate in substance abuse treatment activities, attend WH recreational and group functions, and be a part of the WH family, unless they are part of the Multi-Services outpatient only clinic, whose clients simply come in for weekly services and return home. WH will provide continuity of care to the extent possible within our own range of service options, and will link clients with services in the community. The average length of stay for Adult Outpatient Mental Health and Medication clients is 127.03 days.

Plan Development: A treatment plan of care is developed, which also addresses substance abuse treatment needs insofar as they affect mental health treatment. If the client's substance abuse disorder forms a barrier to mental health treatment, then those issues will be a more prominent part of the plan. Following the assessment and presentation by the intake therapist, the treatment team will decide and provide input to the treating therapist who acts as care manager, on treating and incorporating recommendations into the treatment plan of care. Our psychiatrist's evaluations and recommendations, and previous provider data (if available) are all incorporated into the plan of care. Following this team meeting, the client meets with the team, and once it is agreed upon by all, the participant and psychotherapist sign the plan of care.

Plans of care will be developed within 7- 10 days of admission to WH. WH will contact Care Managers for those clients already care-managed to assure the appropriateness of the plan of care and to obtain updated plans of care. The plan of care will be updated every 12 months, when dictated by clinical necessity or as the client approaches completion to focus on discharge issues (if before 12 months).

Orientation: When it is determined that an individual will reside at one of the Walden House adult facilities, he or she first meets with their caseload counselor and is given a tour of the facility and orientation for new residents. Staff members exercise care when orienting Mental Health Medi-CAL clients, paying attention to the individual's symptom picture and need for adjustment to the treatment milieu.

The individual is given a preliminary schedule and assigned a 'big sister' or 'big brother' to offer guidance and support for their first two weeks in treatment. In certain cases the Mental Health Medi-Cal treatment team in conjunction with the outside referral provider may decide to "phase" the individual into treatment by a gradual introduction over a period of days to a Walden House residential facility. Within the first two days of treatment, the individual has a preliminary meeting with his or her designated psychotherapist to establish initial rapport, discuss the role of the care manager, review patients' rights and grievance procedures, and arrange an appointment to formulate a treatment plan.

Medication Support Services: Assessment of the need for medication is conducted by a psychiatrist in a clinical interview, and may include educating the client on anticipated benefits and side effects of medications, as well as obtaining informed consent for any prescription of psychoactive medications. Medication use is an important part of the mental health treatment plan for many individuals diagnosed with co-occurring disorders. Medications are held for the clients in the medication office at each facility for clients who self-administer at appointed times under the monitoring of a qualified medical support staff member. Participants residing within the WH residential substance abuse treatment program are monitored while taking medication to assure compliance.

Counselors, therapists and medical support staff are trained in medication effects on an annual basis, and meet with the psychiatrist on a weekly basis to report progress or problems. The psychiatrist is available each week to see any clients with medication problems or questions, and is on-call for any urgent situations. They are also available for medication consultations with other care providers on an as-needed basis (i.e., upon transfer or discharge to another setting). Counselors discuss compliance to the prescribed course of medication with outpatient clients as part of case management. Staff trainings in medication support are a part of the overall training effort by the agency's human resources and staff development department.

Therapy: Each client will work individually with a licensed or board-registered, waived intern therapist on an agreed upon plan to address psychiatric symptoms and management of functional impairments. Therapy will

be time-limited, usually occurring once a week, and will make use of the treatment plan of care to identify specific problem behaviors or symptoms to be addressed. As individuals progress, the frequency of their visits with the therapist will decrease as symptoms abate and functionality improves.

Wellness Recovery Action Plan (Wrap): The plan is a system based on increasing awareness of triggers, improving self-care, and strengthening peer support networks. WRAP is used as an addendum to our regular relapse prevention training process. Walden House clinical staffs are regularly trained in helping our clients to design a WRAP before they are discharged from treatment.

Urgent Care Plan: Walden House residential facilities are staffed 24 hours a day. If an individual is in need of psychiatric attention in an urgent situation (i.e., that same day, but not an emergency, potentially life-threatening situation), a mental health staff person is always on-call and available by pager or cell phone to provide Crisis Intervention services. In addition, all counselors working with mental health Medi-Cal clients receive training in crisis intervention and suicide prevention, as well as training in working with clients diagnosed with co-occurring disorders. If an individual is having extreme problems, and does not respond to counseling or clinical intervention from the on-call therapist, the Mobile Crisis Team, Psychiatric Emergency Services, or the Police are called. Staffs work to address problems before they become emergencies.

Crisis Intervention Services: Crisis Intervention services are provided by therapists and counselors trained in emergency response to psychiatric crises. A crisis may occur at any time, and all staff is trained to respond immediately. Typical examples of crisis situations are: when an individual expresses the desire to harm themselves or someone else; when an individual becomes violent or assaultive; or when a client's behavior becomes psychotic and bizarre, including having severe delusions or hallucinations, to the degree that they are unable to attend treatment activities and/or are unable to respond to staff.

The goal of the crisis intervention is to stabilize the client, assess the severity of the crisis, determine what level of intervention is required, and to stay with the client until the emergency has passed, or until the client has been transported to a more appropriate emergency care site.

Upon identification of a crisis situation, the therapist on duty as officer of the day or the on call therapist is notified. The client is assessed by a qualified mental health professional to determine the acuteness of the crisis and the severity of symptoms. The therapist may make an attempt to have the client sign a behavioral contract to modify the potentially injurious behavior. The therapist may also remain with the client or assign staff to stay with the client, and provide a quieter environment when possible. They may make a referral for a psychiatrist to assess the client's need for medication.

If the crisis is evaluated as being severe, the therapist may make a referral to the Mobile Crisis Team (MCT) and/or to Psychiatric Emergency Services (PES) at SF General Hospital. They may also refer the client to ACCESS for placement into a higher level of care, such as other community mental health programs (Acute Diversion Units). If the client has any outside collateral support, such as a parole officer, outside therapist, or family members, etc., they are contacted regarding the client's new placement. Staff is on alert to watch for problems when a client Appendixs repeated crisis behaviors over a period of time. Clients who are appropriately stabilized at other programs are eligible to be reevaluated and considered for readmission.

Mental Health Discharge Guidelines:

Walden House is committed to providing quality mental health services and substance abuse 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 Rehabilitation Program at Walden House, Mental Health Discharge Guidelines will be implemented. Discharge from the program may occur under the following circumstances:

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

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

Client discharged by Walden House 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.

Reasons For Discharge:

1. Client has engaged in assaultive or threatening behavior to Walden House staff or peers.
2. Client introduced or used drugs or alcohol on the adult residential facility premises.
3. Client is a threat to self; e.g., intentionally causes physical injury to self threatens suicide, or engages in suicidal gestures.
4. Client destroys Walden House property.
5. Client repeatedly violates program rules and norms.
6. Client refuses to comply with psychotropic medication recommendation resulting in a worsening of symptoms.
7. Despite a reasonable time in treatment, client fails to demonstrate stabilization or improvement of symptoms, thereby indicating a need for a higher level of care.

Discharge Planning: All Mental Health Medi-CAL clients transferred from one of Walden House's adult residential facilities will have a transfer of services plan in place that deals with the following issues:

1. Psychiatric medication
2. Continuation of mental health treatment at our own outpatient clinic at Multi-Services or with another provide in the community, if the internal referral is impossible. Such referrals need to be cleared with ACCESS.
3. Referral to necessary and appropriate collateral services, e.g., medical.
4. Housing or shelter.

Referral:

1. The care manager will secure temporary or permanent housing or shelter and arrange to continue providing mental health and case management services at the Harm Reduction Outpatient Program at Multi Services. The care manager will contact the Multi Services staff to arrange for space to perform these services. The objective is to continue the current plan of care without disruption of mental health services, including psychotherapy, case management, psychiatric or related medical services.
2. For some individuals who require a different approach because of persistent relapse and/or

inability to comply with rules and norms at Walden House's residential facilities, the care manager will coordinate a transfer of mental health services to the Walden House Day Treatment Program or associated Harm Reduction Outpatient Programs located at the Walden House Multi Services center. The care manager will notify the Coordinator of those programs of their intent to transfer services. The Coordinator of Day Treatment Services will arrange for an intake appointment. If the client meets the criteria for admission into the Day Treatment and/or Harm Reduction Outpatient programs, the Coordinator will complete the Request for authorization of Services and fax this to the appropriate PURQC committee.

3. The care manager will inform the Intake Department of the Client's transfer plan and take steps to ensure that the client's file is updated and in compliance with Medi-Cal regulations.

Continuity Of Care: Providing continuity of care is essential to both a positive treatment outcome and stabilization of symptoms. If a client elects to leave treatment early or is in need of a different level of care, the Walden House Mental Health treatment team meets to decide on the next phase of treatment. It is important to minimize disruption of mental health services to our Mental Health Medi-Cal clients. When the psychotherapist is not acting as the care manager, he or she will coordinate with the care manager from an outside agency to provide for ongoing mental health services. In most cases, clients will continue to meet with their psychotherapist at the Walden House Multi Services site on an ongoing basis until an appropriate transfer of services can be arranged. The exception to this policy occurs in situations where there is an imminent threat of suicide or homicide or destruction of property. In such instances, mental health staff will follow standard emergency policy and initiate 5150 procedures. In the event that a client is actively using substances and intoxicated while registered for mental health services from Walden House, that individual will not be allowed on Walden House premises until returning in a sober state or, if necessary, referred for detoxification to another program. It is the responsibility of the Walden House psychotherapist, in conjunction with the care manager, if this is an outside provider, to bring all matters involving transfer of care to the attention of the Coordinator of Adult Mental Health Services for Walden House and to notify the CBHS Program Manager or ACCESS.

Transfer of Care Policy And Procedure: In the interest of ensuring continuity of care and in accordance with San Francisco Community Behavioral Health guidelines, Walden House's 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 Walden House treatment services, the client will continue to be followed by their Walden House care manager who, in most cases, is his or her psychotherapist. This WH 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 Walden House, that client will be referred, if possible, to receive temporary mental health services from Walden House at the Multi-Services facility in the Day Treatment or Outpatient programs until an appropriate transfer of services outside the agency can be arranged. 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 Walden House residential facilities.

7. Objectives and Measurements

A. Performance/Outcome Objectives

Objective A.1: Reduced Psychiatric Symptoms

1. The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute inpatient

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

2. 75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge. (A.1e)

Note: if data available in AVATAR

3. Providers will ensure that all clinicians who provide mental health services are certified in the use of the Adult Needs and Strengths Assessment (ANSA). New employees will have completed the ANSA training within 30 days of hire. (A.1f)
4. Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial MRD/ANSA assessment and treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program performance objective, an 85% completion rate will be considered a passing score. (A.1.m)

Objective A.3: Increase Stable Living Environment

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

Objective B.1: Access to Service

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

Objective B.2: Treatment Access and Retention

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

Objective C.2: Client Outcomes Data Collection

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

Objective F.1: Health Disparity in African Americans

To improve the health, well-being and quality of life of African Americans living in San Francisco CBHS will initiate efforts to identify and treat the health issues facing African American residents of San Francisco. The efforts will take two approaches:

- 1) Immediate identification of possible health problems for all current African American clients and new clients as they enter the system of care;
- 2) Enhance welcoming and engagement of African American clients.

Interventions to address health issues:

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

The new Avatar system will allow electronic documentation of such information.

3. Active engagement with primary care provider
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider. (F.1c)

Objective G.1: Alcohol Use/Dependency

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

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

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

B. Other Measurable Objectives

1. During Fiscal Year 2010-11, 75% of those who complete will report improved quality of life at discharge (versus self-report at intake) as measured by internal outcome measurement system and documented in client files.
2. During Fiscal Year 2010-11, 60% of participants will achieve at least two treatment goals as measured by internal outcome measurement system and documented in client files.
3. During Fiscal Year 2010-11, 80% of those who complete will be linked to an appropriate level of continuing care and support as measured by internal outcome measurement system and documented in client files.
4. During Fiscal Year 2010-11, 70% will avoid hospitalization for mental health reasons and/or other crisis services during their stay as measured by internal outcome measurement system and documented in client files.

8. Continuous Quality Improvement

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House 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. 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.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond

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to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.

- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills (fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.
- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

Privacy Policy:

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule – December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and

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Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

Contractor: Walden House, Inc.
Program: Project Homeless Connect
Fiscal Year: 2010-11

Appendix A-24
Contract Term: 7/1/10-6/30/11
Funding Source (AIDS/CHPP only)

1. **Program Name:** Walden House PHC TA Cooperative Program

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

New Renewal Modification

3. **Goal Statement**

To reduce the impact of homelessness by providing technical assistance to Project Homeless Connect.

4. **Target Population**

The target population served by Walden House PHC TA Cooperative Program will be the population served by Project Homeless Connect Program. The program will serve as technical assistance to Project Homeless Connect as both a fiscal and staffing intermediary.

- Homeless
- Project Homeless Connect Volunteer
- Project Homeless Connect Funders

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

The service modality for this Appendix is Cooperative Projects (63)

6. **Methodology**

Project Homeless Connect (PHC) is an initiative spearheaded by San Francisco Mayor Gavin Newsom in coordination with the Human Services Agency and the Department of Public Health. PHC is a bimonthly event where homeless individuals and families are connected to housing and social/medical services. The project provides assistance to over 2,000 homeless clients at each event and relies on the assistance of some 1500 volunteers to facilitate this process.

Walden House Project Homeless Connect Cooperative Program will be the staffing and fiscal intermediary for the Project Homeless Connect (PHC) Program. PHC Director will supervise the Volunteer/Grants Coordinator who will manage grants and volunteers; Development/Public Relations Coordinator who will provide public relations support and fund development to sustain Project Homeless Connect; the Administrative Assistant will assist with all administrative functions as necessary including scheduling meetings, filing, assist in progress reports, and so on; a PHC Office Administrator to manage the PHC office; consultants to do data analysis for report generation.

7. N/A

8. **Continuous Quality Improvement**

Walden House strives for continuous quality improvement by installing a quality management system to promote communication and efficiency, spur effective continuous quality improvement, and having vital information disseminate effectively agency-wide. Walden House has an internal CQI process that includes all levels of staff and consumers ensuring accountability to agency

Contractor: Walden House, Inc.
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wide quality standards that simultaneously meets standards & compliance guidelines of SF Health Commission, Local, State, Federal and/or Funding Sources that guide our existence.

WH practices harm reduction in quality service provision to our clients. Our harm reduction strategy focuses on supporting clients in making positive changes in their lives to reduce harm caused by their substance use or sexual behaviors. The primary goal of harm reduction in the program is to incorporate individualized harm reduction approaches that reduce barriers for clients in realizing the goal(s) of their care/treatment plan. These strategies will include a continuum of options that support the reduction of risk behaviors related to clients' harmful substance use and sexual practices that create these barriers. This will require members of the multidisciplinary team to engage in ongoing culturally appropriate discussions with their clients regarding their pattern of substance use and/or their current sexual practices and how it impacts their care plan in order to inform them of the array of harm reduction options.

Walden House 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.

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.

Walden House has overarching committees consisting of various executive stakeholders within Walden House's Executive Council. The committees have regularly scheduled meetings centrally related to each of the committee responsibilities:

- Data Integrity: Monitors and maintains agency utilization, allocation methodology, and billing issues. Chaired by the IT Managing Director and the Budget Manager. This committee meets weekly to respond to any data changes or processes that need reviewing for effectively capturing data reflecting client's treatment process & proper billing for all of our contracts.
- Standards & Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and all regulatory bodies; and the modification and or creation of forms. Develops and implements the agency peer review process. Monitors standard processes & systems, P & P's, and evaluates for & implements changes. Chaired by the Compliance Director. This committee meets monthly.
- Health and Safety: Inspects, develops, monitors, and ensures each facility for compliance to fire, health and safety codes. Chaired by the Compliance Director. This committee meets quarterly, facilitates a health and safety training quarterly with intermitted scheduled and surprise drills

Contractor: Walden House, Inc.
Program: Project Homeless Connect
Fiscal Year: 2010-11

Appendix A-24
Contract Term: 7/1/10-6/30/11
Funding Source (AIDS/CHPP only)

(fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard, etc.) throughout the year.

- Training: Develops and maintains agency professional development programs for all staff as well as cultural competent programs. Chaired by the Manager of Training. The Training Committee meets monthly.
- Clinical: Reviews clinical outcomes, client needs, program quality and review quality of services for various sub-populations, advises clinical staff. Chaired by the Managing Director of Clinical Services and a co-chaired by the Director of Adult Clinical Services. This committee meets weekly to discuss ongoing issues within all service programs.
- Operations Committee: The aforementioned quality management committee structure provides quarterly reports directly to the Executive Council who oversees all committees; reviews agency's goals and objectives; sets priorities and responds to committee's reports for actions agency-wide; sends out directives to committees; sends out actions/directives to be carried out by staff via regular management and staff meetings. And produce the agency's annual performance improvement plan for Board Approval. Chaired by the CEO. This committee meets weekly.

The Quality, Licensing, Contracts, and Compliance Director who is a member of the Operations Committee reviews all monitoring reports and contracts before they are submitted. In addition, to above mentioned committees most program staff participate in various on-going management meetings that provide opportunities for discussing the effectiveness and quality of specific services and programs, including individual supervision meetings, and monthly Contract Compliance meetings.

To review and audit files we have utilized the Quality Record Review, an essential component to Walden House's documentation system. All supervisors are responsible for reviewing the work of their department. Walden House has identified a standardized tool to be used in all programs to audit at least 10% of their clients charts monthly and submit to quality management. The reviews cover the records content areas. In addition to 10% of the client charts being QA'd, each chart is QA'd when a client discharges or transferred to another program within WH. The Coordinator or Manager reviews the chart and then provides supervision to the counselor if any improvements are needed.

Privacy Policy:

DPH Privacy Policy has been integrated in the program's governing policies and procedures along with regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2); "Standards for Privacy of Individually Identifiable Health Information" final rule (Privacy Rule – December 2000), pursuant to the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 and 164, Subparts A and E; California Mandated Blood Testing and Confidentiality to Protect Public Health Act and all amendments, regarding AIDS/HIV issues; California Health and Safety Code

Contractor: Walden House, Inc.
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Fiscal Year: 2010-11

Appendix A-24
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Section 11812(c); and California Welfare and Institutions Code Section 5328 *et seq.*, known as the Lanterman-Petris-Short Act ("LPS Act") regarding patient privacy and confidentiality.

New staff receives an overview of confidentiality regulations and requirements during the new staff orientation monthly seminars. New clinical staff is given a more in-depth 2-hour training the various regulations regarding patient privacy and confidentiality as part of the four-week new clinical staff-training program that occurs quarterly.

Staff receives didactic presentations specific to privacy and confidentiality regulations affecting clients in addition to Walden House in-house training department's privacy and confidentiality trainings annually. All trainings have sign-in sheets as well as clinical supervision documentation showing the training took place.

Intake staff advises clients about their privacy and confidentiality rights, obtains a signed consent for treatment form including a privacy notice, the original goes into the client file, a copy is given the client, and the privacy officer randomly audits client files to ensure practices conform with policies. If is not available in the client's relevant language, verbal translation is provided. The Privacy Notice is also posted and visible in registration and common areas of treatment facility.

Prior to release of client information, an authorization for disclosure form is required to be completed, documented by program staff, and reviewed by the Program Manager to ensure it does not violate our policies and procedures regarding privacy and confidentiality in the following situations: [1] not related to treatment, payment or health care operations; [2] for the disclosure for any purpose to providers or entities who (a) are not part of the San Francisco System of Care, (b) are not affiliated with Walden House, Inc., or (c) do not have a contractual relationship with Walden House, Inc; [3] for the disclosure of information pertaining to an individual's mental health treatment, substance abuse treatment, or HIV/AIDS treatment when not disclosed to a provider or contract provider for treatment purposes; [4] for the disclosure of information pertaining to from DPH City Clinic or other communicable disease treatment by DPH Community Health Epidemiology when not related to infectious disease monitoring procedures.

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 5, COMPENSATION, of this Agreement.

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and Prop 63 portion of the CONTRACTOR'S allocation for the applicable fiscal year.

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

2. Program Budgets and Final Invoice

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

Budget Summary

Appendix B-1	Adult Residential
Appendix B-2	Satellite Residential
Appendix B-3	WHITS Residential
Appendix B-4	Bridges Residential
Appendix B-5	Adult Residential Post SFGH
Appendix B-6	Transgender Residential
Appendix B-7	LODESTAR
Appendix B-8	Women's Hope
Appendix B-9	Central City OASIS
Appendix B-10	RPI
Appendix B-11	Prop 63
Appendix B-12	Crisis Intervention
Appendix B-13	BASN Residential
Appendix B-14	CARE Variable Length
Appendix B-15	CARE MDSP
Appendix B-16	CARE Detox
Appendix B-17	Bridges Outpatient
Appendix B-18	Second Chances Supportive Housing
Appendix B-19	Second Chances Case Management
Appendix B-20	Connections program

Appendix B-21	PROP
Appendix B-22	HIV Set Aside Coordinator
Appendix B-23	Health Services & Medication Support
Appendix B-24	Project Homeless Connect

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 Fifty Four Million Two Hundred Fifty Six Thousand Five Hundred Forty Five Dollars (\$54,256,545) for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$5,813,201 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health.

CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller.

CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

July 1, 2010 through December 31, 2010 (BPHM07000070)	\$4,250,907
December 31, 2010 through June 30, 2011	\$5,973,660
July 1, 2011 through June 30, 2012	\$9,489,324
July 1, 2012 through June 30, 2013	\$8,208,415

July 1, 2013 through June 30, 2014	\$8,208,415
July 1, 2014 through June 30, 2015	\$8,208,415
July 1, 2015 through December 31, 2015	\$4,104,208
July 1, 2010 through December 31, 2015	\$48,443,344

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

(4) CONTRACTOR further understands that, \$4,250,907 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM07000070 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM07000070 for the Fiscal Year 2010-11.

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

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

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

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

DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is: New Renewal Modification						
If modification, Effective Date of Mod.:			# of Mod:		VENDOR ID (DPH USE ONLY):	
LEGAL ENTITY NUMBER: 19454						
LEGAL ENTITY/CONTRACTOR NAME: Walden House, Inc.						
APPENDIX NUMBER	B-1	B-2	B-3	B-4	B-5	B-6
	383805				383805	383805
	383834	383357			383834	383834
PROVIDER NUMBER	383806	383806	383805	383805	383806	383806
PROVIDER NAME:	Adult Residential	Satellite Residential	WHITS Residential	Bridges Residential	SFGH Residential	Transgender Residential
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	2,382,623	158,074	209,573	85,956	282,379	237,326
OPERATING EXPENSE	1,206,773	116,816	65,441	40,940	117,745	95,442
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-	-	-	-	-	-
SUBTOTAL DIRECT COSTS	3,589,396	274,890	275,014	126,896	400,124	332,768
INDIRECT COST AMOUNT	430,727	32,988	33,002	15,228	48,015	39,932
INDIRECT %	12%	12%	12%	12%	12%	12%
TOTAL FUNDING USES:	4,020,123	307,878	308,016	142,124	448,139	372,700
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES						
SDMC Regular FFP (50%)	HMHMCC730515					
ARRA SDMC FFP (11.59%)	HMHMCC730515					
STATE REVENUES						
MHSA	PMHS63-1105					
MHSA	PMHS63-1113					
GRANTS						
PRIOR YEAR ROLL OVER						
WORK ORDERS						
3RD PARTY PAYOR REVENUES						
REALIGNMENT FUNDS	HMHMCC730515					
COUNTY GENERAL FUND	HMHMCC730515					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES						
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES						
SAPT Fed Discretionary #93.959	HMHSCCRES227	889,990				
SAPT HIV Set-aside #93.959	HMHSCCRES227					
STATE REVENUES						
BASN	HMHSCCRES227					
GRANTS/PROJECTS						
State CDCR ISMIP	HMAD01-11			71,062		
State CDCR ISMIP	HMAD02-11			71,062		
Fed USDOJ Second Chance #16.202	HCSA02-10					
WORK ORDERS						
HSA FSET: USDA FNS SNAP #10.561	HMHSCCADM377	821,121				
COUNTY GENERAL FUND	HMHSCCRES227	1,900,394	298,286	308,016	419,156	342,303
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		3,611,505	298,286	308,016	142,124	419,156
TOTAL DPH REVENUES		3,611,505	298,286	308,016	142,124	419,156
NON-DPH REVENUES						
Patient/Client Fees		408,618	9,592	-	28,983	30,397
TOTAL NON-DPH REVENUES		408,618	9,592	-	28,983	30,397
TOTAL REVENUES (DPH AND NON-DPH)		4,020,123	307,878	308,016	142,124	448,139
Prepared by / Phone #: Brian Herrera / 415-970-7517						

DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is: New Renewal Modification						
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY):		
LEGAL ENTITY NUMBER: 19454						
LEGAL ENTITY/CONTRACTOR NAME: Walden House, Inc.						
APPENDIX NUMBER	B-7	B-8	B-9	B-10	B-11	B-12
PROVIDER NUMBER	383806	TBA	383873	383835	383805	n/a
PROVIDER NAME:	Lodestar Residential	Women's Hope Residential	OASIS Outpatient	Rep Payee Case Mgmt	WRAPS Residential	On Call/Crisis Intervention Outpatient
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	97,104	423,032	385,505	118,782	61,745	14,975
OPERATING EXPENSE	42,327	128,372	213,390	23,872	14,891	-
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-	65,707	-	-	-	-
SUBTOTAL DIRECT COSTS	139,431	617,111	598,895	142,654	76,636	14,975
INDIRECT COST AMOUNT	16,731	74,054	71,867	17,118	9,196	1,797
INDIRECT %	12%	12%	12%	12%	12%	12%
TOTAL FUNDING USES:	156,162	691,165	670,762	159,772	85,832	16,772
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES						
SDMC Regular FFP (50%)	HMHMCC730515					
ARRA SDMC FFP (11.59%)	HMHMCC730515					7,490
STATE REVENUES						
MHSA	PMHS63-1105				82,400	
MHSA	PMHS63-1113					
GRANTS						
PRIOR YEAR ROLL OVER						
WORK ORDERS						
3RD PARTY PAYOR REVENUES						
REALIGNMENT FUNDS	HMHMCC730515					
COUNTY GENERAL FUND	HMHMCC730515					9,282
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	82,400	16,772
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES						
SAPT Fed Discretionary #93.959	HMHSCCRES227	633,519				
SAPT HIV Set-aside #93.959	HMHSCCRES227					
STATE REVENUES						
BASN	HMHSCCRES227					
GRANTS/PROJECTS						
State CDCR ISMIP	HMAD01-11					
State CDCR ISMIP	HMAD02-11					
Fed USDOJ Second Chance #16.202	HCSA02-10					
WORK ORDERS						
HSA FSET: USDA FNS SNAP #10.561	HMHSCCADM377					
COUNTY GENERAL FUND	HMHSCCRES227	156,162		670,762	77,437	
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	156,162	633,519	670,762	77,437	-	-
TOTAL DPH REVENUES	156,162	633,519	670,762	77,437	82,400	16,772
NON-DPH REVENUES						
Patient/Client Fees		57,646		82,335	3,432	
TOTAL NON-DPH REVENUES	-	57,646	-	82,335	3,432	-
TOTAL REVENUES (DPH AND NON-DPH)	156,162	691,165	670,762	159,772	85,832	16,772
Prepared by / Phone #: Brian Herrera / 415-970-7517						

DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is:		New	Renewal	Modification			
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY):			
LEGAL ENTITY NUMBER: 19454							
LEGAL ENTITY/CONTRACTOR NAME: Walden House, Inc.							
APPENDIX NUMBER	B-13	B-14	B-15	B-16	B-17	B-18	
	383805	383805					
	383834	383834					
PROVIDER NUMBER	383806	383806	383805	383805	383835	383807	
PROVIDER NAME:	BASN Residential	CARE Variable Length Residential	CARE MDSP Residential	CARE DETOX Residential	Bridges Outpatient	Chances Supportive Housing	
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-3/31/11	
FUNDING USES:							
SALARIES & EMPLOYEE BENEFITS	264,997	146,247	263,410	146,815	480,390	2,135	
OPERATING EXPENSE	147,982	66,134	67,280	38,778	253,314	23,178	
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-	-	-	-	-	-	
SUBTOTAL DIRECT COSTS	412,979	212,381	330,690	185,593	733,704	25,313	
INDIRECT COST AMOUNT	49,558	25,486	39,683	22,271	88,044	3,037	
INDIRECT %	12%	12%	12%	12%	12%	12%	
TOTAL FUNDING USES:	462,537	237,867	370,373	207,864	821,748	28,350	
CBHS MENTAL HEALTH FUNDING SOURCES							
FEDERAL REVENUES							
SDMC Regular FFP (50%)	HMHMCC730515						
ARRA SDMC FFP (11.59%)	HMHMCC730515						
STATE REVENUES							
MHSA	PMHS63-1105						
MHSA	PMHS63-1113						
GRANTS							
PRIOR YEAR ROLL OVER							
WORK ORDERS							
3RD PARTY PAYOR REVENUES							
REALIGNMENT FUNDS	HMHMCC730515						
COUNTY GENERAL FUND	HMHMCC730515						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-	
CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
FEDERAL REVENUES							
SAPT Fed Discretionary #93,959	HMHSCCRES227						
SAPT HIV Set-aside #93,959	HMHSCCRES227						
STATE REVENUES							
BASN	HMHSCCRES227	432,525					
GRANTS/PROJECTS							
State CDCR ISMIP	HMAD01-11				428,738		
State CDCR ISMIP	HMAD02-11				393,010		
Fed USDOJ Second Chance #16,202	HCSA02-10						28,350
WORK ORDERS							
HSA FSET: USDA FNS SNAP #10,561	HMHSCCADM377						
COUNTY GENERAL FUND	HMHSCCRES227		213,253	348,750	207,864		
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	432,525	213,253	348,750	207,864	821,748	28,350	
TOTAL DPH REVENUES	432,525	213,253	348,750	207,864	821,748	28,350	
NON-DPH REVENUES							
Patient/Client Fees		30,012	24,614	21,623			
TOTAL NON-DPH REVENUES		30,012	24,614	21,623			
TOTAL REVENUES (DPH AND NON-DPH)	462,537	237,867	370,373	207,864	821,748	28,350	
Prepared by / Phone #: Brian Herrera / 415-970-7517							

DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is:		New	Renewal	Modification			
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY):			
LEGAL ENTITY NUMBER: 19454							
LEGAL ENTITY/CONTRACTOR NAME: Walden House, Inc.							
APPENDIX NUMBER	B-19	B-20	B-21	B-22	B-23	B-24	
PROVIDER NUMBER	383807	363835	383873	n/a	38AK	n/a	
PROVIDER NAME:	Second Chances Case Mgmt	Connections Outpatient	PROP Outpatient	HIV Set Aside Coordinator	Adult OP MH Services & Medication	Project Homeless Connect	
CBHS FUNDING TERM:	7/1/10-3/31/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
FUNDING USES:							
SALARIES & EMPLOYEE BENEFITS	152,045	145,410	10,800	91,700	204,152	369,026	
OPERATING EXPENSE	178,041	33,161	1,596	8,549	21,973	27,723	
CAPITAL OUTLAY (COST \$5,000 AND OVER)	18,000	-	-	-	-	-	
SUBTOTAL DIRECT COSTS	348,086	178,571	12,396	100,249	226,125	396,749	
INDIRECT COST AMOUNT	41,770	21,429	1,486	12,030	27,135	47,609	
INDIRECT %	12%	12%	12%	12%	12%	12%	
TOTAL FUNDING USES:	389,856	200,000	13,882	112,279	253,260	444,358	
CBHS MENTAL HEALTH FUNDING SOURCES							
FEDERAL REVENUES							
SDMC Regular FFP (50%)	HMHMCC730515				40,540		
ARRA SDMC FFP (11.59%)	HMHMCC730515				1,907		
STATE REVENUES							
MHSA	PMHS63-1105						
MHSA	PMHS63-1113						45,427
GRANTS							
PRIOR YEAR ROLL OVER							
WORK ORDERS							
3RD PARTY PAYOR REVENUES							
REALIGNMENT FUNDS	HMHMCC730515				181,181		
COUNTY GENERAL FUND	HMHMCC730515				29,632	262,563	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	253,260	307,990	
CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
FEDERAL REVENUES							
SAPT Fed Discretionary #93.959	HMHSCCRES227						
SAPT HIV Set-aside #93.959	HMHSCCRES227				112,279		
STATE REVENUES							
BASN	HMHSCCRES227						
GRANTS/PROJECTS							
State CDCR ISMIP	HMAD01-11						
State CDCR ISMIP	HMAD02-11						
Fed USDOJ Second Chance #16.202	HCSA02-10	389,856					
WORK ORDERS							
HSA FSET: USDA FNS SNAP #10.561	HMHSCCADM377						
COUNTY GENERAL FUND	HMHSCCRES227		200,000	13,882			136,368
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	389,856	200,000	13,882	112,279	-	136,368	
TOTAL DPH REVENUES	389,856	200,000	13,882	112,279	253,260	444,358	
NON-DPH REVENUES							
Patient/Client Fees							
TOTAL NON-DPH REVENUES	-	-	-	-	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)	389,856	200,000	13,882	112,279	253,260	444,358	
Prepared by / Phone #: Brian Herrera / 415-970-7517							

DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is:		New	Renewal	Modification	
If modification, Effective Date of Mod.:			# of Mod:	VENDOR ID (DPH USE ONLY):	
LEGAL ENTITY NUMBER: 19454					
LEGAL ENTITY/CONTRACTOR NAME: Walden House, Inc.					
APPENDIX NUMBER					
PROVIDER NUMBER					
PROVIDER NAME:					TOTAL
CBHS FUNDING TERM:					
FUNDING USES:					
SALARIES & EMPLOYEE BENEFITS					6,734,201
OPERATING EXPENSE					2,933,718
CAPITAL OUTLAY (COST \$5,000 AND OVER)					83,707
SUBTOTAL DIRECT COSTS	-	-	-	-	9,751,626
INDIRECT COST AMOUNT					1,170,193
INDIRECT %					12%
TOTAL FUNDING USES:	-	-	-	-	10,921,819
CBHS MENTAL HEALTH FUNDING SOURCES					
FEDERAL REVENUES					-
SDMC Regular FFP (50%)	HMHMCC730515				40,540
ARRA SDMC FFP (11.59%)	HMHMCC730515				9,397
STATE REVENUES					-
MHSA	PMHS63-1105				82,400
MHSA	PMHS63-1113				45,427
GRANTS					-
PRIOR YEAR ROLL OVER					-
WORK ORDERS					-
3RD PARTY PAYOR REVENUES					-
REALIGNMENT FUNDS	HMHMCC730515				181,181
COUNTY GENERAL FUND	HMHMCC730515				301,477
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	660,422
CBHS SUBSTANCE ABUSE FUNDING SOURCES:					
FEDERAL REVENUES					-
SAPT Fed Discretionary #93.959	HMHSCCRES227				1,523,509
SAPT HIV Set-aside #93.959	HMHSCCRES227				112,279
STATE REVENUES					-
BASN	HMHSCCRES227				432,525
GRANTS/PROJECTS					-
State CDCR ISMIP	HMAD01-11				499,800
State CDCR ISMIP	HMAD02-11				464,072
Fed USDOJ Second Chance #16.202	HCSA02-10				418,206
WORK ORDERS					-
HSA FSET: USDA FNS SNAP #10.561	HMHSCCADM377				821,121
COUNTY GENERAL FUND	HMHSCCRES227				5,292,633
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	9,564,145
TOTAL DPH REVENUES	-	-	-	-	10,224,567
NON-DPH REVENUES					
Patient/Client Fees					697,252
TOTAL NON-DPH REVENUES	-	-	-	-	697,252
TOTAL REVENUES (DPH AND NON-DPH)	-	-	-	-	10,921,819

Prepared by / Phone #: Brian Herrera / 415-970-7517

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

FISCAL YEAR:	2010-11	APPENIDX #:	B-1
LEGAL ENTITY NAME:	Walden House, Inc.	PROVIDER #:	383805, 383806 & 383834
PROVIDER NAME:	Adult Residential		
REPORTING UNIT NAME:	Buena Vista, Hayes & Haight Res		
REPORTING UNIT:	38062 38342 38572		
MODE OF SVCS / SERVICE FUNCTION CODE:	05/65-79		
SERVICE DESCRIPTION:	Adult Residential		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
FUNDING USES			
SALARIES & EMPLOYEE BENEFITS	2,382,623		2,382,623
OPERATING EXPENSE	1,206,773		1,206,773
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-		-
SUBTOTAL DIRECT COSTS	3,589,396	-	3,589,396
INDIRECT COST AMOUNT	430,727		430,727
TOTAL FUNDING USES:	4,020,123	-	4,020,123
CBHS MENTAL HEALTH FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS			-
PRIOR YEAR ROLL OVER			-
WORK ORDERS			-
3RD PARTY PAYOR REVENUES			-
REALIGNMENT FUNDS			-
COUNTY GENERAL FUND			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
FEDERAL REVENUES			-
SAPT Fed Discretionary #93.959 HMHSCCRES227	889,990		889,990
STATE REVENUES			-
GRANTS/PROJECTS			-
WORK ORDERS			-
HSA FSET: USDA FNS SNAP #10.561 HMHSCCADM377	821,121		821,121
COUNTY GENERAL FUND HMHSCCRES227	1,900,394		1,900,394
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	3,611,505	-	3,611,505
TOTAL DPH REVENUES	3,611,505	-	3,611,505
NON-DPH REVENUES			
Patient/Client Fees	408,618		408,618
TOTAL NON-DPH REVENUES	408,618	-	408,618
TOTAL REVENUES (DPH AND NON-DPH)	4,020,123	-	4,020,123
CBHS UNITS OF SVCS/TIME AND UNIT COST			
UNITS OF SERVICE ¹	41,720		41,720
UNITS OF TIME ²			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	96.36		96.36
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	86.57		86.57
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	342		342

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

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

DPH 3: Salaries & Benefits Detail

Provider Number: 383805, 383806 & 383834
 Provider Name: Walden House, Inc. - Adult Residential

APPENDIX #: B-1
 Document Date: 10/08/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: <hr/> (grant title)		GRANT #2: <hr/> (grant title)		WORK ORDER #1: HSA FSET (dept. name)		WORK ORDER #2: <hr/> (dept. name)	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
V.P. of Programs	0.240	31,202	0.191	24,829					0.049	6,373		
Program Director	1.528	90,801	1.216	72,255					0.312	18,546		
Clinical Coordinator	0.377	14,500	0.300	11,538					0.077	2,962		
Administrative Manager	0.493	20,701	0.392	16,473					0.101	4,228		
Director of QA & Compliance	0.433	31,013	0.345	24,679					0.088	6,334		
Manager of Licensing & Certification	0.585	29,242	0.466	23,269					0.119	5,973		
Director of Admissions	0.345	19,696	0.275	15,673					0.070	4,023		
Admissions Counselor	0.691	22,308	0.550	17,752					0.141	4,556		
Court Liaison	0.474	14,344	0.377	11,414					0.097	2,930		
Counselor	12.282	386,705	9.773	307,719					2.509	78,986		
Night Counselor	2.049	56,421	1.630	44,897					0.419	11,524		
Weekend Counselor	1.695	53,745	1.349	42,767					0.346	10,978		
Reentry Coordinator	0.785	27,460	0.625	21,851					0.160	5,609		
T.C. Admin. Assistant (Nexus)	1.362	48,080	1.084	38,260					0.278	9,820		
T.C. Coordinator	0.694	27,658	0.552	22,009					0.142	5,649		
Maintenance Manager	0.253	16,608	0.209	13,216					0.054	3,392		
Maintenance Supervisor	0.333	14,201	0.265	11,300					0.068	2,901		
Maintenance Worker	1.307	40,445	1.040	32,184					0.267	8,261		
Transportation & Facility Manager	0.439	27,959	0.349	22,248					0.090	5,711		
Warehouse Coordinator	0.600	26,343	0.477	20,962					0.123	5,381		
Driver	1.797	56,678	1.430	45,101					0.367	11,577		
Cook/Food Service	2.301	90,211	1.831	71,785					0.470	18,426		
Client Services Manager	0.412	31,676	0.328	25,206					0.084	6,470		
Client Services Support	0.850	23,675	0.676	18,839					0.174	4,836		
Family Services Coordinator	0.527	26,268	0.419	20,903					0.108	5,365		
Medical Services Director	0.500	40,093	0.398	31,904					0.102	8,189		
Medical Services Support	1.593	50,996	1.268	40,580					0.325	10,416		
Physician	0.553	2,653	0.440	2,111					0.113	542		
V.P. of Mental Health Services	0.328	39,844	0.261	31,706					0.067	8,138		
Mental Health Training Director	0.417	25,918	0.332	20,624					0.085	5,294		
Administrative Assistant	0.710	23,099	0.565	18,381					0.145	4,718		
Intake Assessment Specialist	0.261	11,197	0.208	8,910					0.053	2,287		
Therapist	2.321	107,233	1.847	85,330					0.474	21,903		
Mental Health Manager	1.316	60,990	1.047	48,533					0.269	12,457		
Director of Workflow Development	0.488	37,391	0.388	29,754					0.100	7,637		
Education Coordinator	0.557	21,750	0.443	17,308					0.114	4,442		
Housing & Community Services Spec	0.544	19,068	0.433	15,173					0.111	3,895		
Employment Counselor	1.279	44,921	1.018	35,746					0.261	9,175		

CBHS BUDGET JUSTIFICATION

Provider Number: 383805, 383806 & 383834
 Program Name: **Walden House, Inc. - Adult Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-1
 Document Date: 10/08/10

Salaries and Benefits	FTE	Salaries
V.P. of Programs - Annual Salary = \$130,008	0.240	31,202
Program Director - Annual Salary = \$59,425	1.528	90,801
Clinical Coordinator - Annual Salary = \$38,462	0.377	14,500
Administrative Manager - Annual Salary = \$41,990	0.493	20,701
Director of QA & Compliance - Annual Salary = \$71,624	0.433	31,013
Manager of Licensing & Certification - Annual Salary = \$49,986	0.585	29,242
Director of Admissions - Annual Salary = \$57,090	0.345	19,696
Admissions Counselor - Annual Salary = \$32,284	0.691	22,308
Court Liaison - Annual Salary = \$30,262	0.474	14,344
Counselor - Annual Salary = \$31,486	12.282	386,705
Night Counselor - Annual Salary = \$27,536	2.049	56,421
Weekend Counselor - Annual Salary = \$31,708	1.695	53,745
Reentry Coordinator - Annual Salary = \$34,981	0.785	27,460
T.C. Admin. Assistant (Nexus) - Annual Salary = \$35,301	1.362	48,080
T.C. Coordinator - Annual Salary = \$39,853	0.694	27,658
Maintenance Manager - Annual Salary = \$63,148	0.263	16,608
Maintenance Supervisor - Annual Salary = \$42,646	0.333	14,201
Maintenance Worker - Annual Salary = \$30,945	1.307	40,445
Transportation & Facility Manager - Annual Salary = \$63,688	0.439	27,959
Warehouse Coordinator - Annual Salary = \$43,905	0.600	26,343
Driver - Annual Salary = \$31,540	1.797	56,678
Cook/Food Service - Annual Salary = \$39,205	2.301	90,211
Client Services Manager - Annual Salary = \$76,883	0.412	31,676
Client Services Support - Annual Salary = \$27,853	0.850	23,675
Family Services Coordinator - Annual Salary = \$49,844	0.527	26,268
Medical Services Director - Annual Salary = \$80,186	0.500	40,093
Medical Services Support - Annual Salary = \$32,013	1.593	50,996
Physician - Annual Salary = \$4,797	0.553	2,653
V.P. of Mental Health Services - Annual Salary = \$12,1476	0.328	39,844
Mental Health Training Director - Annual Salary = \$62,153	0.417	25,918
Administrative Assistant - Annual Salary = \$32,534	0.710	23,099
Intake Assessment Specialist - Annual Salary = \$42,900	0.261	11,197
Therapist - Annual Salary = \$46,201	2.321	107,233
Mental Health Manager - Annual Salary = \$46,345	1.316	60,990
Director of Workflow Development - Annual Salary = \$76,621	0.488	37,391
Education Coordinator - Annual Salary = \$39,048	0.557	21,750
Housing & Community Services Spec. - Annual Salary = \$35,051	0.544	19,068
Employment Counselor - Annual Salary = \$35,122	1.279	44,921
Computer Lab Instructor - Annual Salary = \$32,012	0.643	20,584
IT Specialist - Data Control - Annual Salary = \$39,566	0.555	21,959
Psychiatrist - Annual Salary = \$71,127	0.888	63,161
Total Salaries	45.815	1,818,797
State Unemployment Insurance - 5.46%		99,306
FICA - 7.37%		134,045
Workers' Compensation - 2.69%		48,926
Health Benefits - 12.28%		223,347
Retirement - 3.2%		58,202
Total Benefits		563,826

CBHS BUDGET JUSTIFICATION

Provider Number: 383805, 383806 & 383834
 Program Name: **Walden House, Inc. - Adult Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-1
 Document Date: 10/08/10

Total Salaries and Benefits	2,382,623
Operating Expenses	
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.	
Occupancy:	
Rent:	
Rental of Office space and individual & Group Therapy rooms	340,787
\$8.168 per Bed Day	
Utilities:	
Water, gas, electricity and waste disposal	233,829
\$5.604 per Bed Day	
Building Maintenance:	
Maintenance & repairs of building	106,817
\$2.560 per Bed Day	
Total Occupancy:	681,433
Materials and Supplies:	
Office Supplies:	
Office supplies for Program staff	13,136
\$286.718 per FTE of 45.815	
Client Costs	
Office & activity supplies, transportation of clients	104,036
\$2.493 per Bed Day	
Food and Food Preparation	
Meals and food related expense	154,467
\$3.702 per Bed Day	
Total Materials and Supplies:	271,639
General Operating:	
Insurance:	
22.9745% of Agency Total of \$307,988	70,759
Staff Training:	
Costs to train staff in best practices	1,649
\$35.99 per FTE of 45.815	
Rental of Equipment:	
Copier Rental	47,589
\$1.140 per Bed Day	
Transportation & Vehicles	
Gas, vehicles maintenance and registration fees	14,185
\$.34 per Bed Day	

CBHS BUDGET JUSTIFICATION

Provider Number: 383805, 383806 & 383834
 Program Name: **Walden House, Inc. - Adult Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-1
 Document Date: 10/08/10

Other General Operating	
Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	117,503
\$2.816 per Bed Day	
Total General Operating:	251,685
Staff Travel (Local & Out of Town):	
Local staff travel	2,016
\$ 44.003 per FTE of 45.815	
	2,016
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
Total Operating Expenses	1,206,773
Capital Expenditures	-
Total Direct Costs	3,589,396
Indirect Costs	430,727
CONTRACT TOTAL	4,020,123

DPH 6: Contract-Wide Indirect Detail

CONTRACTOR NAME: **Walden House, Inc.**

DATE: 10/08/10

FISCAL YEAR: 2010-11

LEGAL ENTITY #: 19454

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
CEO	0.264	52,812
CFO	0.264	46,210
CIO	0.293	39,374
V.P. of Development	0.220	22,004
Exec. Admin Asst.	0.293	16,137
Director of Fiscal Projects	0.293	14,670
Budget Manager	0.351	26,112
Human Resources Manager	0.439	22,004
HR Admin. Assistant	0.293	9,386
HR Clerk	0.293	7,629
Manager IT Information Serv.	0.220	13,533
Manager IT-Data Control	0.293	15,257
Manager Transport & Facility	0.003	183
Payroll Manager	0.293	20,538
A/R Coordinator	0.074	3,521
Accounts Payable II	0.293	13,200
Accounts Payable II	0.293	13,200
AP SUPERVISOR	0.293	16,724
Benefits Administrator	0.293	11,736
Budget/Fiscal Analyst	0.293	17,604
Client Programmer II	0.074	4,768
Controller	0.293	30,807
Budget Coordinator	0.293	14,671
Development Director	0.146	9,535
Dir of Workforce Development	0.021	1,584
File Clerk	0.293	10,985
G/L Accountant	0.293	15,844
Grants Director	0.293	20,538
I.T. Specialist data entry	0.293	9,551
IT Analyst	0.293	14,230
IT Specialist - Data Control	0.258	8,385
IT Specialist -Data Specialist	0.293	9,682
IT Tech Support	0.146	7,115
PC Support Analyst	0.293	14,230
Senior IT Specialist-Data Cont	0.293	10,563
SR Database Application Analys	0.293	22,298
Procurement Manager	0.293	14,670
Maintenance Department	0.311	8,971
Driver/Procurement	0.011	346
EMPLOYEE FRINGE BENEFITS	31%	189,287
TOTAL SALARIES & BENEFITS	10.144	799,894

2. OPERATING COSTS

Expenditure Category	Amount
Rental of Property	60,545
Utilities(Elec, Water, Gas, Phone, Scavenger)	28,411
Office Supplies, Postage	7,802
Building Maintenance Supplies and Repair	9,565
Insurance	23,169
Staff Training	608
Staff Travel (Local & Out of Town)	14,642
Rental of Equipment	13,181
Client Costs	90
Transportation & Vehicles	1,836
Food and Food Preparation	113
General Operating	210,337
TOTAL OPERATING COSTS	370,299

TOTAL INDIRECT COSTS (Salaries & Benefits + Operating Costs)

1,170,193

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

FISCAL YEAR:		2010-11			APPENDIX #:		B-2	
LEGAL ENTITY NAME:		Walden House, Inc.			PROVIDER #:		383806 & 383857	
PROVIDER NAME:		Satellite Residential						
REPORTING UNIT NAME:		Satellite Residential						
REPORTING UNIT:		TBA & 88077						
MODE OF SVCS / SERVICE FUNCTION CODE:		05/60-64						
SERVICE DESCRIPTION:		Residential						TOTAL
CBHS FUNDING TERM:		7/1/10-6/30/11						
FUNDING USES								
SALARIES & EMPLOYEE BENEFITS		158,074						158,074
OPERATING EXPENSE		116,816						116,816
CAPITAL OUTLAY (COST \$5,000 AND OVER)		-						-
SUBTOTAL DIRECT COSTS		274,890	-	-	-	-	-	274,890
INDIRECT COST AMOUNT		32,988						32,988
TOTAL FUNDING USES:		307,878	-	-	-	-	-	307,878
CBHS MENTAL HEALTH FUNDING SOURCES								
FEDERAL REVENUES								-
STATE REVENUES								-
GRANTS								-
PRIOR YEAR ROLL OVER								-
WORK ORDERS								-
3RD PARTY PAYOR REVENUES								-
REALIGNMENT FUNDS								-
COUNTY GENERAL FUND								-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES								
FEDERAL REVENUES								-
STATE REVENUES								-
GRANTS/PROJECTS								-
WORK ORDERS								-
COUNTY GENERAL FUND		HMHSCCRES227	298,286					298,286
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		298,286	-	-	-	-	-	298,286
TOTAL DPH REVENUES		298,286	-	-	-	-	-	298,286
NON-DPH REVENUES								
Patient/Client Fees		9,592						9,592
TOTAL NON-DPH REVENUES		9,592	-	-	-	-	-	9,592
TOTAL REVENUES (DPH AND NON-DPH)		307,878	-	-	-	-	-	307,878
CBHS UNITS OF SVCS/TIME AND UNIT COST								
UNITS OF SERVICE ¹		6,899						6,899
UNITS OF TIME ²								
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		44.63						44.63
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		43.24						43.24
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)								
UNDUPLICATED CLIENTS		84						84

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

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

CBHS BUDGET JUSTIFICATION

Provider Number: 383806 & 383857
 Program Name: **Walden House, Inc. - Satellite Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-2
 Document Date: 10/08/10

Salaries and Benefits	FTE	Salaries
V.P. of Programs Annual Salary = \$132,042	0.024	3,169
Program Director Annual Salary = \$82,085	0.059	4,843
Administrative Manager Annual Salary = \$42,000	0.090	3,780
Director of QA & Compliance Annual Salary = \$71,176	0.034	2,420
Court Liaison Annual Salary = \$31,094	0.053	1,648
Counselor Annual Salary = \$29,957	1.954	58,536
Maintenance Manager Annual Salary = \$63,833	0.030	1,915
Maintenance Worker Annual Salary = \$35,400	0.215	7,611
Transportation & Facility Manager Annual Salary = \$63,900	0.010	639
Driver Annual Salary = \$28,500	0.042	1,197
Cook/Food Service Annual Salary = \$65,283	0.106	6,920
Administrative Assistant Annual Salary = \$34,800	0.005	174
Therapist Annual Salary = \$47,183	0.180	8,493
Mental Health Manager Annual Salary = \$64,673	0.049	3,169
Director of Workflow Development Annual Salary = \$79,071	0.028	2,214
Education Coordinator Annual Salary = \$38,772	0.057	2,210
Housing & Community Services Spec. Annual Salary = \$35,156	0.064	2,250
Employment Counselor Annual Salary = \$37,448	0.029	1,086
Computer Lab Instructor Annual Salary = \$31,895	0.038	1,212
IT Specialist - Data Control Annual Salary = \$39,514	0.107	4,228
Psychiatrist Annual Salary = \$134,227	0.022	2,953
Total Salaries	3.196	120,667
State Unemployment Insurance - 5.46%		6,588
FICA - 7.37%		8,893
Workers' Compensation - 2.69%		3,246
Health Benefits - 12.28%		14,819
Retirement - 3.2%		3,861
Total Benefits		37,407
Total Salaries and Benefits		158,074
Operating Expenses		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Rental of office space and group therapy rooms		39,787
\$5.767 per Bed Day		
Utilities:		
Water, gas, electricity and waste disposal		29,921
\$4.337 per Bed Day		
Building Maintenance:		
Maintenance and repairs of building		21,321
\$3.09 per Bed Day		
Total Occupancy:		91,028
Materials and Supplies:		

CBHS BUDGET JUSTIFICATION

Provider Number: 383806 & 383857
 Program Name: **Walden House, Inc. - Satellite Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-2
 Document Date: 10/08/10

Office Supplies:	
Office supplies for program staff	331
\$103.56 per FTE of 3.196	
Client Costs	
Office and activity supplies, transportation of clients	2,263
\$.328 per Bed Day	
Food and Food Preparation	
Meals and food related expense	13,577
\$1.967 per Bed Day	
Total Materials and Supplies:	16,171
General Operating:	
Insurance:	
.012055% of Agency Total of \$307,988	3,713
Staff Training:	
Costs to train staff in best practices	50
\$15.64 per FTE of 3.196	
Rental of Equipment:	
Copier rental	4,167
\$.604 per Bed Day	
Transportation & Vehicles	
Gad, vehicles maintenance and registration fees	483
\$.07 per Bed Day	
Other General Operating	
Urine analysis, Licensing, memberships, job advertising graduation events, depreciation and miscellaneous expenses	
\$.14 per Bed Day	967
Total General Operating:	9,380
Staff Travel (Local & Out of Town):	
Local staff travel	236
\$73.84 per FTE of 3.196	
	236
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-

CBHS BUDGET JUSTIFICATION

Provider Number: 383806 & 383857
Program Name: **Walden House, Inc. - Satellite Residential**
Fiscal Year: 2010-11

APPENDIX #: B-2
Document Date: 10/08/10

Total Operating Expenses	116,816
Capital Expenditures	-
Total Direct Costs	274,890
Indirect Costs	32,988
CONTRACT TOTAL	307,878

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

FISCAL YEAR:	2010-11	APPENIDX #:	B-3
LEGAL ENTITY NAME:	Walden House, Inc.	PROVIDER #:	383805
PROVIDER NAME:	WHITS Residential		
REPORTING UNIT NAME:	WH Resid WHITS Dual Dx		
REPORTING UNIT:	38632		
MODE OF SVCS / SERVICE FUNCTION CODE:	Res-51		
SERVICE DESCRIPTION:	SA-Res Recov Long Term (over 30 days)		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
FUNDING USES			
SALARIES & EMPLOYEE BENEFITS	209,573		209,573
OPERATING EXPENSE	65,441		65,441
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-		-
SUBTOTAL DIRECT COSTS	275,014	-	275,014
INDIRECT COST AMOUNT	33,002		33,002
TOTAL FUNDING USES:	308,016	-	308,016
CBHS MENTAL HEALTH FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS			-
PRIOR YEAR ROLL OVER			-
WORK ORDERS			-
3RD PARTY PAYOR REVENUES			-
REALIGNMENT FUNDS			-
COUNTY GENERAL FUND			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS/PROJECTS			-
WORK ORDERS			-
COUNTY GENERAL FUND	HMHSCCRES227	308,016	308,016
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	308,016	-	308,016
TOTAL DPH REVENUES	308,016	-	308,016
NON-DPH REVENUES			
Patient/Client Fees	-		-
TOTAL NON-DPH REVENUES	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)	308,016	-	308,016
CBHS UNITS OF SVCS/TIME AND UNIT COST			
UNITS OF SERVICE ¹	1,643		1,643
UNITS OF TIME ²			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	187.47		187.47
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	187.47		187.47
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	40		40

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

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

CBHS BUDGET JUSTIFICATION

Provider Number: 383805
 Program Name: **Walden House, Inc. - WHITS Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-3
 Document Date: 10/08/10

Salaries and Benefits	FTE	Salaries
V.P. of Programs - Annual Salary \$124,824	0.017	2,122
Program Director - Annual Salary \$70,299	0.154	10,826
Administrative Manager - Annual Salary \$42,133	0.030	1,264
Therapist - Annual Salary \$45,115	0.323	14,572
V.P. of Mental Health Services - Annual Salary \$125,077	0.026	3,252
Mental Health Manager - Annual Salary \$51,363	0.204	10,478
Mental Health Training Director - Annual Salary \$64,120	0.025	1,603
Counselor - Annual Salary \$32,835	1.036	34,017
Night Counselor - Annual Salary \$30,256	0.156	4,720
Family Service Coordinator - Annual Salary \$45,167	0.012	542
Client Services Manager - Annual Salary \$83,136	0.022	1,829
Client Services Support - Annual Salary \$27,830	0.053	1,475
Manager of Licensing & Certification - Annual Salary \$47,762	0.021	1,003
Director Of Medical Services - Annual Salary \$80,574	0.061	4,915
Medical Services Assistant - Annual Salary \$32,269	0.156	5,034
Physician - Annual Salary \$4,714	0.035	165
MH Medi-Cal Admin Coordinator - Annual Salary \$45,921	0.063	2,893
HIV/AIDS Program Clinical Coordinator - Annual Salary \$39,033	0.302	11,788
HIV/AIDS Program Admin. Asst - Annual Salary \$31,000	0.179	5,549
Psychiatrist - Annual Salary \$13,2241	0.058	7,670
HIV/AIDS Program Admissions - Annual Salary \$40,489	0.182	7,369
HIV/AIDS Program Legal - Annual Salary \$44,000	0.001	44
IT Specialist - Data Control - Annual Salary \$39,621	0.029	1,149
Manager Of Transportation & Facility - Annual Salary \$63,585	0.053	3,370
Driver - Annual Salary \$32,330	0.209	6,757
Cook/Food Service - Annual Salary \$37,542	0.177	6,645
Director of QA & Compliance - Annual Salary \$74,926	0.027	2,023
Intake Assessment Specialist - Annual Salary \$43,320	0.025	1,083
Operations (Janitor., Maint.) - Annual Salary \$41,000	0.142	5,822
Total Salaries	3.778	159,979
State Unemployment Insurance - 5.46%		8,735
FICA - 7.37%		11,790
Workers' Compensation - 2.69%		4,303
Health Benefits - 12.28%		19,647
Retirement - 3.2%		5,119
Total Benefits		49,594
Total Salaries and Benefits		209,573
Operating Expenses		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Rental of Office space and individual & group therapy rooms		17,074
\$10.391 per Bed Day		
Utilities:		
Water, gas, electricity and waste disposal		15,897

CBHS BUDGET JUSTIFICATION

Provider Number: 383805
 Program Name: **Walden House, Inc. - WHITS Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-3
 Document Date: 10/08/10

\$9.675 per Bed Day	
Building Maintenance:	
Maintenance & repairs of building	5,720
\$3.481 per Bed Day	
Total Occupancy:	38,692
Materials and Supplies:	
Office Supplies:	
Office supplies for program staff	786
\$208.04 per FTE of 3.778	
Client Costs	
Office & activity supplies, transportation of clients	3,605
\$2.194 per Bed Day	
Food and Food Preparation	
Meals and food related expense	7,972
\$4.852 per Bed Day	
Total Materials and Supplies:	12,363
General Operating:	
Insurance:	
.0197% of Agency Total of \$307,988	6,081
Staff Training:	
Costs to train staff in best practices	60
\$.0365 per Bed Day	
Rental of Equipment:	
Copier Rental	4,525
\$2.754 per Bed Day	
Transportation & Vehicles	
Gas, vehicles maintenance and registration fees	828
\$.503 per Bed Day	
Other General Operating	
Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	
\$1.651 per Bed Day	2,721
Total General Operating:	14,215
Staff Travel (Local & Out of Town):	
Local staff travel	172
\$.104 per Bed Day	
	172

CBHS BUDGET JUSTIFICATION

Provider Number: 383805
Program Name: **Walden House, Inc. - WHITS Residential**
Fiscal Year: 2010-11

APPENDIX #: B-3
Document Date: 10/08/10

Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
Total Operating Expenses	65,441
Capital Expenditures	-
Total Direct Costs	275,014
Indirect Costs	33,002
CONTRACT TOTAL	308,016

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

FISCAL YEAR:	2010-11	APPENIDX #:	B-4
LEGAL ENTITY NAME:	Walden House, Inc.	PROVIDER #:	383805
PROVIDER NAME:	Bridges Residential		
REPORTING UNIT NAME:	WH Integrated Mentaly Ill Res		
REPORTING UNIT:	85572		
MODE OF SVCS / SERVICE FUNCTION CODE:	05/65-79		
SERVICE DESCRIPTION:	Adult Residential		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
FUNDING USES			
SALARIES & EMPLOYEE BENEFITS	85,956		85,956
OPERATING EXPENSE	40,940		40,940
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-		-
SUBTOTAL DIRECT COSTS	126,896	-	126,896
INDIRECT COST AMOUNT	15,228		15,228
TOTAL FUNDING USES:	142,124	-	142,124
CBHS MENTAL HEALTH FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS			-
PRIOR YEAR ROLL OVER			-
WORK ORDERS			-
3RD PARTY PAYOR REVENUES			-
REALIGNMENT FUNDS			-
COUNTY GENERAL FUND			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS/PROJECTS			-
State CDCR ISMIP	HMAD01-11	71,062	50.00%
State CDCR ISMIP	HMAD02-11	71,062	50.00%
WORK ORDERS			-
COUNTY GENERAL FUND			-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	142,124	-	142,124
TOTAL DPH REVENUES	142,124	-	142,124
NON-DPH REVENUES			
Patient/Client Fees			-
TOTAL NON-DPH REVENUES			-
TOTAL REVENUES (DPH AND NON-DPH)	142,124	-	142,124
CBHS UNITS OF SVCS/TIME AND UNIT COST			
UNITS OF SERVICE ¹	1,095		1,095
UNITS OF TIME ²			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	129.79		129.79
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	129.79		129.79
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	24		24

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

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

DPH 3: Salaries & Benefits Detail

Provider Number: 383805
 Provider Name: Walden House, Inc. - Bridges Residential

APPENDIX #: B-4
 Document Date: 10/08/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: CDCR ISMIP (HMAD01) (grant title)		GRANT #2: CDCR ISMIP (HMAD02) (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
V.P. of Programs	0.007	951			0.0035	475	0.0035	476				
Program Director	0.078	5,473			0.0390	2,736	0.0390	2,737				
Administrative Manager	0.015	615			0.0075	307	0.0075	308				
Therapist	0.001	59			0.0005	29	0.0005	30				
V.P. of Mental Health Services	0.012	1,580			0.0060	790	0.0060	790				
Mental Health Manager	0.079	4,039			0.0395	2,019	0.0395	2,020				
Mental Health Training Director	0.015	888			0.0075	444	0.0075	444				
Counselor	0.518	17,007			0.2590	8,503	0.2590	8,504				
Night Counselor	0.079	2,384			0.0395	1,192	0.0395	1,192				
Family Service Coordinator	0.006	293			0.0030	146	0.0030	147				
Client Services Manager	0.012	934			0.0060	467	0.0060	467				
Client Services Support	0.030	815			0.0150	407	0.0150	408				
Manager of Licensing & Certification	0.011	554			0.0055	277	0.0055	277				
Director Of Medical Services	0.028	2,344			0.0140	1,172	0.0140	1,172				
Medical Services Assistant	0.079	2,546			0.0395	1,273	0.0395	1,273				
Physician	0.018	88			0.0090	44	0.0090	44				
MH Medi-Cal Admin Coordinator	0.049	2,256			0.0245	1,128	0.0245	1,128				
HIV/AIDS Program Clinical Coordinat	0.152	5,941			0.0760	2,970	0.0760	2,971				
HIV/AIDS Program Admin. Asst	0.112	3,616			0.0560	1,808	0.0560	1,808				
HIV/AIDS Program Admissions	0.003	156			0.0015	78	0.0015	78				
IT Specialist - Data Control	0.011	434			0.0055	217	0.0055	217				
Manager Of Transportation & Facility	0.024	1,558			0.0120	779	0.0120	779				
Driver	0.102	3,308			0.0510	1,654	0.0510	1,654				
Cook/Food Service	0.089	3,322			0.0445	1,661	0.0445	1,661				
Director of QA & Compliance	0.016	1,107			0.0080	553	0.0080	554				
Intake Assessment Specialist	0.015	637			0.0075	318	0.0075	319				
Operations (Janitor., Maint.)	0.066	2,711			0.0330	1,361	0.0330	1,350				
	-	-			-	-	-	-				
	-	-			-	-	-	-				
	-	-			-	-	-	-				
TOTALS	1.627	65,616	-	-	0.8135	32,808	0.8135	32,808	-	-	-	-
EMPLOYEE FRINGE BENEFITS	31%	20,340	-	-	31%	10,170	31%	10,170	-	-	-	-
TOTAL SALARIES & BENEFITS		85,956	-	-		42,978		42,978	-	-	-	-

DPH 4: Operating Expenses Detail

Provider Number: 383805
 Provider Name: Walden House, Inc. - Bridges Residential

APPENDIX #: B-4
 Document Date: 10/08/10

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: CDCR ISMIP (HMAD01) (grant title)	GRANT #2: CDCR ISMIP (HMAD02) (grant title)	WORK ORDER #1: <u> </u> (dept. name)	WORK ORDER #2: <u> </u> (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Expenditure Category	Term: 7/1/10-6/30/11	Term: _____	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____
Rental of Property	11,401		5,700	5,701		
Utilities (Elec, Water, Gas, Phone, Scave)	8,865		4,432	4,433		
Office Supplies, Postage	506		253	253		
Building Maintenance Supplies & Repair	3,522		1,761	1,761		
Printing and Reproduction	-		-	-		
Insurance	2,716		1,358	1,358		
Staff Training	54		27	27		
Staff Travel (Local & Out of Town)	165		82	83		
Rental of Equipment	2,610		1,305	1,305		
CONSULTANT/SUBCONTRACTOR	-		-	-		
	-		-	-		
	-		-	-		
	-		-	-		
	-		-	-		
OTHER						
Client Costs	3,409		1,704	1,705		
Transportation & Vehicles	635		317	318		
Food and Food Preparation	5,047		2,523	2,524		
General Operating	2,010		1,008	1,002		
	-		-	-		
TOTAL OPERATING EXPENSE	40,940	-	20,470	20,470	-	-

CBHS BUDGET JUSTIFICATION

Provider Number: 383805
 Program Name: **Walden House, Inc. - Bridges Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-4
 Document Date: 10/08/10

Salaries and Benefits	FTE	Salaries
V.P. of Programs - Annual Salary = \$ 135,857	0.007	951
Program Director - Annual Salary = \$ 70,167	0.078	5,473
Administrative Manager - Annual Salary = \$ 41,000	0.015	615
Therapist - Annual Salary = \$ 59,000	0.001	59
V.P. of Mental Health Services - Annual Salary = \$ 131,667	0.012	1,580
Mental Health Manager - Annual Salary = \$ 51,127	0.079	4,039
Mental Health Training Director - Annual Salary = \$ 59,200	0.015	888
Counselor - Annual Salary = \$ 32,832	0.518	17,007
Night Counselor - Annual Salary = \$ 30,177	0.079	2,384
Family Service Coordinator - Annual Salary = \$ 48,833	0.006	293
Client Services Manager - Annual Salary = \$ 77,833	0.012	934
Client Services Support - Annual Salary = \$ 27,167	0.030	815
Manager of Licensing & Certification - Annual Salary = \$ 50,364	0.011	554
Director Of Medical Services - Annual Salary = \$ 83,714	0.028	2,344
Medical Services Assistant - Annual Salary = \$ 32,228	0.079	2,546
Physician - Annual Salary = \$ 4,889	0.018	88
MH Medi-Cal Admin Coordinator - Annual Salary = \$ 46,041	0.049	2,256
HIV/AIDS Program Clinical Coordinator - Annual Salary = \$ 39,086	0.152	5,941
HIV/AIDS Program Admin. Asst - Annual Salary = \$ 32,286	0.112	3,616
HIV/AIDS Program Admissions - Annual Salary = \$ 52,000	0.003	156
IT Specialist - Data Control - Annual Salary = \$ 39,455	0.011	434
Manager Of Transportation & Facility - Annual Salary = \$ 64,917	0.024	1,558
Driver - Annual Salary = \$ 32,431	0.102	3,308
Cook/Food Service - Annual Salary = \$ 37,326	0.089	3,322
Director of QA & Compliance - Annual Salary = \$ 69,188	0.016	1,107
Intake Assessment Specialist - Annual Salary = \$ 42,467	0.015	637
Operations (Janitor., Maint.) - Annual Salary = \$ 41,061	0.066	2,710
Total Salaries	1.627	65,615
State Unemployment Insurance - 5.46%		3,583
FICA - 7.37%		4,836
Workers' Compensation - 2.69%		1,765
Health Benefits - 12.28%		8,057
Retirement - 3.2%		2,100
Total Benefits		20,341
Total Salaries and Benefits		85,956
Operating Expenses		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Rental of office space and individual and group therapy rooms		11,401
\$10.412 per bed day		
Utilities:		
Water, gas, electricity and waste disposal		8,865
\$8.095 per bed day		

CBHS BUDGET JUSTIFICATION

Provider Number: 383805
 Program Name: **Walden House, Inc. - Bridges Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-4
 Document Date: 10/08/10

Building Maintenance:	
Maintenance and repairs of building	3,522
\$3.216 per bed day	
Total Occupancy:	23,788
Materials and Supplies:	
Office Supplies:	
Office supplies for program staff	506
\$311.00 per FTE of 1.627	
Client Costs	
Office & activity supplies, transportation of clients	3,409
\$3.113 per bed day	
Food and Food Preparation	
Meals and food related expense	5,047
\$4.609 per bed day	
Total Materials and Supplies:	8,962
General Operating:	
Insurance:	
\$.0088% of Agency Total of \$307,988	2,716
Staff Training:	
Costs to train staff in best practices	54
\$33.189 per FTE of 1.627	
Rental of Equipment:	
Copier Rental	2,610
\$2.383 per bed day	
Transportation & Vehicles	
Gas, vehicles maintenance and registration fees	635
\$.579 per bed day	
Other General Operating	
Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	2,010
\$1.835 per bed day	
Total General Operating:	8,025
Staff Travel (Local & Out of Town):	
Local staff travel	165
\$101.41 per FTE of 1.627	
	165
Consultants/Subcontractors:	

CBHS BUDGET JUSTIFICATION

Provider Number: 383805
Program Name: **Walden House, Inc. - Bridges Residential**
Fiscal Year: 2010-11

APPENDIX #: B-4
Document Date: 10/08/10

Total Consultants/Subcontractors:	-
Total Operating Expenses	40,940
Capital Expenditures	-
Total Direct Costs	126,896
Indirect Costs	15,228
CONTRACT TOTAL	142,124

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

FISCAL YEAR:	2010-11	APPENIX #:	B-5
LEGAL ENTITY NAME:	Walden House, Inc.	PROVIDER #:	383805, 383806 & 383834
PROVIDER NAME:	SFGH Residential		
REPORTING UNIT NAME:	Buena Vista, Hayes & Haight Res		
REPORTING UNIT:	38062 38342 38572		
MODE OF SVCS / SERVICE FUNCTION CODE:	05/65-79		
SERVICE DESCRIPTION:	Adult Residential		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
FUNDING USES			
SALARIES & EMPLOYEE BENEFITS	282,379		282,379
OPERATING EXPENSE	117,745		117,745
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-		-
SUBTOTAL DIRECT COSTS	400,124	-	400,124
INDIRECT COST AMOUNT	48,015		48,015
TOTAL FUNDING USES:	448,139	-	448,139
CBHS MENTAL HEALTH FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS			-
PRIOR YEAR ROLL OVER			-
WORK ORDERS			-
3RD PARTY PAYOR REVENUES			-
REALIGNMENT FUNDS			-
COUNTY GENERAL FUND			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS/PROJECTS			-
WORK ORDERS			-
COUNTY GENERAL FUND	HMHSCRES227	419,156	419,156
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		419,156	419,156
TOTAL DPH REVENUES		419,156	419,156
NON-DPH REVENUES			
Patient/Client Fees		28,983	28,983
TOTAL NON-DPH REVENUES		28,983	28,983
TOTAL REVENUES (DPH AND NON-DPH)		448,139	448,139
CBHS UNITS OF SVCS/TIME AND UNIT COST			
UNITS OF SERVICE ¹		3,285	3,285
UNITS OF TIME ²			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		136.42	136.42
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		127.60	127.60
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS		28	28

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

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

CBHS BUDGET JUSTIFICATION

Provider Number: 383805, 383806 & 383834
 Program Name: **Walden House, Inc. - SFGH Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-5
 Document Date: 10/08/10

Salaries and Benefits	FTE	Salaries
V.P. of Programs - Annual Salary = \$ 130,248	0.020	2,631
Program Director - Annual Salary = \$ 71,407	0.172	12,282
Administrative Manager - Annual Salary = \$ 45,615	0.052	2,372
Director of QA & Compliance - Annual Salary = \$ 77,500	0.042	3,255
Manager of Licensing & Certification - Annual Salary = \$ 52,455	0.044	2,308
Director of Admissions - Annual Salary = \$ 62,833	0.054	3,393
Admissions Counselor - Annual Salary = \$ 34,927	0.110	3,842
Court Liaison - Annual Salary = \$ 32,333	0.018	582
Counselor - Annual Salary = \$ 36,531	1.540	56,258
Night Counselor - Annual Salary = \$ 31,812	0.202	6,426
Weekend Counselor - Annual Salary = \$ 31,465	0.086	2,706
Reentry Coordinator - Annual Salary = \$ 35,773	0.022	787
T.C. Admin. Assistant (Nexus) - Annual Salary = \$ 39,219	0.064	2,510
T.C. Coordinator - Annual Salary = \$ 42,227	0.022	929
Maintenance Manager - Annual Salary = \$ 67,115	0.026	1,745
Maintenance Supervisor - Annual Salary = \$ 44,375	0.032	1,420
Maintenance Worker - Annual Salary = \$ 35,089	0.112	3,930
Transportation & Facility Manager - Annual Salary = \$ 70,750	0.056	3,962
Warehouse Coordinator - Annual Salary = \$ 48,333	0.048	2,320
Driver - Annual Salary = \$ 34,951	0.226	7,899
Cook/Food Service - Annual Salary = \$ 4,3194	0.248	10,712
Client Services Manager - Annual Salary = \$ 83,278	0.036	2,998
Client Services Support - Annual Salary = \$ 31,103	0.078	2,426
Family Services Coordinator - Annual Salary = \$ 54,333	0.036	1,956
Medical Services Director - Annual Salary = \$ 90,433	0.060	5,426
Medical Services Support - Annual Salary = \$ 350,63	0.176	6,171
Physician - Annual Salary = \$ 5,327	0.052	277
V.P. of Mental Health Services - Annual Salary = \$ 132,906	0.032	4,253
Mental Health Training Director - Annual Salary = \$ 65,925	0.040	2,637
Administrative Assistant - Annual Salary = \$ 35,592	0.152	5,410
Intake Assessment Specialist - Annual Salary = \$ 45,824	0.034	1,558
Therapist - Annual Salary = \$ 51,256	0.180	9,226
Mental Health Manager - Annual Salary = \$ 43,872	0.382	16,759
Director of Workflow Development - Annual Salary = \$ 78,361	0.036	2,821
Education Coordinator - Annual Salary = \$ 40,675	0.040	1,627
Housing & Community Services Spec. - Annual Salary = \$ 36,250	0.032	1,160
Employment Counselor - Annual Salary = \$ 39,026	0.038	1,483
Computer Lab Instructor - Annual Salary = \$ 39,167	0.006	235
IT Specialist - Data Control - Annual Salary = \$ 43,933	0.060	2,636
Psychiatrist - Annual Salary = \$ 142,290	0.100	14,229
Total Salaries	4.766	215,557
State Unemployment Insurance - 5.46%		11,769
FICA - 7.37%		15,887
Workers' Compensation - 2.69%		5,798
Health Benefits - 12.28%		26,470
Retirement - 3.2%		6,898
Total Benefits		66,822

CBHS BUDGET JUSTIFICATION

Provider Number: 383805, 383806 & 383834
 Program Name: **Walden House, Inc. - SFGH Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-5
 Document Date: 10/08/10

Total Salaries and Benefits	282,379
Operating Expenses	
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.	
Occupancy:	
Rent:	
Rental of office space and individual and group therapy rooms	31,567
\$9.609 per Bed Day	
Utilities:	
Water, gas, electricity, and waste disposal	24,276
\$7.389 per Bed Day	
Building Maintenance:	
Maintenance & repairs of Building	12,063
\$3.672 per Bed Day	
Total Occupancy:	67,906
Materials and Supplies:	
Office Supplies:	
Office supplies for program staff	1,097
\$230.172 per FTE of 4.766	
Client Costs	
Office & activity supplies, transportation of clients	10,193
\$3.103 per Bed Day	
Food and Food Preparation	16,101
\$4.901 per Bed Day	
Total Materials and Supplies:	27,391
General Operating:	
Insurance:	
.0278% of Agency Total of \$307,988	8,589
Staff Training:	
Costs to train staff in best practices	198
\$41.544 per FTE of 4.766	
Rental of Equipment:	
Copier Rental	5,704
\$1,196.81 per FTE of 4.766	
Transportation & Vehicles	
Gas, Vehicles maintenance and registration fees	1,409
\$429 per Bed Day	
Other General Operating	

CBHS BUDGET JUSTIFICATION

Provider Number: 383805, 383806 & 383834
 Program Name: **Walden House, Inc. - SFGH Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-5
 Document Date: 10/08/10

Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	6,323
\$1,925 per Bed Day	
Total General Operating:	22,223
Staff Travel (Local & Out of Town):	
Local Staff travel	225
\$47.21 per FTE of 4.766	
	225
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
Total Operating Expenses	117,745
Capital Expenditures	-
Total Direct Costs	400,124
Indirect Costs	48,015
CONTRACT TOTAL	448,139

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

FISCAL YEAR:	2010-11	APPENDIX #:	B-6
LEGAL ENTITY NAME:	Walden House, Inc.	PROVIDER # :	383805, 383806 & 383834
PROVIDER NAME:	Transgender Residential		
REPORTING UNIT NAME:	Buena Vista, Hayes & Haight Res		
REPORTING UNIT:	38062 38342 38572		
MODE OF SVCS / SERVICE FUNCTION CODE:	05/65-79		
SERVICE DESCRIPTION:	Adult Residential		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
FUNDING USES			
SALARIES & EMPLOYEE BENEFITS	237,326		237,326
OPERATING EXPENSE	95,442		95,442
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-		-
SUBTOTAL DIRECT COSTS	332,768	-	332,768
INDIRECT COST AMOUNT	39,932		39,932
TOTAL FUNDING USES:	372,700	-	372,700
CBHS MENTAL HEALTH FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS			-
PRIOR YEAR ROLL OVER			-
WORK ORDERS			-
3RD PARTY PAYOR REVENUES			-
REALIGNMENT FUNDS			-
COUNTY GENERAL FUND			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS/PROJECTS			-
WORK ORDERS			-
COUNTY GENERAL FUND	HMHSOCRES227 342,303		342,303
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	342,303	-	342,303
TOTAL DPH REVENUES	342,303	-	342,303
NON-DPH REVENUES			
Patient/Client Fees	30,397		30,397
TOTAL NON-DPH REVENUES	30,397	-	30,397
TOTAL REVENUES (DPH AND NON-DPH)	372,700	-	372,700
CBHS UNITS OF SVCS/TIME AND UNIT COST			
UNITS OF SERVICE ¹	2,628		2,628
UNITS OF TIME ²			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	141.82		141.82
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	130.25		130.25
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	16		16

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

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

DPH 4: Operating Expenses Detail

Provider Number: 383805, 383806 & 383834

APPENDIX #: B-6

Provider Name: **Walden House, Inc. - Transgender Residential**

Document Date: 10/08/10

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1:	GRANT #2:	WORK ORDER #1:	WORK ORDER #2:
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	(grant title)	(grant title)	(dept. name)	(dept. name)
	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Rental of Property	25,100	25,100	Term: _____	Term: _____	Term: 7/1/10-6/30/11	Term: _____
Utilities (Elec, Water, Gas, Phone, Scave)	19,495	19,495				
Office Supplies, Postage	1,042	1,042				
Building Maintenance Supplies & Repair	7,928	7,928				
Printing and Reproduction	-					
Insurance	5,706	5,706				
Staff Training	96	96				
Staff Travel (Local & Out of Town)	149	149				
Rental of Equipment	3,600	3,600				
CONSULTANT/SUBCONTRACTOR	-	-				
	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
Client Costs	7,930	7,930				
Transportation & Vehicles	951	951				
Food and Food Preparation	11,908	11,908				
General Operating	11,537	11,537				
	-	-				
TOTAL OPERATING EXPENSE	95,442	95,442	-	-	-	-

CBHS BUDGET JUSTIFICATION

Provider Number: 383805, 383806 & 383834
 Program Name: **Walden House, Inc. - Transgender Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-6
 Document Date: 10/08/10

Salaries and Benefits	FTE	Salaries
Transgender Recovery Counselor - Annual Salary = \$ 38,000	1.000	38,000
V.P. of Programs - Annual Salary = \$ 129,222	0.018	2,326
Program Director - Annual Salary = \$ 59,349	0.106	6,291
Administrative Manager - Annual Salary = \$ 42,795	0.044	1,883
Director of QA & Compliance - Annual Salary = \$ 71,944	0.036	2,590
Manager of Licensing & Certification - Annual Salary = \$ 47,625	0.016	762
Director of Admissions - Annual Salary = \$ 58,200	0.005	291
Admissions Counselor - Annual Salary = \$ 30,000	0.011	330
Court Liaison - Annual Salary = \$ 28,727	0.011	316
Counselor - Annual Salary = \$ 31,352	0.861	26,994
Night Counselor - Annual Salary = \$ 30,268	0.112	3,390
Weekend Counselor - Annual Salary = \$ 33,835	0.115	3,891
Reentry Coordinator - Annual Salary = \$ 35,072	0.083	2,911
T.C. Admin. Assistant (Nexus) - Annual Salary = \$ 35,067	0.089	3,121
T.C. Coordinator - Annual Salary = \$ 40,274	0.084	3,383
Maintenance Manager - Annual Salary = \$ 63,056	0.018	1,135
Maintenance Supervisor - Annual Salary = \$ 44,500	0.022	979
Maintenance Worker - Annual Salary = \$ 31,123	0.106	3,299
Transportation & Facility Manager - Annual Salary = \$ 63,417	0.036	2,283
Warehouse Coordinator - Annual Salary = \$ 45,150	0.040	1,806
Driver - Annual Salary = \$ 32,277	0.141	4,551
Cook/Food Service - Annual Salary = \$ 42,952	0.145	6,228
Client Services Manager - Annual Salary = \$ 81,379	0.029	2,360
Client Services Support - Annual Salary = \$ 27,538	0.065	1,790
Family Services Coordinator - Annual Salary = \$ 50,900	0.040	2,036
Medical Services Director - Annual Salary = \$ 83,395	0.038	3,169
Medical Services Support - Annual Salary = \$ 32,252	0.107	3,451
Physician - Annual Salary = \$ 4,738	0.042	199
V.P. of Mental Health Services - Annual Salary = \$ 125,765	0.098	12,325
Mental Health Training Director - Annual Salary = \$ 64,586	0.029	1,873
Administrative Assistant - Annual Salary = \$ 32,941	0.118	3,887
Intake Assessment Specialist - Annual Salary = \$ 43,632	0.019	829
Therapist - Annual Salary = \$ 45,618	0.089	4,060
Mental Health Manager - Annual Salary = \$ 41,686	0.086	3,585
Director of Workflow Development - Annual Salary = \$ 74,254	0.067	4,975
Education Coordinator - Annual Salary = \$ 39,258	0.062	2,434
Housing & Community Services Spec. - Annual Salary = \$ 35,175	0.057	2,005
Employment Counselor - Annual Salary = \$ 35,250	0.196	6,909
Computer Lab Instructor - Annual Salary = \$ 31,791	0.067	2,130
IT Specialist - Data Control - Annual Salary = \$ 40,341	0.044	1,775
Psychiatrist - Annual Salary = \$ 35,760	0.129	4,613
Total Salaries	4.481	181,165
State Unemployment Insurance - 5.46%		9,892
FICA - 7.37%		13,352
Workers' Compensation - 2.69%		4,873
Health Benefits - 12.28%		22,247
Retirement - 3.2%		5,797
Total Benefits		56,161

CBHS BUDGET JUSTIFICATION

Provider Number: 383805, 383806 & 383834
 Program Name: **Walden House, Inc. - Transgender Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-6
 Document Date: 10/08/10

Total Salaries and Benefits	237,326
Operating Expenses	
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.	
Occupancy:	
Rent:	
Rental of Office space and individual & group therapy rooms	25,100
\$9.550 per bed day	
Utilities:	
Water, gas, electricity and waste disposal	19,495
\$7.418 per bed day	
Building Maintenance:	
Maintenance & repairs of building	7,928
\$3.016 per bed day	
Total Occupancy:	52,523
Materials and Supplies:	
Office Supplies:	
Office supplies for program staff	1,042
\$232.53 per FTE of 4.481	
Client Costs	
Office & activity supplies, transportation of clients	7,930
\$3.017 per bed day	
Food and Food Preparation	
Meals and food related expense	11,908
\$4.531 per bed day	
Total Materials and Supplies:	20,880
General Operating:	
Insurance:	
.0185 % of Agency Total of \$307,988	5,706
Staff Training:	
Costs to train staff in best practices	96
\$21.423 per FTE of 4.481	
Rental of Equipment:	
Copier Rental	3,600
\$1.369 per bed day	
Transportation & Vehicles	
Gas, vehicles maintenance and registration fees	951
\$.361 per bed day	

CBHS BUDGET JUSTIFICATION

Provider Number: 383805, 383806 & 383834
 Program Name: **Walden House, Inc. - Transgender Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-6
 Document Date: 10/08/10

Other General Operating	
Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	11,537
\$4.390 per bed day	
Total General Operating:	21,890
Staff Travel (Local & Out of Town):	
Local staff travel	149
\$33.251 per FTE of 4.481	
	149
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
Total Operating Expenses	95,442
Capital Expenditures	-
Total Direct Costs	332,768
Indirect Costs	39,932
CONTRACT TOTAL	372,700

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

FISCAL YEAR:	2010-11	APPENDIX #:	B-7
LEGAL ENTITY NAME:	Walden House, Inc.	PROVIDER #:	383806
PROVIDER NAME:	Lodestar Residential		
REPORTING UNIT NAME:	Buena Vista Residential		
REPORTING UNIT:	38062		
MODE OF SVCS / SERVICE FUNCTION CODE:	05/65-79		
SERVICE DESCRIPTION:	Adult Residential		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
FUNDING USES			
SALARIES & EMPLOYEE BENEFITS	97,104		97,104
OPERATING EXPENSE	42,327		42,327
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-		-
SUBTOTAL DIRECT COSTS	139,431	-	139,431
INDIRECT COST AMOUNT	16,731		16,731
TOTAL FUNDING USES:	156,162	-	156,162
CBHS MENTAL HEALTH FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS			-
PRIOR YEAR ROLL OVER			-
WORK ORDERS			-
3RD PARTY PAYOR REVENUES			-
REALIGNMENT FUNDS			-
COUNTY GENERAL FUND			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS/PROJECTS			-
WORK ORDERS			-
COUNTY GENERAL FUND	HMHSOCRES227	156,162	156,162
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	156,162	-	156,162
TOTAL DPH REVENUES	156,162	-	156,162
NON-DPH REVENUES			
Patient/Client Fees			-
TOTAL NON-DPH REVENUES	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)	156,162	-	156,162
CBHS UNITS OF SVCS/TIME AND UNIT COST			
UNITS OF SERVICE ¹	1,807		1,807
UNITS OF TIME ²			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	86.42		86.42
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	86.42		86.42
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	17		17

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

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

DPH 4: Operating Expenses Detail

Provider Number: 383806

APPENDIX #: B-7

Provider Name: Walden House, Inc. - Lodestar Residential

Document Date: 10/08/10

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: _____	GRANT #2: _____	WORK ORDER #1: _____	WORK ORDER #2: _____
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	(grant title) PROPOSED TRANSACTION	(grant title) PROPOSED TRANSACTION	(dept. name) PROPOSED TRANSACTION	(dept. name) PROPOSED TRANSACTION
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: 7/1/10-6/30/11	Term: _____
Rental of Property	7,772	7,772				
Utilities (Elec, Water, Gas, Phone, Scave	10,718	10,718				
Office Supplies, Postage	570	570				
Building Maintenance Supplies & Repair	2,711	2,711				
Printing and Reproduction	-					
Insurance	3,136	3,136				
Staff Training	45	45				
Staff Travel (Local & Out of Town)	82	82				
Rental of Equipment	1,979	1,979				
CONSULTANT/SUBCONTRACTOR	-	-				
	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
Client Costs	4,360	4,360				
Transportation & Vehicles	520	520				
Food and Food Preparation	7,334	7,334				
General Operating	3,100	3,100				
	-	-				
TOTAL OPERATING EXPENSE	42,327	42,327	-	-	-	-

CBHS BUDGET JUSTIFICATION

Provider Number: 383806
 Program Name: **Walden House, Inc. - Lodestar Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-7
 Document Date: 10/08/10

Salaries and Benefits	FTE	Salaries
V.P. of ProgramsAnnual salary = \$123,300	0.010	1,233
Program DirectorAnnual salary = \$59,607	0.056	3,338
Administrative ManagerAnnual salary = \$41,625	0.024	999
Director of QA & ComplianceAnnual salary = \$72,368	0.019	1,375
Manager of Licensing & CertificationAnnual salary = \$50,375	0.008	403
Director of AdmissionsAnnual salary = \$52,667	0.003	158
Admissions CounselorAnnual salary = \$35,400	0.005	177
Court LiaisonAnnual salary = \$33,600	0.005	168
CounselorAnnual salary = \$31,208	0.443	13,825
Night CounselorAnnual salary = \$30,132	0.068	2,049
Weekend CounselorAnnual salary = \$32,344	0.061	1,973
Reentry CoordinatorAnnual salary = \$35,364	0.044	1,556
T.C. Admin. Assistant (Nexus)Annual salary = \$35,182	0.044	1,548
T.C. Coordinator Annual salary = \$40,071	0.042	1,683
Maintenance ManagerAnnual salary = \$60,100	0.010	601
Maintenance SupervisorAnnual salary = \$40,077	0.013	521
Maintenance WorkerAnnual salary = \$29,390	0.059	1,734
Transportation & Facility ManagerAnnual salary = \$67,556	0.018	1,216
Warehouse CoordinatorAnnual salary = \$41,826	0.023	962
DriverAnnual salary = \$31,855	0.076	2,421
Cook/Food ServiceAnnual salary = \$43,486	0.074	3,218
Client Services ManagerAnnual salary = \$78,063	0.016	1,249
Client Services SupportAnnual salary = \$28,636	0.033	945
Family Services CoordinatorAnnual salary = \$47,609	0.023	1,095
Medical Services DirectorAnnual salary = \$84,100	0.020	1,682
Medical Services SupportAnnual salary = \$32,167	0.054	1,737
PhysicianAnnual salary = \$4,652	0.023	107
V.P. of Mental Health ServicesAnnual salary = \$124,214	0.042	5,217
Mental Health Training DirectorAnnual salary = \$62,125	0.016	994
Administrative AssistantAnnual salary = \$32,382	0.055	1,781
Intake Assessment SpecialistAnnual salary = \$42,000	0.005	210
TherapistAnnual salary = \$45,589	0.073	3,328
Mental Health ManagerAnnual salary = \$40,435	0.046	1,860
Director of Workflow DevelopmentAnnual salary = \$75,250	0.036	2,709
Education CoordinatorAnnual salary = \$39,333	0.033	1,298
Housing & Community Services Spec. Annual salary = \$35,433	0.030	1,063
Employment CounselorAnnual salary = \$35,841	0.088	3,154
Computer Lab InstructorAnnual salary = \$31,528	0.036	1,135
IT Specialist - Data ControlAnnual salary = \$39,375	0.024	945
Psychiatrist Annual salary = \$36,147	0.068	2,458
Total Salaries	1.826	74,125
State Unemployment Insurance - 5.46%		4,047
FICA - 7.37%		5,463
Workers' Compensation - 2.69%		1,994
Health Benefits - 12.28%		9,103
Retirement - 3.2%		2,372
Total Benefits		22,979

CBHS BUDGET JUSTIFICATION

Provider Number: 383806
 Program Name: **Walden House, Inc. - Lodestar Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-7
 Document Date: 10/08/10

Total Salaries and Benefits	97,104
Operating Expenses	
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.	
Occupancy:	
Rent:	
Rental of Office space and individual & group therapy rooms	7,772
\$4.301 per Bed Day	
Utilities:	
Water, gas, electricity and waste disposal	10,718
\$5.931 per Bed Day	
Building Maintenance:	
Maintenance and repairs of building	2,711
\$1.50 per Bed Day	
Total Occupancy:	21,201
Materials and Supplies:	
Office Supplies:	
Office supplies for program staff	570
\$312.15 per FTE of 1.826	
Clients Costs	
Office & activity supplies, transportation of clients	4,360
\$2.412 per Bed Day	
Food and Food Preparation	
Meals and food related expense	7,334
\$4.058 per Bed Day	
Total Materials and Supplies:	12,264
General Operating:	
Insurance:	
010% of Agency Total of \$307,988	3,136
Staff Training:	
Costs to train staff in best practices	45
\$24.64 per FTE of 1.826	
Rental of Equipment:	
Copier Rental	1,979
\$1.095 per Bed Day	
Transportation & Vehicles	
\$.28 per Bed Day	520
Other General Operating	
Urine analysis, Lecensing, memberships, job advertising, graduation	3,100

CBHS BUDGET JUSTIFICATION

Provider Number: 383806
 Program Name: **Walden House, Inc. - Lodestar Residential**
 Fiscal Year: 2010-11

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events, depreciation and miscellaneous expenses	
\$1.715 per Bed Day	
Total General Operating:	8,780
Staff Travel (Local & Out of Town):	
Local staff travel	82
\$44.906 per FTE of 1.826	
	82
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
Total Operating Expenses	42,327
Capital Expenditures	-
Total Direct Costs	139,431
Indirect Costs	16,731
CONTRACT TOTAL	156,162

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

FISCAL YEAR:		2010-11		APPENDIX #:	B-8
LEGAL ENTITY NAME:		Walden House, Inc.		PROVIDER #:	TBA
PROVIDER NAME:		Women's Hope Residential			
REPORTING UNIT NAME:	n/a	TBA			
REPORTING UNIT:	n/a	TBA			
MODE OF SVCS / SERVICE FUNCTION CODE:	n/a	05/60-64			
SERVICE DESCRIPTION:	Startup	Residential	Other		TOTAL
CBHS FUNDING TERM:	7/1/10-9/30/10	10/1/10-6/30/11			
FUNDING USES					
SALARIES & EMPLOYEE BENEFITS	57,332	365,700			423,032
OPERATING EXPENSE	18,371	110,001			128,372
CAPITAL OUTLAY (COST \$5,000 AND OVER)	65,707	-			65,707
SUBTOTAL DIRECT COSTS	141,410	475,701	-	-	617,111
INDIRECT COST AMOUNT	16,970	57,084			74,054
TOTAL FUNDING USES:	158,380	532,785	-	-	691,165
CBHS MENTAL HEALTH FUNDING SOURCES					
FEDERAL REVENUES					-
STATE REVENUES					-
GRANTS					-
PRIOR YEAR ROLL OVER					-
WORK ORDERS					-
3RD PARTY PAYOR REVENUES					-
REALIGNMENT FUNDS					-
COUNTY GENERAL FUND					-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
FEDERAL REVENUES					-
SAPT Fed Discretionary #93.959	HMHSCRES227	158,380	475,139		633,519
STATE REVENUES					-
GRANTS/PROJECTS					-
WORK ORDERS					-
COUNTY GENERAL FUND					-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	158,380	475,139	-	-	633,519
TOTAL DPH REVENUES	158,380	475,139	-	-	633,519
NON-DPH REVENUES					
Patient/Client Fees	-	57,646			57,646
TOTAL NON-DPH REVENUES	-	57,646	-	-	57,646
TOTAL REVENUES (DPH AND NON-DPH)	158,380	532,785	-	-	691,165
CBHS UNITS OF SVCS/TIME AND UNIT COST					
UNITS OF SERVICE ¹	1	3,011			3,012
UNITS OF TIME ²					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR	176.95			229.47
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	CR	157.80			210.33
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)					
UNDUPLICATED CLIENTS	n/a	16			n/a

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

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

DPH 4: Operating Expenses Detail

Provider Number: TBA

APPENDIX #: B-8

Provider Name: **Walden House, Inc. - Women's Hope Residential**

Document Date: 10/08/10

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-9/30/10	Term: 10/1/10-6/30/11	Term: _____	Term: 7/1/10-6/30/11	Term: _____
Rental of Property	-					
Utilities (Elec, Water, Gas, Phone, Scave)	25,500	1,742	23,758			
Office Supplies, Postage	1,875	234	1,641			
Building Maintenance Supplies & Repair	15,793	4,213	11,580			
Printing and Reproduction	-	-	-			
Insurance	11,250	1,398	9,852			
Staff Training	375	-	375			
Staff Travel (Local & Out of Town)	375	-	375			
Rental of Equipment	11,000	5,625	5,375			
CONSULTANT/SUBCONTRACTOR	-	-	-			
	-	-	-			
OTHER						
Client Related Costs	15,000	875	14,125			
Food	24,200	3,025	21,175			
Household	1,875	230	1,645			
Fees	2,250	675	1,575			
Communications	6,750	354	6,396			
Client Medical	1,125	-	1,125			
Transportation	4,750	-	4,750			
General Operating	6,254	-	6,254			
TOTAL OPERATING EXPENSE	128,372	18,371	110,001	-	-	-

DPH 5: Capital Expenditures Detail

Provider Number: TBA
 Provider Name: Walden House, Inc. - Women's Hope Residential

APPENDIX #: B-8
 Document Date: 10/08/10

1. Equipment

No.	ITEM/DESCRIPTION	FUNDING SOURCE	PURCHASE COST EACH	TOTAL COST
				-
				-
				-
				-
				-
				-
				-
TOTAL EQUIPMENT COST				-
2. Remodeling				
Description:				
	1. Remove old carpet and replace with linoleum			36,767
	2. Replace the roof			18,940
	3. Replace the sewer			5,000
	4. Paint the interior of the building			5,000
				-
TOTAL REMODELING COST				65,707
TOTAL CAPITAL EXPENDITURE (Equipment plus Remodeling Cost)				65,707

CBHS BUDGET JUSTIFICATION

Provider Number: TBA
 Program Name: **Walden House, Inc. - Women's Hope Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-8
 Document Date: 10/08/10

Salaries and Benefits	FTE	Salaries
Program Manager Annual Salary = \$31,022	0.750	41,250
Clinical Coordinator Annual Salary = \$21,816	0.708	26,208
Care Manager Annual Salary = \$17,689	0.708	21,250
Care Manager Annual Salary = \$12,500	0.667	19,998
Employment Counselor Annual Salary = \$9,450	0.817	20,400
Overnight Staff Annual Salary = \$4,703	1.000	31,000
Weekend Overnight Staff Annual Salary = \$ 30,000	0.400	12,000
Weekend Coordinator Annual Salary = \$14,583	0.667	23,333
Therapist Annual Salary = \$28,889	0.750	39,000
Parenting Counselor Annual Salary = \$12,915	0.667	20,665
Parenting Counselor Annual Salary = \$12,915	0.667	20,665
Psychiatrist Annual Salary = \$83,400	0.017	3,333
Client Services Annual Salary = \$18,185	0.126	5,528
Cook Annual Salary = \$7,500	0.667	21,333
IT Data Entry Specialist Annual Salary = \$13,914	0.071	2,337
Intake Staff Annual Salary = \$17,633	0.100	3,000
Drivers Annual Salary = \$8,460	0.167	5,167
Maintenance Workers Annual Salary = \$52,081	0.208	6,458
Total Salaries	9.157	322,925
State Unemployment Insurance - 5.46%		17,632
FICA - 7.37%		23,800
Workers' Compensation - 2.69%		8,687
Health Benefits - 12.28%		39,654
Retirement - 3.2%		10,334
Total Benefits		100,107
Total Salaries and Benefits		423,032
Operating Expenses		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Communications:		
Telephone, Online/Internet, and Postage/Mail service		6,750
\$2.124 per Bed Day		
Utilities:		
Water, gas, electricity, communications and waste disposal.		25,500
\$7.890 per Bed Day		
Insurance		
.030 % of Agency Total of &307,988		11,250
Building Maintenance:		
Maintenance & repairs of building being rented		
\$3.596 per Bed Day		15,793
Total Occupancy:		59,293
Materials and Supplies:		

CBHS BUDGET JUSTIFICATION

Provider Number: TBA
 Program Name: **Walden House, Inc. - Women's Hope Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-8
 Document Date: 10/08/10

Office Supplies:	
Office supplies for program staff. Initial start up supply.	
\$262.14 per FTE	1,875
Printing/Reproduction:	
Program/Medical Supplies:	
Total Materials and Supplies:	1,875
General Operating:	
Fees:	
Subscriptions, Licensing, Memberships, taxes and Printing	2,250
\$4.50 per bed day	
days	
Transportation	
Gas, vehicles maintenance and registration fees	4,750
\$1.245 per Bed Day	
Client Related Costs	
Office & activity supplies, transportation of clients	15,000
\$12.50 per bed day	
Food and Food Preparation	
Meals and food related expense	24,200
\$7.032 per Bed Day	
Household	
Laundry supplies, clothing and personal needs	1,875
\$.546 per Bed Day	
Client Medical	
Medication, services, supplies, and urinalysis	1,125
\$.373 per Bed Day	
Other General Operating	
Resident events, line of credit, depreciation and miscellaneous expenses	6,254
\$2.045 per Bed Day	
Staff Training:	
Costs to train staff in best practices	375
\$59.90 per FTE of 6.260	
Rental of Equipment:	
Copier Rental	11,000
\$ 1.453 per Bed Day	

CBHS BUDGET JUSTIFICATION

Provider Number: TBA
 Program Name: **Walden House, Inc. - Women's Hope Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-8
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Total General Operating:	66,829
Staff Travel (Local & Out of Town):	
Local staff travel	
\$59.90 per FTE	
	375
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
Total Operating Expenses	128,372
Capital Expenditures	65,707
Total Direct Costs	617,111
Indirect Costs	74,054
CONTRACT TOTAL	691,165

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

FISCAL YEAR:	2010-11			APPENDIX #:	B-9	
LEGAL ENTITY NAME:	Walden House, Inc.			PROVIDER #:	383873	
PROVIDER NAME:	OASIS					
REPORTING UNIT NAME:	WH OP OASIS/ Central City	WH OP OASIS/ Central City	WH OP OASIS/ Central City			
REPORTING UNIT:	87351	87351	87351			
MODE OF SVCS / SERVICE FUNCTION CODE:	Nonres-33	Nonres-34	SecPrev-19			
SERVICE DESCRIPTION:	Nonresidential ODF Grp	Nonresidential ODF Indv	Sec Prev Outreach			TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11			
FUNDING USES						
SALARIES & EMPLOYEE BENEFITS	250,578	1,15,652	19,275			385,505
OPERATING EXPENSE	138,703	64,017	10,670			213,390
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-					-
SUBTOTAL DIRECT COSTS	389,281	1,79,669	29,945	-	-	598,895
INDIRECT COST AMOUNT	46,714	21,560	3,593			71,867
TOTAL FUNDING USES:	435,995	201,229	33,538	-	-	670,762
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES						-
STATE REVENUES						-
GRANTS						-
PRIOR YEAR ROLL OVER						-
WORK ORDERS						-
3RD PARTY PAYOR REVENUES						-
REALIGNMENT FUNDS						-
COUNTY GENERAL FUND						-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
FEDERAL REVENUES						-
STATE REVENUES						-
GRANTS/PROJECTS						-
WORK ORDERS						-
COUNTY GENERAL FUND	HMHSOCRES227	435,995	201,229	33,538		670,762
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		435,995	201,229	33,538	-	670,762
TOTAL DPH REVENUES		435,995	201,229	33,538	-	670,762
NON-DPH REVENUES						
Patient/Client Fees						-
TOTAL NON-DPH REVENUES		-	-	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)		435,995	201,229	33,538	-	670,762
CBHS UNITS OF SVCS/TIME AND UNIT COST						
UNITS OF SERVICE ¹	5,590	2,579	431			8,600
UNITS OF TIME ²	167,700	77,370	12,930			258,000
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	78.00	78.03	77.81			78.00
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	78.00	78.03	77.81			78.00
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS	148	68	12			228

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

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

CBHS BUDGET JUSTIFICATION

Provider Number: 383873
 Program Name: **Walden House, Inc. - OASIS**
 Fiscal Year: 2010-11

APPENDIX #: B-9
 Document Date: 10/08/10

Salaries and Benefits	FTE	Salaries
V.P. of Mental Health Services - Annual Salary = \$ 124,344	0.032	3,979
Director of Out Patient Services - Annual Salary = \$ 76,230	1.000	76,230
Admissions Department - Annual Salary = \$ 41,245	0.580	23,922
Legal Department - Annual Salary = \$ 30,881	0.084	2,594
Director Of QA & Compliance - Annual Salary = \$ 71,856	0.118	8,479
Administrative Manager - Annual Salary = \$ 42,027	0.037	1,555
Administrative Assistant - Annual Salary = \$ 32,350	0.020	647
Clinical Case Manager Level III - Annual Salary = \$ 49,008	1.000	49,008
Clinical Case Manager Level I - Annual Salary = \$ 32,792	2.000	65,584
Director Of Workforce Development - Annual Salary = \$ 74,686	0.035	2,614
Vocational/Housing, Emploment Case Manager - Annual Salary = \$ 35,467	0.302	10,711
Therapist - Annual Salary = \$ 45,714	0.014	640
Family Service Coordinator - Annual Salary = \$ 50,036	0.111	5,554
Mental Health Training Director - Annual Salary = \$ 62,378	0.196	12,226
Psychiatrist - Annual Salary = \$ 136,611	0.018	2,459
Food Services - Annual Salary = \$ 29,043	0.117	3,398
Manager of Transportation & Facility - Annual Salary = \$ 64,417	0.108	6,957
Driver - Annual Salary = \$ 28,635	0.433	12,399
IT Specialist - Data Control - Annual Salary = \$ 39,364	0.044	1,732
Operations and Maintenance Department - Annual Salary = \$ 42,247	0.085	3,591
Total Salaries	6.334	294,279
State Unemployment Insurance - 5.46%		16,068
FICA - 7.37%		21,688
Workers' Compensation - 2.69%		7,916
Health Benefits - 12.28%		36,137
Retirement - 3.2%		9,417
Total Benefits		91,226
Total Salaries and Benefits		385,505
Operating Expenses		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Rental of office space and individual & group therapy rooms		
\$1.964 per square foot time 4,485 sq. ft. times 12 months		105,717
Utilities:		
Water, gas, electricity, communications and waste disposal.		
\$.623 per square foot time 4,485 sq. ft. times 12 months		33,533
Building Maintenance:		
Maintenance & repairs of building being rented		
\$.368 per square foot time 4,485 sq. ft. times 12 months		19,805
Total Occupancy:		159,055
Materials and Supplies:		
Office Supplies:		

CBHS BUDGET JUSTIFICATION

Provider Number: 383873
 Program Name: **Walden House, Inc. - OASIS**
 Fiscal Year: 2010-11

APPENDIX #: B-9
 Document Date: 10/08/10

Office supplies for program staff.	
\$.347 per contact times 8,600 contacts	2,986
Client Costs	
Office & activity supplies, transportation for clients.	
\$.962 per contact times 8,600 contacts	8,272
Food and Food Preparation	
Lunch for clients.	
\$.732 per contact times 8,600 contacts	6,292
Total Materials and Supplies:	17,550
General Operating:	
Insurance:	
1.89% of Agency Total of \$307,988	5,811
Staff Training:	
Costs to train staff in best practices.	
\$34.44 per FTE	218
Rental of Equipment:	
Copier rental	
\$.736 per contact times 8,600 contacts	6,330
Transportation & Vehicles	
Costs to run van shuttles for clients (Gas and vehicle maintenance)	
\$.502 per contact times 8,600 contacts	4,319
Other General Operating	
Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses.	
\$2.314 per contact times 8,600 contacts	19,897
Total General Operating:	36,575
Staff Travel (Local & Out of Town):	
Local staff travel.	
\$33.18 per FTE	210
	210
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
Total Operating Expenses	213,390

CBHS BUDGET JUSTIFICATION

Provider Number: 383873
Program Name: **Walden House, Inc. - OASIS**
Fiscal Year: 2010-11

APPENDIX #: B-9
Document Date: 10/08/10

Capital Expenditures	
Total Direct Costs	598,895
Indirect Costs	71,867
CONTRACT TOTAL	670,762

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

FISCAL YEAR:	2010-11	APPENDIX #:	B-10
LEGAL ENTITY NAME:	Walden House, Inc.	PROVIDER #:	383835
PROVIDER NAME:	Representative Payee Case Mgmt		
REPORTING UNIT NAME:	WH CM Rep Payee		
REPORTING UNIT:	88359		
MODE OF SVCS / SERVICE FUNCTION CODE:	Anc-68		
SERVICE DESCRIPTION:	Ancillary Svcs Case Mgmt		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
FUNDING USES			
SALARIES & EMPLOYEE BENEFITS	118,782		118,782
OPERATING EXPENSE	23,872		23,872
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-		-
SUBTOTAL DIRECT COSTS	142,654	-	142,654
INDIRECT COST AMOUNT	17,118		17,118
TOTAL FUNDING USES:	159,772	-	159,772
CBHS MENTAL HEALTH FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS			-
PRIOR YEAR ROLL OVER			-
WORK ORDERS			-
3RD PARTY PAYOR REVENUES			-
REALIGNMENT FUNDS			-
COUNTY GENERAL FUND			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS/PROJECTS			-
WORK ORDERS			-
COUNTY GENERAL FUND	HMHSOCRES227	77,437	77,437
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	77,437	-	77,437
TOTAL DPH REVENUES	77,437	-	77,437
NON-DPH REVENUES			
Patient/Client Fees	82,335		82,335
TOTAL NON-DPH REVENUES	82,335	-	82,335
TOTAL REVENUES (DPH AND NON-DPH)	159,772	-	159,772
CBHS UNITS OF SVCS/TIME AND UNIT COST			
UNITS OF SERVICE ¹	948		948
UNITS OF TIME ²			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	168.54		168.54
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	81.68		81.68
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	200		200

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

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

CBHS BUDGET JUSTIFICATION

Provider Number: 383835
 Program Name: **Walden House, Inc. - Representative Payee Case Mgmt**
 Fiscal Year: 2010-11

APPENDIX #: B-10
 Document Date: 10/08/10

Salaries and Benefits	FTE	Salaries
Client Service Manager - Annual Salary = \$ 78,848	0.270	21,289
RPI Accounting Coordinator - Annual Salary = \$ 39,819	1.000	39,819
Receptionist/Clerk - Annual Salary = \$ 28,360	1.000	28,360
Maintenance Staff - Annual Salary = \$ 40,038	0.026	1,041
IT Specialist - Data Control - Annual Salary = \$ 41,000	0.004	164
Total Salaries	2.300	90,673
State Unemployment Insurance - 5.46%		4,951
FICA - 7.37%		6,683
Workers' Compensation - 2.69%		2,439
Health Benefits - 12.28%		11,134
Retirement - 3.2%		2,902
Total Benefits		28,109
Total Salaries and Benefits		118,782
Operating Expenses		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Rental of office space and individual & group therapy rooms		11,668
\$12.308 per Contact		
Utilities:		
Water, gas, electricity and waste disposal.		4,971
\$5.243 per Contact		
Building Maintenance:		
Maintenance and repairs of building		1,105
\$1.165 per Contact		
Total Occupancy:		17,744
Materials and Supplies:		
Office Supplies:		
Office supplies for program staff		1,055
\$458.69 per FTE of 2.300		
Client Costs		
Program/Medical Supplies:		
Total Materials and Supplies:		1,055
General Operating:		
Insurance:		
.0019% of Agency Total of \$307,988		596

CBHS BUDGET JUSTIFICATION

Provider Number: 383835
 Program Name: **Walden House, Inc. - Representative Payee Case Mgmt**
 Fiscal Year: 2010-11

APPENDIX #: B-10
 Document Date: 10/08/10

Staff Training:	
Rental of Equipment:	
Copier Rental	2,028
\$881.739 per FTE of 2.300	
Transportation & Vehicles	68
Gas, vehicles maintenance and registration fees	
\$.071 per Contact	
Other General Operating	
Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	2,303
\$2.429 per Contact	
Total General Operating:	4,995
Staff Travel (Local & Out of Town):	
Local staff travel	78
\$33.913 per FTE of 2.300	
	78
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
Total Operating Expenses	23,872
Capital Expenditures	-
Total Direct Costs	142,654
Indirect Costs	17,118
CONTRACT TOTAL	159,772

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

FISCAL YEAR:	2010-11	APPENDIX #:	B-11
LEGAL ENTITY NAME:	Walden House, Inc.	PROVIDER #:	383805
PROVIDER NAME:	Walden Res Acute Psych Stabilization (WRAPS)		
REPORTING UNIT NAME:	WRAPS Program		
REPORTING UNIT:	38C1A1		
MODE OF SVCS / SERVICE FUNCTION CODE:	05/65-79		
SERVICE DESCRIPTION:	Adult Residential		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
FUNDING USES			
SALARIES & EMPLOYEE BENEFITS	61,745		61,745
OPERATING EXPENSE	14,891		14,891
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-		-
SUBTOTAL DIRECT COSTS	76,636	-	76,636
INDIRECT COST AMOUNT	9,196		9,196
TOTAL FUNDING USES:	85,832	-	85,832
CBHS MENTAL HEALTH FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
MHSA PMHS63-1105	82,400		82,400
GRANTS			-
PRIOR YEAR ROLL OVER			-
WORK ORDERS			-
3RD PARTY PAYOR REVENUES			-
REALIGNMENT FUNDS			-
COUNTY GENERAL FUND			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	82,400	-	82,400
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS/PROJECTS			-
WORK ORDERS			-
COUNTY GENERAL FUND			-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-
TOTAL DPH REVENUES	82,400	-	82,400
NON-DPH REVENUES			
Patient/Client Fees	3,432		3,432
TOTAL NON-DPH REVENUES	3,432	-	3,432
TOTAL REVENUES (DPH AND NON-DPH)	85,832	-	85,832
CBHS UNITS OF SVCS/TIME AND UNIT COST			
UNITS OF SERVICE ¹	730		730
UNITS OF TIME ²			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	117.58		117.58
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	112.88		112.88
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	16		16

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

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

DPH 3: Salaries & Benefits Detail

Provider Number: 383805

APPENDIX #: B-11

Provider Name: Walden House, Inc. - Walden Res Acute Psych Stabilization (WRAPS)

Document Date: 10/08/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		PROJECT: MHSA (project title)		GRANT: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
V.P. of Programs	0.003	388			0.003	388						
Program Director	0.032	2,274			0.032	2,274						
Administrative Manager	0.007	280			0.007	280						
Therapist	0.251	11,297			0.251	11,297						
V.P. of Mental Health Services	0.006	636			0.006	636						
Mental Health Manager	0.079	4,681			0.079	4,681						
Mental Health Training Director	0.006	365			0.006	365						
Counselor	0.220	7,210			0.220	7,210						
Night Counselor	0.033	994			0.033	994						
Family Service Coordinator	0.002	115			0.002	115						
Client Services Manager	0.005	365			0.005	365						
Client Services Support	0.012	341			0.012	341						
Manager of Licensing & Certification	0.005	243			0.005	243						
Director Of Medical Services	0.013	1,052			0.013	1,052						
Medical Services Assistant	0.033	1,059			0.033	1,059						
Physician	0.008	36			0.008	36						
MH Medi-Cal Admin Coordinator	0.030	1,382			0.030	1,382						
HIV/AIDS Program Clinical Coordinator	0.064	2,502			0.064	2,502						
HIV/AIDS Program Admin. Asst	0.038	1,203			0.038	1,203						
Psychiatrist	0.033	4,459			0.033	4,459						
HIV/AIDS Program Admissions	0.018	661			0.018	661						
IT Specialist - Data Control	0.006	236			0.006	236						
Manager Of Transportation & Facility	0.011	687			0.011	687						
Driver	0.042	1,366			0.042	1,366						
Cook/Food Service	0.038	1,440			0.038	1,440						
Director of QA & Compliance	0.007	465			0.007	465						
Intake Assessment Specialist	0.006	234			0.006	234						
Operations (Janitor., Maint.)	0.029	1,162			0.029	1,162						
	-	-			-	-						
	-	-			-	-						
TOTALS	1.037	47,133	-	-	1.037	47,133	-	-	-	-	-	-
EMPLOYEE FRINGE BENEFITS	31%	14,612			31%	14,612						
TOTAL SALARIES & BENEFITS		61,745				61,745						

DPH 4: Operating Expenses Detail

Provider Number: 383805

APPENDIX #: B-11

Provider Name: Walden House, Inc. - Walden Res Acute Psych Stabilization (WRAPS)

Document Date: 10/08/10

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	PROJECT: MHPA (project title)	GRANT: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Expenditure Category	Term: 7/1/10-6/30/11	Term: _____	Term: 7/1/10-6/30/11	Term: _____	Term: 7/1/10-6/30/11	Term: _____
Rental of Property	3,606		3,606			
Utilities (Elec, Water, Gas, Phone, Scave	3,328		3,328			
Office Supplies, Postage	144		144			
Building Maintenance Supplies & Repair	1,241		1,241			
Printing and Reproduction	-		-			
Insurance	2,247		2,247			
Staff Training	14		14			
Staff Travel (Local & Out of Town)	37		37			
Rental of Equipment	971		971			
CONSULTANT/SUBCONTRACTOR						
	-		-			
	-		-			
	-		-			
	-		-			
OTHER						
Client Costs	831		831			
Transportation & Vehicles	171		171			
Food and Food Preparation	1,692		1,692			
General Operating	609		609			
	-		-			
TOTAL OPERATING EXPENSE	14,891	-	14,891	-	-	-

CBHS BUDGET JUSTIFICATION

Provider Number: 383805
 Program Name: Walden House, Inc. - Walden Res Acute Psych Stabilization (WRAPS)
 Fiscal Year: 2010-11

APPENDIX #: B-11
 Document Date: 10/08/10

Salaries and Benefits	FTE	Salaries
V.P. of Programs- Annual Salary = \$129,333	0.003	388
Program Director - Annual Salary = \$71,063	0.032	2,274
Administrative Manager- Annual Salary = \$40,000	0.007	280
Therapist- Annual Salary = \$45,008	0.251	11,297
V.P. of Mental Health Services- Annual Salary = \$106,000	0.006	636
Mental Health Manager- Annual Salary = \$59,253	0.079	4,681
Mental Health Training Director- Annual Salary = \$60,833	0.006	365
Counselor- Annual Salary = \$32,773	0.220	7,210
Night Counselor- Annual Salary = \$30,121	0.033	994
Family Service Coordinator- Annual Salary = \$57,500	0.002	115
Client Services Manager- Annual Salary = \$73,000	0.005	365
Client Services Support- Annual Salary = \$28,417	0.012	341
Manager of Licensing & Certification- Annual Salary = \$48,600	0.005	243
Director Of Medical Services- Annual Salary = \$80,923	0.013	1,052
Medical Services Assistant- Annual Salary = \$32,091	0.033	1,059
Physician- Annual Salary = \$4,500	0.008	36
MH Medi-Cal Admin Coordinator- Annual Salary = \$46,067	0.030	1,382
HIV/AIDS Program Clinical Coordinator- Annual Salary = \$39,094	0.064	2,502
HIV/AIDS Program Admin. Asst- Annual Salary = \$31,658	0.038	1,203
Psychiatrist- Annual Salary = \$135,121	0.033	4,459
HIV/AIDS Program Admissions- Annual Salary = \$36,722	0.018	661
IT Specialist - Data Control- Annual Salary = \$39,333	0.006	236
Manager Of Transportation & Facility- Annual Salary = \$62,455	0.011	687
Driver- Annual Salary = \$32,524	0.042	1,366
Cook/Food Service- Annual Salary = \$37,895	0.038	1,440
Director of QA & Compliance- Annual Salary = \$66,429	0.007	465
Intake Assessment Specialist- Annual Salary = \$39,000	0.006	234
Operations (Janitor., Maint.)- Annual Salary = \$40,069	0.029	1,162
Total Salaries	1.037	47,133
State Unemployment Insurance - 5.46%		2,573
FICA - 7.37%		3,474
Workers' Compensation - 2.69%		1,268
Health Benefits - 12.28%		5,789
Retirement - 3.2%		1,508
Total Benefits		14,612
Total Salaries and Benefits		61,745
Operating Expenses		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Rental of office space and individual & group therapy rooms		3,606
\$4.939 per Bed Day		
Utilities:		
Water, gas, electricity and waste disposal		3,328
\$4.558 per Bed Day		

CBHS BUDGET JUSTIFICATION

Provider Number: 383805
 Program Name: Walden House, Inc. - Walden Res Acute Psych Stabilization (WRAPS)
 Fiscal Year: 2010-11

APPENDIX #: B-11
 Document Date: 10/08/10

Building Maintenance:	
Maintenance & repairs of building	1,241
\$1.70 per Bed Day	
Total Occupancy: 8,175	
Materials and Supplies:	
Office Supplies:	
Office supplies for program staff	144
\$138.86 per FTE of 1.037	
Client Costs	
Office & activity supplies, transportation of clients	831
\$1.138 per Bed Day	
Food and Food Preparation	
Meals and food related expense	1,692
\$2.317 per Bed Day	
Total Materials and Supplies: 2,667	
General Operating:	
Insurance:	
.007% of Agency Total of \$307,988	2,247
Staff Training:	
Costs to train staff in best practices	14
\$13.50 per FTE of 1.037	
Rental of Equipment:	
Copier Rental	971
\$1.330 per Bed Day	
Transportation & Vehicles	
Gas, vehicles maintenance and registration fees	171
\$.234 per Bed Day	
Other General Operating	
Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	
\$.834 per Bed Day 609	
Total General Operating: 4,012	
Staff Travel (Local & Out of Town):	
Local staff travel	37
\$.050 per Bed Day	
37	

CBHS BUDGET JUSTIFICATION

Provider Number: 383805

APPENDIX #:

B-11

Program Name: Walden House, Inc. - Walden Res Acute Psych Stabilization (WRAPS)

Document Date:

10/08/10

Fiscal Year: 2010-11

Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
Total Operating Expenses	14,891
Capital Expenditures	-
Total Direct Costs	76,636
Indirect Costs	9,196
CONTRACT TOTAL	85,832

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

FISCAL YEAR:	2010-11	APPENDIX #:	B-12
LEGAL ENTITY NAME:	Walden House, Inc.	PROVIDER #:	n/a
PROVIDER NAME:	On Call / Crisis Intervention		
REPORTING UNIT NAME:	n/a		
REPORTING UNIT:	n/a		
MODE OF SVCS / SERVICE FUNCTION CODE:	15/70-79		
SERVICE DESCRIPTION:	Crisis Intervention- OP		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
FUNDING USES			
SALARIES & EMPLOYEE BENEFITS	14,975		14,975
OPERATING EXPENSE	-		-
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-		-
SUBTOTAL DIRECT COSTS	14,975	-	14,975
INDIRECT COST AMOUNT	1,797		1,797
TOTAL FUNDING USES:	16,772	-	16,772
CBHS MENTAL HEALTH FUNDING SOURCES			
FEDERAL REVENUES			
ARRA SDMC FFP (11.59%)	HMHMCC730515	7,490	7,490
STATE REVENUES			
GRANTS			
PRIOR YEAR ROLL OVER			
WORK ORDERS			
3RD PARTY PAYOR REVENUES			
REALIGNMENT FUNDS			
COUNTY GENERAL FUND	HMHMCC730515	9,282	9,282
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	16,772	-	16,772
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
FEDERAL REVENUES			
STATE REVENUES			
GRANTS/PROJECTS			
WORK ORDERS			
COUNTY GENERAL FUND			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-
TOTAL DPH REVENUES	16,772	-	16,772
NON-DPH REVENUES			
Patient/Client Fees			-
TOTAL NON-DPH REVENUES	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)	16,772	-	16,772
CBHS UNITS OF SVCS/TIME AND UNIT COST			
UNITS OF SERVICE ¹	n/a		n/a
UNITS OF TIME ²			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR		CR
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	CR		CR
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	n/a		n/a

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

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

CBHS BUDGET JUSTIFICATION

Provider Number: n/a
 Program Name: **Walden House, Inc. - On Call / Crisis Intervention**
 Fiscal Year: 2010-11

APPENDIX #: B-12
 Document Date: 10/08/10

Salaries and Benefits	FTE	Salaries
Crisis Intervention Counselor Annual Salary = \$2,856.70	0.977	2,791
Crisis Intervention Counselor Annual salary = \$8,843.40	0.977	8,640
Total Salaries	1.954	11,431
State Unemployment Insurance - 5.46%		624
FICA - 7.37%		842
Workers' Compensation - 2.69%		307
Health Benefits - 12.28%		1,405
Retirement - 3.2%		366
Total Benefits		3,544
Total Salaries and Benefits		14,975
Operating Expenses		
Occupancy:		-
Materials and Supplies:		-
General Operating:		-
Staff Travel (Local & Out of Town):		-
Consultants/Subcontractors:		-
Total Operating Expenses		-
Capital Expenditures		
		-
Total Direct Costs		14,975
Indirect Costs		1,797
CONTRACT TOTAL		16,772

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

FISCAL YEAR:	2010-11	APPENDIX #:	E-13
LEGAL ENTITY NAME:	Walden House, Inc.	PROVIDER # :	383805, 383806 & 383834
PROVIDER NAME:	BASN Residential		
REPORTING UNIT NAME:	Buena Vista, Hayes & Haight Res		
REPORTING UNIT:	38062 38342 38572		
MODE OF SVCS / SERVICE FUNCTION CODE:	05/65-79		
SERVICE DESCRIPTION:	Adult Residential		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
FUNDING USES			
SALARIES & EMPLOYEE BENEFITS	264,997		264,997
OPERATING EXPENSE	147,982		147,982
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-		-
SUBTOTAL DIRECT COSTS	412,979	-	412,979
INDIRECT COST AMOUNT	49,558		49,558
TOTAL FUNDING USES:	462,537	-	462,537
CBHS MENTAL HEALTH FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS			-
PRIOR YEAR ROLL OVER			-
WORK ORDERS			-
3RD PARTY PAYOR REVENUES			-
REALIGNMENT FUNDS			-
COUNTY GENERAL FUND			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
BASN	HMHSOCRES227	432,525	432,525
GRANTS/PROJECTS			-
WORK ORDERS			-
COUNTY GENERAL FUND			-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	432,525	-	432,525
TOTAL DPH REVENUES	432,525	-	432,525
NON-DPH REVENUES			
Patient/Client Fees	30,012		30,012
TOTAL NON-DPH REVENUES	30,012	-	30,012
TOTAL REVENUES (DPH AND NON-DPH)	462,537	-	462,537
CBHS UNITS OF SVCS/TIME AND UNIT COST			
UNITS OF SERVICE ¹	4,599		4,599
UNITS OF TIME ²			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	100.57		100.57
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	94.05		94.05
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	28		28

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

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

CBHS BUDGET JUSTIFICATION

Provider Number: 383805, 383806 & 383834
 Program Name: **Walden House, Inc. - BASN Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-13
 Document Date: 10/08/10

Salaries and Benefits	FTE	Salaries
V.P. of Programs - Annual Salary = \$ 130,040	0.025	3,251
Program Director - Annual Salary = \$ 58,033	0.209	12,129
Administrative Manager - Annual Salary = \$ 41,491	0.053	2,199
Director of QA & Compliance - Annual Salary = \$ 72,372	0.043	3,112
Manager of Licensing & Certification - Annual Salary = \$ 50,864	0.066	3,357
Director of Admissions - Annual Salary = \$ 57,588	0.034	1,958
Admissions Counselor - Annual Salary = \$ 32,559	0.068	2,214
Court Liaison - Annual Salary = \$ 30,980	0.100	3,098
Counselor - Annual Salary = \$ 32,469	1.721	55,879
Night Counselor - Annual Salary = \$ 21,995	0.401	8,820
Weekend Counselor - Annual Salary = \$ 32,339	0.257	8,311
Reentry Coordinator - Annual Salary = \$ 35,233	0.043	1,515
T.C. Admin. Assistant (Nexus) - Annual Salary = \$ 36,647	0.218	7,989
T.C. Coordinator - Annual Salary = \$ 39,769	0.039	1,551
Maintenance Manager - Annual Salary = \$ 65,619	0.021	1,378
Maintenance Supervisor - Annual Salary = \$ 42,675	0.040	1,707
Maintenance Worker - Annual Salary = \$ 32,534	0.148	4,815
Transportation & Facility Manager - Annual Salary = \$ 64,071	0.042	2,691
Warehouse Coordinator - Annual Salary = \$ 44,068	0.088	3,878
Driver - Annual Salary = \$ 31,941	0.169	5,398
Cook/Food Service - Annual Salary = \$ 38,393	0.313	12,017
Client Services Manager - Annual Salary = \$ 79,682	0.044	3,506
Client Services Support - Annual Salary = \$ 27,851	0.094	2,618
Family Services Coordinator - Annual Salary = \$ 49,763	0.059	2,936
Medical Services Director - Annual Salary = \$ 82,795	0.044	3,643
Medical Services Support - Annual Salary = \$ 32,059	0.220	7,053
Physician - Annual Salary = \$ 4,667	0.003	14
V.P. of Mental Health Services - Annual Salary = \$ 125,719	0.032	4,023
Mental Health Training Director - Annual Salary = \$ 62,520	0.050	3,126
Administrative Assistant - Annual Salary = \$ 32,944	0.054	1,779
Intake Assessment Specialist - Annual Salary = \$ 44,636	0.022	982
Therapist - Annual Salary = \$ 46,155	0.058	2,677
Mental Health Manager - Annual Salary = \$ 48,200	0.020	964
Director of Workflow Development - Annual Salary = \$ 77,465	0.043	3,331
Education Coordinator - Annual Salary = \$ 38,976	0.082	3,196
Housing & Community Services Spec. - Annual Salary = \$ 34,806	0.062	2,158
Employment Counselor - Annual Salary = \$ 37,186	0.097	3,607
Computer Lab Instructor - Annual Salary = \$ 31,476	0.021	661
IT Specialist - Data Control - Annual Salary = \$ 39,444	0.063	2,485
Psychiatrist - Annual Salary = \$ 125,240	0.050	6,262
Total Salaries	5.216	202,288
State Unemployment Insurance - 5.46%		11,045
FICA - 7.37%		14,909
Workers' Compensation - 2.69%		5,442
Health Benefits - 12.28%		24,840
Retirement - 3.2%		6,473
Total Benefits		62,709

CBHS BUDGET JUSTIFICATION

Provider Number: 383805, 383806 & 383834
 Program Name: **Walden House, Inc. - BASN Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-13
 Document Date: 10/08/10

Total Salaries and Benefits	264,997
Operating Expenses	
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.	
Occupancy:	
Rent:	
Rental of office space and Individual & group therapy rooms	52,477
\$11.41 per Bed Day	
Utilities:	
Water, gas, electricity and waste disposal	28,382
\$6.171 per Bed Day	
Building Maintenance:	
Maintenance & repairs of Building	11,994
\$2.607 per Bed Day	
Total Occupancy:	92,853
Materials and Supplies:	
Office Supplies:	
Office supplies for program staff	1,349
\$258.62 per FTE of 5.216	
Client Costs	
Office & activity supplies, transportation of clients	11,522
\$2.505 per Bed Day	
Food and Food Preparation	
Meals and food related expense	20,090
\$4.368 per Bed Day	
Total Materials and Supplies:	32,961
General Operating:	
Insurance:	
.0234% of Agency Total of \$307,988	7,231
Staff Training:	
Costs to train staff in best practices	140
\$26.84 per FTE of 5.216	
Rental of Equipment:	
Copier Rental	4,967
\$1.080 per Bed Day	
Transportation & Vehicles	
Gas, vehicles maintenance and registration fees	1,592
\$.346 per Bed Day	
Other General Operating	

CBHS BUDGET JUSTIFICATION

Provider Number: 383805, 383806 & 383834
 Program Name: **Walden House, Inc. - BASN Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-13
 Document Date: 10/08/10

Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	8,061
\$1.752 per Bed Day	
Total General Operating:	21,991
Staff Travel (Local & Out of Town):	
Local staff travel	177
\$33.934 per FTE of 5.216	
	177
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
Total Operating Expenses	147,982
Capital Expenditures	-
Total Direct Costs	412,979
Indirect Costs	49,558
CONTRACT TOTAL	462,537

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

FISCAL YEAR:	2010-11	APPENIDX #:	B-14
LEGAL ENTITY NAME:	Walden House, Inc.	PROVIDER #:	383805, 383806 & 383834
PROVIDER NAME:	CARE Variable Length Residential		
REPORTING UNIT NAME:	Buena Vista, Hayes & Haight Res		
REPORTING UNIT:	38062 38342 38572		
MODE OF SVCS / SERVICE FUNCTION CODE:	05/65-79		
SERVICE DESCRIPTION:	Adult Residential		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
FUNDING USES			
SALARIES & EMPLOYEE BENEFITS	146,247		146,247
OPERATING EXPENSE	66,134		66,134
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-		-
SUBTOTAL DIRECT COSTS	212,381	-	212,381
INDIRECT COST AMOUNT	25,486		25,486
TOTAL FUNDING USES:	237,867	-	237,867
CBHS MENTAL HEALTH FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS			-
PRIOR YEAR ROLL OVER			-
WORK ORDERS			-
3RD PARTY PAYOR REVENUES			-
REALIGNMENT FUNDS			-
COUNTY GENERAL FUND			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS/PROJECTS			-
WORK ORDERS			-
COUNTY GENERAL FUND	HMHSCRES227	213,253	213,253
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		213,253	213,253
TOTAL DPH REVENUES		213,253	213,253
NON-DPH REVENUES			
Patient/Client Fees		24,614	24,614
TOTAL NON-DPH REVENUES		24,614	24,614
TOTAL REVENUES (DPH AND NON-DPH)		237,867	237,867
CBHS UNITS OF SVCS/TIME AND UNIT COST			
UNITS OF SERVICE ¹		2,464	2,464
UNITS OF TIME ²			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		96.54	96.54
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		86.55	86.55
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS		14	14

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

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

DPH 4: Operating Expenses Detail

Provider Number: 383805, 383806 & 383834

APPENDIX #: B-14

Provider Name: Walden House, Inc. - CARE Variable Length Residential

Document Date: 10/08/10

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: _____	GRANT #2: _____	WORK ORDER #1: _____	WORK ORDER #2: _____
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	(grant title) PROPOSED TRANSACTION	(grant title) PROPOSED TRANSACTION	(dept. name) PROPOSED TRANSACTION	(dept. name) PROPOSED TRANSACTION
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
Rental of Property	16,632	16,632				
Utilities (Elec, Water, Gas, Phone, Scave)	14,173	14,173				
Office Supplies, Postage	531	531				
Building Maintenance Supplies & Repair	7,060	7,060				
Printing and Reproduction	-	-				
Insurance	3,366	3,366				
Staff Training	94	94				
Staff Travel (Local & Out of Town)	124	124				
Rental of Equipment	3,115	3,115				
CONSULTANT/SUBCONTRACTOR	-	-				
	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
Client Costs	5,543	5,543				
Transportation & Vehicles	788	788				
Food and Food Preparation	8,896	8,896				
General Operating	5,812	5,812				
	-	-				
TOTAL OPERATING EXPENSE	66,134	66,134	-	-	-	-

CBHS BUDGET JUSTIFICATION

Provider Number: 383805, 383806 & 383834
 Program Name: **Walden House, Inc. - CARE Variable Length Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-14
 Document Date: 10/08/10

Salaries and Benefits	FTE	Salaries
V.P. of Programs - Annual Salary = \$ 134,200	0.015	2,013
Program Director - Annual Salary = \$ 65,114	0.105	6,837
Clinical Coordinator - Annual Salary = \$ 39,000	0.035	1,350
Administrative Manager - Annual Salary = \$ 42,371	0.035	1,483
Director of QA & Compliance - Annual Salary = \$ 71,964	0.028	2,015
Manager of Licensing & Certification - Annual Salary = \$ 49,429	0.028	1,384
Director of Admissions - Annual Salary = \$ 56,000	0.008	448
Admissions Counselor - Annual Salary = \$ 31,313	0.016	501
Court Liaison - Annual Salary = \$ 31,292	0.024	751
Counselor - Annual Salary = \$ 33,218	0.899	29,863
Night Counselor - Annual Salary = \$ 29,839	0.112	3,342
Weekend Counselor - Annual Salary = \$ 31,032	0.062	1,924
Reentry Coordinator - Annual Salary = \$ 35,188	0.032	1,126
T.C. Admin. Assistant (Nexus) - Annual Salary = \$ 35,208	0.048	1,690
T.C. Coordinator - Annual Salary = \$ 39,034	0.029	1,132
Maintenance Manager - Annual Salary = \$ 64,538	0.013	839
Maintenance Supervisor - Annual Salary = \$ 41,944	0.018	755
Maintenance Worker - Annual Salary = \$ 31,922	0.077	2,458
Transportation & Facility Manager - Annual Salary = \$ 64,324	0.034	2,187
Warehouse Coordinator - Annual Salary = \$ 43,563	0.032	1,394
Driver - Annual Salary = \$ 32,237	0.135	4,352
Cook/Food Service - Annual Salary = \$ 41,159	0.145	5,968
Client Services Manager - Annual Salary = \$ 75,227	0.022	1,655
Client Services Support - Annual Salary = \$ 28,271	0.048	1,357
Family Services Coordinator - Annual Salary = \$ 51,292	0.024	1,231
Medical Services Director - Annual Salary = \$ 83,444	0.036	3,004
Medical Services Support - Annual Salary = \$ 31,664	0.110	3,483
Physician - Annual Salary = \$ 4,818	0.033	159
V.P. of Mental Health Services - Annual Salary = \$ 12,3714	0.021	2,598
Mental Health Training Director - Annual Salary = \$ 64,091	0.022	1,410
Administrative Assistant - Annual Salary = \$ 32,250	0.088	2,838
Intake Assessment Specialist - Annual Salary = \$ 42,684	0.019	811
Therapist - Annual Salary = \$ 47,594	0.069	3,284
Mental Health Manager - Annual Salary = \$ 38,979	0.195	7,601
Director of Workflow Development - Annual Salary = \$ 74,906	0.032	2,397
Education Coordinator - Annual Salary = \$ 38,278	0.018	689
Housing & Community Services Spec. - Annual Salary = \$ 34,536	0.028	967
Employment Counselor - Annual Salary = \$ 36,127	0.055	1,987
Computer Lab Instructor - Annual Salary = \$ 31,278	0.018	563
IT Specialist - Data Control - Annual Salary = \$ 40,000	0.035	1,400
Psychiatrist - Annual Salary = \$ 49,125	0.008	393
Total Salaries	2.811	111,639
State Unemployment Insurance - 5.46%		6,095
FICA - 7.37%		8,228
Workers' Compensation - 2.69%		3,003
Health Benefits - 12.28%		13,710
Retirement - 3.2%		3,572
Total Benefits		34,608

CBHS BUDGET JUSTIFICATION

Provider Number: 383805, 383806 & 383834
 Program Name: **Walden House, Inc. - CARE Variable Length Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-14
 Document Date: 10/08/10

Total Salaries and Benefits	146,247
Operating Expenses	
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.	
Occupancy:	
Rent:	
Rental of office space and individual and group therapy rooms	16,632
\$6.750 per bed day	
Utilities:	
Water, gas, electricity and waste disposal	14,173
\$5.752 per bed day	
Building Maintenance:	
Maintenance & repairs of building	7,060
\$2.865 per bed day	
Total Occupancy:	37,865
Materials and Supplies:	
Office Supplies:	
Office supplies for program staff	531
\$188.90 per FTE of 2.811	
Client Costs	
Office & activity supplies, transportation of clients	5,543
\$2.249 per bed day	
Food and Food Preparation	
Meals and food related expense	8,896
\$3.610 per bed day	
Total Materials and Supplies:	14,970
General Operating:	
Insurance:	
.011 % of Agency Total of \$307,988	3,366
Staff Training:	
Costs to train staff in best practices	94
\$33.44 per FTE of 2.811	
Rental of Equipment:	
Copier Rental	3,115
\$1.264 per bed day	
Transportation & Vehicles	
Gas, vehicles maintenance and registration fees	788
\$.319 per bed day	

CBHS BUDGET JUSTIFICATION

Provider Number: 383805, 383806 & 383834
 Program Name: **Walden House, Inc. - CARE Variable Length Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-14
 Document Date: 10/08/10

Other General Operating	
Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	5,812
\$2.358 per bed day	
Total General Operating:	13,175
Staff Travel (Local & Out of Town):	
Local staff travel	124
\$44.112 per FTE of 2.811	
	124
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
Total Operating Expenses	66,134
Capital Expenditures	-
Total Direct Costs	212,381
Indirect Costs	25,486
CONTRACT TOTAL	237,867

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

FISCAL YEAR:	2010-11	APPENIDX #:	B-15
LEGAL ENTITY NAME:	Walden House, Inc.	PROVIDER #:	383805
PROVIDER NAME:	CARE MDSP Residential		
REPORTING UNIT NAME:	Haight St Residential		
REPORTING UNIT:	38572		
MODE OF SVCS / SERVICE FUNCTION CODE:	05/65-79		
SERVICE DESCRIPTION:	Adult Residential		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
FUNDING USES			
SALARIES & EMPLOYEE BENEFITS	263,410		263,410
OPERATING EXPENSE	67,280		67,280
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-		-
SUBTOTAL DIRECT COSTS	330,690	-	330,690
INDIRECT COST AMOUNT	39,683		39,683
TOTAL FUNDING USES:	370,373	-	370,373
CBHS MENTAL HEALTH FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS			-
PRIOR YEAR ROLL OVER			-
WORK ORDERS			-
3RD PARTY PAYOR REVENUES			-
REALIGNMENT FUNDS			-
COUNTY GENERAL FUND			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS/PROJECTS			-
WORK ORDERS			-
COUNTY GENERAL FUND	HMHSOCRES227 348,750		348,750
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	348,750	-	348,750
TOTAL DPH REVENUES	348,750	-	348,750
NON-DPH REVENUES			
Patient/Client Fees	21,623		21,623
TOTAL NON-DPH REVENUES	21,623	-	21,623
TOTAL REVENUES (DPH AND NON-DPH)	370,373	-	370,373
CBHS UNITS OF SVCS/TIME AND UNIT COST			
UNITS OF SERVICE ¹	1,807		1,807
UNITS OF TIME ²			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	204.97		204.97
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	193.00		193.00
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	44		44

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

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

CBHS BUDGET JUSTIFICATION

Provider Number: 383805
 Program Name: **Walden House, Inc. - CARE MDSP Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-15
 Document Date: 10/08/10

Salaries and Benefits	FTE	Salaries
V.P. of Programs - Annual Salary = \$ 128,625	0.016	2,058
Program Director - Annual Salary = \$ 70,193	0.150	10,529
Administrative Manager - Annual Salary = \$ 42,655	0.029	1,237
Therapist - Annual Salary = \$ 45,035	0.485	21,842
V.P. of Mental Health Services - Annual Salary = \$ 124,040	0.025	3,101
Mental Health Manager - Annual Salary = \$ 5,5826	0.235	13,119
Mental Health Training Director - Annual Salary = \$ 63,917	0.024	1,534
Counselor - Annual Salary = \$ 32,491	2.065	67,094
Night Counselor - Annual Salary = \$ 30,217	0.152	4,593
Family Service Coordinator - Annual Salary = \$ 51,800	0.010	518
Client Services Manager - Annual Salary = \$ 81,091	0.022	1,784
Client Services Support - Annual Salary = \$ 27,725	0.051	1,414
Manager of Licensing & Certification - Annual Salary = \$ 50,150	0.020	1,003
Director Of Medical Services - Annual Salary = \$ 81,322	0.059	4,798
Medical Services Assistant - Annual Salary = \$ 32,211	0.152	4,896
Physician - Annual Salary = \$ 49,70	0.033	164
HIV/AIDS Program Clinical Coordinator - Annual Salary = \$ 38,980	0.298	11,616
HIV/AIDS Program Admin. Asst - Annual Salary = \$ 32,140	0.172	5,528
Psychiatrist - Annual Salary = \$ 133,507	0.067	8,945
HIV/AIDS Program Admissions - Annual Salary = \$ 40,955	0.223	9,133
HIV/AIDS Program Legal - Annual Salary = \$ 33,000	0.001	33
IT Specialist - Data Control - Annual Salary = \$ 40,080	0.025	1,002
Manager Of Transportation & Facility - Annual Salary = \$ 63,288	0.052	3,291
Driver - Annual Salary = \$ 32,822	0.202	6,630
Vocational Services - Annual Salary = \$ 69,500	0.004	278
Cook/Food Service - Annual Salary = \$ 37,497	0.171	6,412
Director of QA & Compliance - Annual Salary = \$ 73,643	0.028	2,062
Intake Assessment Specialist - Annual Salary = \$ 43,692	0.026	1,136
Operations (Janitor., Maint.) - Annual Salary = \$ 40,969	0.130	5,326
Total Salaries	4.927	201,076
State Unemployment Insurance - 5.46%		10,979
FICA - 7.37%		14,819
Workers' Compensation - 2.69%		5,409
Health Benefits - 12.28%		24,693
Retirement - 3.2%		6,434
Total Benefits		62,334
Total Salaries and Benefits		263,410
Operating Expenses		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Rental of office space and individual & group therapy rooms		18,396
\$10.180 per Bed Day		
Utilities:		
Water, gas, electricity and waste disposal		15,439

CBHS BUDGET JUSTIFICATION

Provider Number: 383805
 Program Name: **Walden House, Inc. - CARE MDSP Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-15
 Document Date: 10/08/10

\$8.543 per Bed Day	
Building Maintenance:	
Maintenance & repairs of building	6,057
\$3.351 per Bed Day	
Total Occupancy:	39,892
Materials and Supplies:	
Office Supplies:	
Office supplies for program staff	812
\$164.81 per FTE of 4.927	
Client Costs	
Office & activity supplies, transportation of clients	3,727
\$2.062 per Bed Day	
Food and Food Preparation	
Meals and food related expense	7,429
\$4.111 per Bed Day	
Total Materials and Supplies:	11,968
General Operating:	
Insurance:	
.0215% of Agency Total of \$307,988	6,648
Staff Training:	
Costs to train staff in best practices	109
\$22.122 per FTE of 4.927	
Rental of Equipment:	
Copier Rental	4,384
\$2.426 per Bed Day	
Transportation & Vehicles	
Gas, vehicles maintenance and registration fees	808
\$.447 per Bed Day	
Other General Operating	
URINE ANALYSIS, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	3,303
\$1.827 per Bed Day	
Total General Operating:	15,252
Staff Travel (Local & Out of Town):	
Local staff travel	168
\$34.097 per FTE of 4.927	

CBHS BUDGET JUSTIFICATION

Provider Number: 383805
Program Name: **Walden House, Inc. - CARE MDSP Residential**
Fiscal Year: 2010-11

APPENDIX #: B-15
Document Date: 10/08/10

	168
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
Total Operating Expenses	67,280
Capital Expenditures	-
Total Direct Costs	330,690
Indirect Costs	39,683
CONTRACT TOTAL	370,373

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

FISCAL YEAR:	2010-11	APPENIDX #:	B-16
LEGAL ENTITY NAME:	Walden House, Inc.	PROVIDER #:	383805
PROVIDER NAME:	CARE Detox Residential		
REPORTING UNIT NAME:	Haight St Residential		
REPORTING UNIT:	38572		
MODE OF SVCS / SERVICE FUNCTION CODE:	05/65-79		
SERVICE DESCRIPTION:	Adult Residential		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
FUNDING USES			
SALARIES & EMPLOYEE BENEFITS	146,815		146,815
OPERATING EXPENSE	38,778		38,778
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-		-
SUBTOTAL DIRECT COSTS	185,593	-	185,593
INDIRECT COST AMOUNT	22,271		22,271
TOTAL FUNDING USES:	207,864	-	207,864
CBHS MENTAL HEALTH FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS			-
PRIOR YEAR ROLL OVER			-
WORK ORDERS			-
3RD PARTY PAYOR REVENUES			-
REALIGNMENT FUNDS			-
COUNTY GENERAL FUND			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS/PROJECTS			-
WORK ORDERS			-
COUNTY GENERAL FUND	HMHSORES227	207,864	207,864
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	207,864	-	207,864
TOTAL DPH REVENUES	207,864	-	207,864
NON-DPH REVENUES			
Patient/Client Fees			-
TOTAL NON-DPH REVENUES	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)	207,864	-	207,864
CBHS UNITS OF SVCS/TIME AND UNIT COST			
UNITS OF SERVICE ¹	1,478		1,478
UNITS OF TIME ²			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	140.64		140.64
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	140.64		140.64
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	35		35

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

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

DPH 4: Operating Expenses Detail

Provider Number: 383805
 Provider Name: **Walden House, Inc. - CARE Detox Residential**

APPENDIX #: B-16
 Document Date: 10/08/10

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: _____	GRANT #2: _____	WORK ORDER #1: _____	WORK ORDER #2: _____
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	(grant title) PROPOSED TRANSACTION	(grant title) PROPOSED TRANSACTION	(dept. name) PROPOSED TRANSACTION	(dept. name) PROPOSED TRANSACTION
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: 7/1/10-6/30/11	Term: _____
Rental of Property	9,959	9,959				
Utilities (Elec, Water, Gas, Phone, Scave	9,378	9,378				
Office Supplies, Postage	497	497				
Building Maintenance Supplies & Repair	3,622	3,622				
Printing and Reproduction	-	-				
Insurance	3,230	3,230				
Staff Training	38	38				
Staff Travel (Local & Out of Town)	105	105				
Rental of Equipment	2,698	2,698				
CONSULTANT/SUBCONTRACTOR	-	-				
	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
Client Costs	2,280	2,280				
Transportation & Vehicles	485	485				
Food and Food Preparation	4,813	4,813				
General Operating	1,673	1,673				
	-	-				
TOTAL OPERATING EXPENSE	38,778	38,778				

CBHS BUDGET JUSTIFICATION

Provider Number: 383805
 Program Name: **Walden House, Inc. - CARE Detox Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-16
 Document Date: 10/08/10

Salaries and Benefits	FTE	Salaries
V.P. of Programs - Annual Salary = \$ 125,636	0.011	1,382
Program Director - Annual Salary = \$ 70,269	0.093	6,535
Administrative Manager - Annual Salary = \$ 40,158	0.019	763
Therapist - Annual Salary = \$ 45,083	0.301	13,570
V.P. of Mental Health Services - Annual Salary = \$ 122,688	0.016	1,963
Mental Health Manager - Annual Salary = \$ 56,305	0.154	8,671
Mental Health Training Director - Annual Salary = \$ 60,500	0.016	968
Counselor - Annual Salary = \$ 31,740	0.998	31,677
Night Counselor - Annual Salary = \$ 30,000	0.095	2,850
Family Service Coordinator - Annual Salary = \$ 46,714	0.007	327
Client Services Manager - Annual Salary = \$ 78,857	0.014	1,104
Client Services Support - Annual Salary = \$ 27,844	0.032	891
Manager of Licensing & Certification - Annual Salary = \$ 50,500	0.012	606
Director Of Medical Services - Annual Salary = \$ 82,417	0.036	2,967
Medical Services Assistant - Annual Salary = \$ 32,000	0.095	3,040
Physician - Annual Salary = \$ 4,762	0.021	100
HIV/AIDS Program Clinical Coordinator - Annual Salary = \$ 38,957	0.185	7,207
HIV/AIDS Program Admin. Asst - Annual Salary = \$ 32,112	0.107	3,436
Psychiatrist - Annual Salary = \$ 136,176	0.017	2,315
HIV/AIDS Program Admissions - Annual Salary = \$ 40,957	0.138	5,652
IT Specialist - Data Control - Annual Salary = \$ 39,438	0.016	631
Manager Of Transportation & Facility - Annual Salary = \$ 63,563	0.032	2,034
Driver - Annual Salary = \$ 33,024	0.125	4,128
Vocational Services - Annual Salary = \$ 59,000	0.002	118
Cook/Food Service - Annual Salary = \$ 36,907	0.107	3,949
Director of QA & Compliance - Annual Salary = \$ 71,765	0.017	1,220
Intake Assessment Specialist - Annual Salary = \$ 41,778	0.018	752
Operations (Janitor., Maint.) - Annual Salary = \$ 39,704	0.081	3,216
Total Salaries	2.765	112,072
State Unemployment Insurance - 5.46%		6,119
FICA - 7.37%		8,260
Workers' Compensation - 2.69%		3,015
Health Benefits - 12.28%		13,763
Retirement - 3.2%		3,586
Total Benefits		34,743
Total Salaries and Benefits		146,815
Operating Expenses		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Rental of office space and individual & group therapy rooms		9,959
\$6.738 per bed day		
Utilities:		
Water, gas, electricity and waste disposal		9,378
\$6.345 per bed day		

CBHS BUDGET JUSTIFICATION

Provider Number: 383805
 Program Name: **Walden House, Inc. - CARE Detox Residential**
 Fiscal Year: 2010-11

APPENDIX #: B-16
 Document Date: 10/08/10

Building Maintenance:	
Maintenance & repairs of building	3,622
\$2.450 per bed day	
Total Occupancy: 22,959	
Materials and Supplies:	
Office Supplies:	
Office supplies for program staff	497
\$179.75 per FTE of 2.765	
Client Costs	
Office & activity supplies, transportation of clients	2,280
\$1.542 per bed day	
Food and Food Preparation	
Meals and food related expense	4,813
\$3.256 per bed day	
Total Materials and Supplies: 7,590	
General Operating:	
Insurance:	
\$.0104% of Agency Total of \$307,988	3,230
Staff Training:	
Costs to train staff in best practices	38
\$13.743 per FTE of 2.765	
Rental of Equipment:	
Copier Rental	2,698
\$1.825 per bed day	
Transportation & Vehicles	
Gas, vehicles maintenance and registration fees	485
\$.328 per bed day	
Other General Operating	
Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	1,673
\$1.132 per bed day	
Total General Operating: 8,124	
Staff Travel (Local & Out of Town):	
Local staff travel	105
\$37.974 per FTE of 2.765	
105	

CBHS BUDGET JUSTIFICATION

Provider Number: 383805
Program Name: **Walden House, Inc. - CARE Detox Residential**
Fiscal Year: 2010-11

APPENDIX #: B-16
Document Date: 10/08/10

Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
Total Operating Expenses	38,778
Capital Expenditures	-
Total Direct Costs	185,593
Indirect Costs	22,271
CONTRACT TOTAL	207,864

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

FISCAL YEAR:	2010-11	APPENIDX #:	B-17
LEGAL ENTITY NAME:	Walden House, Inc.	PROVIDER #:	383835
PROVIDER NAME:	Bridges Outpatient		
REPORTING UNIT NAME:	WH Integrated Mentally Ill		
REPORTING UNIT:	85351		
MODE OF SVCS / SERVICE FUNCTION CODE:	Nonres-30		
SERVICE DESCRIPTION:	Nonresidential IO Day Care Rehab		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
FUNDING USES			
SALARIES & EMPLOYEE BENEFITS	480,390		480,390
OPERATING EXPENSE	253,314		253,314
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-		-
SUBTOTAL DIRECT COSTS	733,704	-	733,704
INDIRECT COST AMOUNT	88,044		88,044
TOTAL FUNDING USES:	821,748	-	821,748
CBHS MENTAL HEALTH FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS			-
PRIOR YEAR ROLL OVER			-
WORK ORDERS			-
3RD PARTY PAYOR REVENUES			-
REALIGNMENT FUNDS			-
COUNTY GENERAL FUND			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS/PROJECTS			-
State CDCR ISMIP	HMAD01-11	428,738	52.17%
State CDCR ISMIP	HMAD02-11	393,010	47.83%
WORK ORDERS			-
COUNTY GENERAL FUND			-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	821,748	-	821,748
TOTAL DPH REVENUES	821,748	-	821,748
NON-DPH REVENUES			
Patient/Client Fees			-
TOTAL NON-DPH REVENUES	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)	821,748	-	821,748
CBHS UNITS OF SVCS/TIME AND UNIT COST			
UNITS OF SERVICE ¹	16,425		16,425
UNITS OF TIME ²			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	50.03		50.03
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	50.03		50.03
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	90		90

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

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

CBHS BUDGET JUSTIFICATION

Provider Number: 383835
 Program Name: **Walden House, Inc. - Bridges Outpatient**
 Fiscal Year: 2010-11

APPENDIX #: B-17
 Document Date: 10/08/10

Salaries and Benefits	FTE	Salaries
V.P. Of Mental Health Services Annual Salary = \$ 118,286	0.007	828
Program Director Annual Salary = \$ 70,000	1.000	70,000
Administrative Assist. MH Annual Salary = \$ 33,032	0.031	1,024
Admissions Staff Annual Salary = \$ 40,882	0.051	2,085
Case Manager 3 Annual Salary = \$ 45,000	4.000	180,000
Mental Health Counselor Annual Salary = \$ 32,115	1.000	32,115
Clinical Manager Annual Salary = \$ 60,000	1.000	60,000
Mental Health Training Dir. Annual Salary = \$ 62,056	0.036	2,234
MH Medi-Cal Admin Coordin. Annual Salary = \$ 46,125	0.080	3,690
IT Specialist-Data Control Annual Salary = \$ 39,733	0.015	596
Driver/Procurement Annual Salary = \$ 31,000	0.002	62
Regional Chef Annual Salary = \$ 29,000	0.216	6,264
Maintenance Staff Annual Salary = \$ 41,333	0.189	7,812
Total Salaries	7.627	366,710
State Unemployment Insurance - 5.46%		20,022
FICA - 7.37%		27,027
Workers' Compensation - 2.69%		9,864
Health Benefits - 12.28%		45,032
Retirement - 3.2%		11,735
Total Benefits		113,680
Total Salaries and Benefits		480,390
Operating Expenses		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Rent of office space and individual and group therapy rooms		174,604
\$10.63 per Contact		
Utilities:		
Water, gas, electricity and waste disposal		19,539
\$1.189 per Contact		
Building Maintenance:		
Maintenance & repairs of building		19,502
\$1.187 per Contact		
Total Occupancy:		213,645
Materials and Supplies:		
Office Supplies:		
Office supplies for program staff		1,297
\$170.05 per FTE of 7.627		
Client Costs		
Office & activity supplies, transportation of clients		6,467
\$.393 per Contact		

CBHS BUDGET JUSTIFICATION

Provider Number: 383835
 Program Name: **Walden House, Inc. - Bridges Outpatient**
 Fiscal Year: 2010-11

APPENDIX #: B-17
 Document Date: 10/08/10

Food and Food Preparation	
Meals and food related expense	7,480
\$.455 per Contact	
Total Materials and Supplies:	15,244
General Operating:	
Insurance:	
.0117% of Agency Total of \$307,988	3,602
Staff Training:	
Costs to train staff in best practices	361
\$47,332 per FTE of 7.627	
Rental of Equipment:	
Copier Rental	13,832
\$.842 per Contact	
Transportation & Vehicles	
Gas, vehicles maintenance and registration fees	590
\$.035 per Contact	
Other General Operating	
Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	5,748
\$.349 per Contact	
Total General Operating:	24,133
Staff Travel (Local & Out of Town):	
Local staff travel	292
\$38,285 per FTE of 7.627	
	292
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
Total Operating Expenses	253,314
Capital Expenditures	-
Total Direct Costs	733,704
Indirect Costs	88,044
CONTRACT TOTAL	821,748

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

FISCAL YEAR:		2010-11			APPENDIX #:	B-18
LEGAL ENTITY NAME:		Walden House, Inc.			PROVIDER #:	383807
PROVIDER NAME:		Second Chances Supportive Housing				
REPORTING UNIT NAME::	Satellite Residential					
REPORTING UNIT:	88077					
MODE OF SVCS / SERVICE FUNCTION CODE:	05/60-64					
SERVICE DESCRIPTION:	Residential Other					TOTAL
CBHS FUNDING TERM:	7/1/10-3/31/11					
FUNDING USES						
SALARIES & EMPLOYEE BENEFITS	2,135					2,135
OPERATING EXPENSE	23,178					23,178
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-					-
SUBTOTAL DIRECT COSTS	25,313	-	-	-	-	25,313
INDIRECT COST AMOUNT	3,037					3,037
TOTAL FUNDING USES:	28,350	-	-	-	-	28,350
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES						-
STATE REVENUES						-
GRANTS						-
PRIOR YEAR ROLL OVER						-
WORK ORDERS						-
3RD PARTY PAYOR REVENUES						-
REALIGNMENT FUNDS						-
COUNTY GENERAL FUND						-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
FEDERAL REVENUES						-
STATE REVENUES						-
GRANTS/PROJECTS						-
Fed USDOJ Second Chance #16.202 HCSA02-10	28,350					28,350
WORK ORDERS						-
COUNTY GENERAL FUND						-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	28,350	-	-	-	-	28,350
TOTAL DPH REVENUES	28,350	-	-	-	-	28,350
NON-DPH REVENUES						
Patient/Client Fees						-
TOTAL NON-DPH REVENUES	-	-	-	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)	28,350	-	-	-	-	28,350
CBHS UNITS OF SVCS/TIME AND UNIT COST						
UNITS OF SERVICE ¹	3,650					3,650
UNITS OF TIME ²						
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR					CR
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	CR					CR
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS	10					10

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

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

DPH 4: Operating Expenses Detail

Provider Number: 383807

APPENDIX #: B-18

Provider Name: **Walden House, Inc. - Second Chances Supportive Housing**

Document Date: 10/08/10

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: DOJ Second Chance (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Expenditure Category	Term: 7/1/10-3/31/11	Term: _____	Term: 7/1/10-3/31/11	Term: _____	Term: 7/1/10-6/30/11	Term: _____
Rental of Property	1,403		1,403			
Utilities (Elec, Water, Gas, Phone, Scave	15,919		15,919			
Office Supplies, Postage	-		-			
Building Maintenance Supplies & Repair	2,313		2,313			
Printing and Reproduction	-		-			
Insurance	1,040		1,040			
Staff Training	-		-			
Staff Travel (Local & Out of Town)	1,247		1,247			
Rental of Equipment	1,060		1,060			
CONSULTANT/SUBCONTRACTOR	-		-			
	-		-			
	-		-			
	-		-			
	-		-			
OTHER						
Client Costs	165		165			
Transportation & Vehicles	19		19			
General Operating	12		12			
	-		-			
	-		-			
TOTAL OPERATING EXPENSE	23,178	-	23,178	-	-	-

CBHS BUDGET JUSTIFICATION

Provider Number: 383807
 Program Name: **Walden House, Inc. - Second Chances Supportive Housing**
 Fiscal Year: 2010-11

APPENDIX #: B-18
 Document Date: 10/08/10

Salaries and Benefits	FTE	Salaries
Maintenance Dept	0.037	1,629
	-	-
	-	-
	-	-
Total Salaries	0.037	1,629
State Unemployment Insurance - 5.46%		89
FICA - 7.37%		120
Workers' Compensation - 2.69%		44
Health Benefits - 12.28%		201
Retirement - 3.2%		52
Total Benefits		506
Total Salaries and Benefits		2,135
Operating Expenses		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Rental of office space and individual & group therapy rooms		1,403
Utilities:		
Water, gas, electricity and waste disposal		15,919
Building Maintenance:		
Maintenance and repairs of building		2,313
Total Occupancy:		19,635
Materials and Supplies:		
Office Supplies:		
Client Costs		165
Program/Medical Supplies:		
Total Materials and Supplies:		165
General Operating:		
Insurance:		
		1,040

CBHS BUDGET JUSTIFICATION

Provider Number: 383807
 Program Name: **Walden House, Inc. - Second Chances Supportive Housing**
 Fiscal Year: 2010-11

APPENDIX #: B-18
 Document Date: 10/08/10

Staff Training:	
Rental of Equipment:	
Copier Rental	1,060
Transportation & Vehicles	19
Gas, vehicles maintenance and registration fees	
Other General Operating	12
Total General Operating:	2,131
Staff Travel (Local & Out of Town):	
Local staff travel	1,247
	1,247
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
Total Operating Expenses	23,178
Capital Expenditures	-
Total Direct Costs	25,313
Indirect Costs	3,037
CONTRACT TOTAL	28,350

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

FISCAL YEAR:		2010-11	APPENIDX #:		B-19
LEGAL ENTITY NAME:		Walden House, Inc.	PROVIDER #:		383807
PROVIDER NAME:		Second Chances Case Management			
REPORTING UNIT NAME:	SC Case Mgmt				
REPORTING UNIT:	87071				
MODE OF SVCS / SERVICE FUNCTION CODE:	Anc-68				
SERVICE DESCRIPTION:	Ancillary Svcs Case Mgmt				TOTAL
CBHS FUNDING TERM:	7/1/10-3/31/11				
FUNDING USES					
SALARIES & EMPLOYEE BENEFITS	152,045				152,045
OPERATING EXPENSE	178,041				178,041
CAPITAL OUTLAY (COST \$5,000 AND OVER)	18,000				18,000
SUBTOTAL DIRECT COSTS	348,086	-	-	-	348,086
INDIRECT COST AMOUNT	41,770				41,770
TOTAL FUNDING USES:	389,856	-	-	-	389,856
CBHS MENTAL HEALTH FUNDING SOURCES					
FEDERAL REVENUES					-
STATE REVENUES					-
GRANTS					-
PRIOR YEAR ROLL OVER					-
WORK ORDERS					-
3RD PARTY PAYOR REVENUES					-
REALIGNMENT FUNDS					-
COUNTY GENERAL FUND					-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
FEDERAL REVENUES					-
STATE REVENUES					-
GRANTS/PROJECTS					-
Fed USDOJ Second Chance #16.202 HCSA02-10	389,856				389,856
WORK ORDERS					-
COUNTY GENERAL FUND					-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	389,856	-	-	-	389,856
TOTAL DPH REVENUES	389,856	-	-	-	389,856
NON-DPH REVENUES					
Patient/Client Fees					-
TOTAL NON-DPH REVENUES		-	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)	389,856	-	-	-	389,856
CBHS UNITS OF SVCS/TIME AND UNIT COST					
UNITS OF SERVICE ¹	2,700				2,700
UNITS OF TIME ²					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR				CR
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	CR				CR
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)					
UNDUPLICATED CLIENTS	50				50

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

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

DPH 4: Operating Expenses Detail

Provider Number: 383807

APPENDIX #: B-19

Provider Name: Walden House, Inc. - Second Chances Case Management

Document Date: 10/08/10

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: DOJ Second Chance (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
		PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Expenditure Category	Term: 7/1/10-3/31/11	Term: _____	Term: 7/1/10-3/31/11	Term: _____	Term: 7/1/10-6/30/11	Term: _____
Rental of Property	500		500			
Utilities (Elec, Water, Gas, Phone, Scave	6,650		6,650			
Office Supplies, Postage	150		150			
Building Maintenance Supplies & Repair	750		750			
Printing and Reproduction	-					
Insurance	1,000		1,000			
Staff Training	-					
Staff Travel (Local & Out of Town)	8,000		8,000			
Rental of Equipment	1,000		1,000			
CONSULTANT/SUBCONTRACTOR						
Jeanie Woodford	18,750		18,750			
Homeless Prenatal Program	30,130		30,130			
IRIS Center	54,880		54,880			
SF Clean City Coalition	50,000		50,000			
	-		-			
OTHER						
Client Costs	2,000		2,000			
Transportation & Vehicles	1,000		1,000			
General Operating	3,231		3,231			
	-		-			
	-		-			
TOTAL OPERATING EXPENSE	178,041	-	178,041	-	-	-

DPH 5: Capital Expenditures Detail

Provider Number: 383807
 Provider Name: **Walden House, Inc. - Second Chances Case Management**

APPENDIX #: B-19
 Document Date: 10/08/10

1. Equipment

No.	ITEM/DESCRIPTION	FUNDING SOURCE	PURCHASE COST EACH	TOTAL COST
1	Passenger Van	DOJ Second Chance (HCSA02-10)	18,000	18,000
				-
				-
				-
				-
				-
				-
TOTAL EQUIPMENT COST				18,000
2. Remodeling				
Description:				
TOTAL REMODELING COST				-
TOTAL CAPITAL EXPENDITURE (Equipment plus Remodeling Cost)				18,000

CBHS BUDGET JUSTIFICATION

Provider Number: 383807
 Program Name: **Walden House, Inc. - Second Chances Case Management**
 Fiscal Year: 2010-11

APPENDIX #: B-19
 Document Date: 10/08/10

Salaries and Benefits	FTE	Salaries
V.P. of Programs Annual Salary = \$ 97,533	0.075	7,315
Program Manager Annual Salary = \$ 65,000	0.750	48,750
Second Chances Case Manager Annual Salary = \$ 40,000	1.500	60,000
Total Salaries	2.325	116,065
State Unemployment Insurance - 5.46%		6,337
FICA - 7.37%		8,554
Workers' Compensation - 2.69%		3,122
Health Benefits - 12.28%		14,253
Retirement - 3.2%		3,714
Total Benefits		35,980
Total Salaries and Benefits		152,045
Operating Expenses		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Rental of office space and Individual & group therapy rooms		500
\$.185 per Contact		
Utilities:		
water, gas, electricity and waste disposal		6,650
\$2.463 per Contact		
Building Maintenance:		
Maintenance & repairs of building		750
\$.277per Contact		
Total Occupancy:		7,900
Materials and Supplies:		
Office Supplies:		
Office supplies for program staff		150
\$64.516 per FTE of 2.325		
Client Costs		
Office & activity supplies, transportation of clients		2,000
\$.741 per Contact		
Program/Medical Supplies:		
Total Materials and Supplies:		2,150
General Operating:		
Insurance:		
.000325 % of Agency Total of \$307,988		1,000

CBHS BUDGET JUSTIFICATION

Provider Number: 383807
 Program Name: **Walden House, Inc. - Second Chances Case Management**
 Fiscal Year: 2010-11

APPENDIX #: B-19
 Document Date: 10/08/10

Rental of Equipment	
Copier Rental	1,000
.370 % per Contact	
Transportation & Vehicles	
Gas, vehicles maintenance and registration fees	1,000
.370 % per Contact	
Other General Operating	
Urine analysis, Licensing, memberships, job advertising, graduation events, depreciation and miscellaneous expenses	3,231
1.196% per Contact	
Total General Operating:	6,231
Staff Travel (Local & Out of Town):	
Local Staff travel	8,000
\$3,440.86 per FTE of 2.325	
	8,000
Consultants/Subcontractors:	
Jeanie Woodford	18,750
Homeless Prenatal Program	30,130
IRIS Center	54,880
SF Clean City Coalition	50,000
Total Consultants/Subcontractors:	153,760
TOTAL OPERATING COSTS:	178,041
Total Operating Expenses	178,041
Capital Expenditures	18,000
Total Direct Costs	348,086
Indirect Costs	41,770
CONTRACT TOTAL	389,856

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

FISCAL YEAR:		2010-11	APPENIDX #:		B-20	
LEGAL ENTITY NAME:		Walden House, Inc.		PROVIDER #:		383835
PROVIDER NAME:		Connections Program				
REPORTING UNIT NAME:	TBA					
REPORTING UNIT:	TBA					
MODE OF SVCS / SERVICE FUNCTION CODE:	Nonres-34					
SERVICE DESCRIPTION:	Nonresidential ODF Indv				TOTAL	
CBHS FUNDING TERM:	7/1/10-6/30/11					
FUNDING USES						
SALARIES & EMPLOYEE BENEFITS	145,410				145,410	
OPERATING EXPENSE	33,161				33,161	
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-				-	
SUBTOTAL DIRECT COSTS	178,571	-	-	-	178,571	
INDIRECT COST AMOUNT	21,429				21,429	
TOTAL FUNDING USES:	200,000	-	-	-	200,000	
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES					-	
STATE REVENUES					-	
GRANTS					-	
PRIOR YEAR ROLL OVER					-	
WORK ORDERS					-	
3RD PARTY PAYOR REVENUES					-	
REALIGNMENT FUNDS					-	
COUNTY GENERAL FUND					-	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
FEDERAL REVENUES					-	
STATE REVENUES					-	
GRANTS/PROJECTS					-	
WORK ORDERS					-	
COUNTY GENERAL FUND	HMHSORES227	200,000			200,000	
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		200,000	-	-	200,000	
TOTAL DPH REVENUES		200,000	-	-	200,000	
NON-DPH REVENUES						
Patient/Client Fees					-	
TOTAL NON-DPH REVENUES		-	-	-	-	
TOTAL REVENUES (DPH AND NON-DPH)		200,000	-	-	200,000	
CBHS UNITS OF SVCS/TIME AND UNIT COST						
UNITS OF SERVICE ¹	1,500				1,500	
UNITS OF TIME ²					-	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	133.33				133.33	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	133.33				133.33	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS	24				24	

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

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

CBHS BUDGET JUSTIFICATION

Provider Number: 383835
 Program Name: **Walden House, Inc. - Connections Program**
 Fiscal Year: 2010-11

APPENDIX #: B-20
 Document Date: 10/08/10

Salaries and Benefits	FTE	Salaries
Family Services Coordinator- Annual Salary \$15,000	0.250	15,000
Licensed Therapist- Annual Salary \$48,000	1.000	48,000
Licensed Therapist- Annual Salary \$48,000	1.000	48,000
Total Salaries	2.250	111,000
State Unemployment Insurance - 5.46%		6,061
FICA - 7.37%		8,181
Workers' Compensation - 2.69%		2,986
Health Benefits - 12.28%		13,630
Retirement - 3.2%		3,552
Total Benefits		34,410
Total Salaries and Benefits		145,410
Operating Expenses		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Rental of office space and individual & group therapy rooms		
\$4.00 per contact times 1,500 contacts		6,000
Utilities:		
Water, gas, electricity, communications and waste disposal.		
\$6.33 per contact times 1,500 contacts		9,500
Building Maintenance:		
Maintenance & repairs of building being rented		
\$2.67 per contact times 1,500 contacts		4,000
Total Occupancy:		19,500
Materials and Supplies:		
Office Supplies:		
Office supplies for program staff.		
\$222.22 per FTE times 2.25 FTEs		500
Client Costs		
Office & activity supplies for clients and their children.		
\$2.00 per contact times 1,500 contacts		3,000
Total Materials and Supplies:		3,500
General Operating:		
Insurance:		
.81% of Agency Total of \$307,988		2,500
Rental of Equipment:		
Copier rental and two computers.		
\$2.00 per contact times 1,500 contacts		3,000

CBHS BUDGET JUSTIFICATION

Provider Number: 383835
 Program Name: **Walden House, Inc. - Connections Program**
 Fiscal Year: 2010-11

APPENDIX #: B-20
 Document Date: 10/08/10

Other General Operating	
Licensing, memberships, job advertising depreciation and miscellaneous expenses.	
\$3.10 per contact times 1,500 contacts	4,661
Total General Operating:	10,161
Staff Travel (Local & Out of Town):	
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
TOTAL OPERATING COSTS:	33,161
Total Operating Expenses	33,161
Capital Expenditures	-
Total Direct Costs	178,571
Indirect Costs	21,429
CONTRACT TOTAL	200,000

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

FISCAL YEAR:	2010-11	APPENDIX #:	B-21
LEGAL ENTITY NAME:	Walden House, Inc.	PROVIDER #:	383873
PROVIDER NAME:	Positive Reinforcement Opportunity Project (PROP)		
REPORTING UNIT NAME:	OP OASIS/ Central City		
REPORTING UNIT:	87351		
MODE OF SVCS / SERVICE FUNCTION CODE:	Nonres-34		
SERVICE DESCRIPTION:	Nonresident/ ODF Indv		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
FUNDING USES			
SALARIES & EMPLOYEE BENEFITS	10,800		10,800
OPERATING EXPENSE	1,596		1,596
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-		-
SUBTOTAL DIRECT COSTS	12,396	-	12,396
INDIRECT COST AMOUNT	1,486		1,486
TOTAL FUNDING USES:	13,882	-	13,882
CBHS MENTAL HEALTH FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS			-
PRIOR YEAR ROLL OVER			-
WORK ORDERS			-
3RD PARTY PAYOR REVENUES			-
REALIGNMENT FUNDS			-
COUNTY GENERAL FUND			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS/PROJECTS			-
WORK ORDERS			-
COUNTY GENERAL FUND	HMHSCRES227	13,882	13,882
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		13,882	13,882
TOTAL DPH REVENUES		13,882	13,882
NON-DPH REVENUES			
Patient/Client Fees			-
TOTAL NON-DPH REVENUES		-	-
TOTAL REVENUES (DPH AND NON-DPH)		13,882	13,882
CBHS UNITS OF SVCS/TIME AND UNIT COST			
UNITS OF SERVICE ¹	n/a		n/a
UNITS OF TIME ²			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR		CR
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	CR		CR
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	n/a		n/a

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

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

DPH 4: Operating Expenses Detail

Provider Number: 383873

APPENDIX #: B-21

Provider Name: **Walden House, Inc. - Positive Reinforcement Opportunity Project (PROP)**

Document Date: 10/08/10

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: <u> </u> (grant title)	GRANT #2: <u> </u> (grant title)	WORK ORDER #1: <u> </u> (dept. name)	WORK ORDER #2: <u> </u> (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: 7/1/10-6/30/11	Term: _____
Rental of Property	-	-				
Utilities (Elec, Water, Gas, Phone, Scave	314	314				
Office Supplies, Postage	-	-				
Building Maintenance Supplies & Repair	-	-				
Printing and Reproduction	-	-				
Insurance	34	34				
Staff Training	-	-				
Staff Travel (Local & Out of Town)	-	-				
Rental of Equipment	-	-				
CONSULTANT/SUBCONTRACTOR	-	-				
	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
Client Costs	1,100	1,100				
General Operating	148	148				
	-	-				
	-	-				
	-	-				
TOTAL OPERATING EXPENSE	1,596	1,596	-	-	-	-

CBHS BUDGET JUSTIFICATION

Provider Number: 383873
 Program Name: Walden House, Inc. - Positive Reinforcement Opportunity Project (PROP)
 Fiscal Year: 2010-11

APPENDIX #: B-21
 Document Date: 10/08/10

Salaries and Benefits	FTE	Salaries
Director Of OP Services - Annual Salary = \$ 69,050	0.020	1,381
PROP Case Manager - Annual Salary = \$ 44,856	0.153	6,863
Total Salaries	0.173	8,244
State Unemployment Insurance - 5.46%		450
FICA - 7.37%		608
Workers' Compensation - 2.69%		222
Health Benefits - 12.28%		1,012
Retirement - 3.2%		264
Total Benefits		2,556
Total Salaries and Benefits		10,800
Operating Expenses		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Utilities:		
Communications		
2 months of cell phone usage for program manager times \$157per mo.		314
Building Maintenance:		
Total Occupancy:		314
Materials and Supplies:		
Office Supplies:		
Client Costs		
Clients incentives for remaining clients.		1,100
Program/Medical Supplies:		
Total Materials and Supplies:		1,100
General Operating:		
Insurance:		
.011% of Agency Total of \$307,988		34
Staff Training:		

CBHS BUDGET JUSTIFICATION

Provider Number: 383873
 Program Name: Walden House, Inc. - Positive Reinforcement Opportunity Project (PROP)
 Fiscal Year: 2010-11

APPENDIX #: B-21
 Document Date: 10/08/10

Other General Operating	
Urine analysis supplies and miscellaneous expenses.	148
Total General Operating:	182
Staff Travel (Local & Out of Town):	
	-
Consultants/Subcontractors:	
Total Consultants/Subcontractors:	-
Total Operating Expenses	1,596
Capital Expenditures	-
Total Direct Costs	12,396
Indirect Costs	1,486
CONTRACT TOTAL	13,882

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

FISCAL YEAR:	2010-11	APPENDIX #:	B-22
LEGAL ENTITY NAME:	Walden House, Inc.	PROVIDER #:	n/a
PROVIDER NAME:	HIV Set-Aside Coordinator		
REPORTING UNIT NAME:	n/a		
REPORTING UNIT:	n/a		
MODE OF SVCS / SERVICE FUNCTION CODE:	n/a		
SERVICE DESCRIPTION:	ASO		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
FUNDING USES			
SALARIES & EMPLOYEE BENEFITS	91,700		91,700
OPERATING EXPENSE	8,549		8,549
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-		-
SUBTOTAL DIRECT COSTS	100,249	-	100,249
INDIRECT COST AMOUNT	12,030		12,030
TOTAL FUNDING USES:	112,279	-	112,279
CBHS MENTAL HEALTH FUNDING SOURCES			
FEDERAL REVENUES			-
STATE REVENUES			-
GRANTS			-
PRIOR YEAR ROLL OVER			-
WORK ORDERS			-
3RD PARTY PAYOR REVENUES			-
REALIGNMENT FUNDS			-
COUNTY GENERAL FUND			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
FEDERAL REVENUES			-
SAPT HIV Set-aside #93.959	HMHSACCRES227	112,279	112,279
STATE REVENUES			-
GRANTS/PROJECTS			-
WORK ORDERS			-
COUNTY GENERAL FUND			-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	112,279	-	112,279
TOTAL DPH REVENUES	112,279	-	112,279
NON-DPH REVENUES			
Patient/Client Fees			-
TOTAL NON-DPH REVENUES	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)	112,279	-	112,279
CBHS UNITS OF SVCS/TIME AND UNIT COST			
UNITS OF SERVICE ¹	n/a		n/a
UNITS OF TIME ²			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR		CR
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	CR		CR
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	n/a		n/a

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

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

DPH 4: Operating Expenses Detail

Provider Number: n/a
 Provider Name: **Walden House, Inc. - HIV Set-Aside Coordinator**

APPENDIX #: B-22
 Document Date: 10/08/10

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: _____	GRANT #2: _____	WORK ORDER #1: _____	WORK ORDER #2: _____
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	(grant title) PROPOSED TRANSACTION	(grant title) PROPOSED TRANSACTION	(dept. name) PROPOSED TRANSACTION	(dept. name) PROPOSED TRANSACTION
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: 7/1/10-6/30/11	Term: _____
Rental of Property	-	-				
Utilities (Elec, Water, Gas, Phone, Scave)	-	-				
Office Supplies, Postage	-	-				
Building Maintenance Supplies & Repair	-	-				
Printing and Reproduction	-	-				
Insurance	250	250				
Staff Training	-	-				
Staff Travel (Local & Out of Town)	-	-				
Rental of Equipment	-	-				
CONSULTANT/SUBCONTRACTOR						
Harm Reduction Policy Evaluation	3,000	3,000				
	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
General Operating	5,299	5,299				
	-	-				
	-	-				
	-	-				
	-	-				
TOTAL OPERATING EXPENSE	8,549	8,549	-	-	-	-

CBHS BUDGET JUSTIFICATION

Provider Number: n/a
 Program Name: **Walden House, Inc. - HIV Set-Aside Coordinator**
 Fiscal Year: 2010-11

APPENDIX #: B-22
 Document Date: 10/08/10

Salaries and Benefits	FTE	Salaries
HIV Set Aside Coordinator Annual Salary = \$ 70,000	1.000	70,000
	-	-
Total Salaries	1.000	70,000
State Unemployment Insurance - 5.46%		3,822
FICA - 7.37%		5,159
Workers' Compensation - 2.69%		1,883
Health Benefits - 12.28%		8,596
Retirement - 3.2%		2,240
Total Benefits		21,700
Total Salaries and Benefits		91,700
Operating Expenses		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Utilities:		
Building Maintenance:		
Total Occupancy:		
Materials and Supplies:		
Office Supplies:		
Printing/Reproduction:		
Program/Medical Supplies:		
Total Materials and Supplies:		
General Operating:		
Insurance:		
.086% of Agency Total of \$307,988		
		265
Staff Training:		

CBHS BUDGET JUSTIFICATION

Provider Number: n/a
 Program Name: **Walden House, Inc. - HIV Set-Aside Coordinator**
 Fiscal Year: 2010-11

APPENDIX #: B-22
 Document Date: 10/08/10

For various staff trainings	1,000
Other General Operating Miscellaneous expenses	3,284
Total General Operating:	4,549
Staff Travel (Local & Out of Town): Local Mileage and parking for staff travel to meetings, etc.	1,000
	1,000
Consultants/Subcontractors: Melissa Struzzo - To evaluate Harm Reduction Policy	3,000
Total Consultants/Subcontractors:	3,000
Total Operating Expenses	8,549
Capital Expenditures	-
Total Direct Costs	100,249
Indirect Costs	12,030
CONTRACT TOTAL	112,279

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

FISCAL YEAR:	2010-11			APPENDIX #:	B-23	
LEGAL ENTITY NAME:	Walden House, Inc.			PROVIDER #:	38AK	
PROVIDER NAME:	Adult OP MH Svcs & Medication Support					
REPORTING UNIT NAME:	WH Adult Outpatient	WH Adult Outpatient	WH Adult Outpatient			
REPORTING UNIT:	38AK3	38AK3	38AK3			
MODE OF SVCS / SERVICE FUNCTION CODE:	15/10-59	15/60-69	15/01-09			
SERVICE DESCRIPTION:	MH Svcs	Medication Support	Case Mgt Brokerage			TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11			
FUNDING USES						
SALARIES & EMPLOYEE BENEFITS	180,878	19,803	3,471			204,152
OPERATING EXPENSE	19,468	2,131	374			21,973
CAPITAL OUTLAY (COST \$5,000 AND OVER)	-					-
SUBTOTAL DIRECT COSTS	200,346	21,934	3,845	-	-	226,125
INDIRECT COST AMOUNT	24,042	2,632	461			27,135
TOTAL FUNDING USES:	224,388	24,566	4,306	-	-	253,260
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES						
SDMC Regular FFP (50%)	HMHMCC730515	35,918	3,932	690		40,540
ARRA SDMC FFP (11.59%)	HMHMCC730515	1,690	185	32		1,907
STATE REVENUES						
GRANTS						
PRIOR YEAR ROLL OVER						
WORK ORDERS						
3RD PARTY PAYOR REVENUES						
REALIGNMENT FUNDS	HMHMCC730515	180,526	17,575	3,080		181,181
COUNTY GENERAL FUND	HMHMCC730515	26,254	2,874	504		29,632
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	224,388	24,566	4,306	-	-	253,260
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
FEDERAL REVENUES						
STATE REVENUES						
GRANTS/PROJECTS						
WORK ORDERS						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-
TOTAL DPH REVENUES	224,388	24,566	4,306	-	-	253,260
NON-DPH REVENUES						
Patient/Client Fees						-
TOTAL NON-DPH REVENUES	-	-	-	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)	224,388	24,566	4,306	-	-	253,260
CBHS UNITS OF SVCS/TIME AND UNIT COST						
UNITS OF SERVICE ¹						
UNITS OF TIME ²	85,947	5,089	2,183			93,219
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.61	4.83	1.97			n/a
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.61	4.83	1.97			n/a
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS	n/a	n/a	n/a			n/a

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

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

CBHS BUDGET JUSTIFICATION

Provider Number: 38AK
 Program Name: Walden House, Inc. - Adult OP MH Svcs & Medication Support
 Fiscal Year: 2010-11

APPENDIX #: B-23
 Document Date: 10/08/10

Salaries and Benefits	FTE	Salaries
V.P. of Mental Health Services - Annual Salary = \$124,760	0.242	30,192
Dir. of QA & Compliance - Annual Salary = \$72,000	0.052	3,744
Mental Health Manager - Annual Salary = \$64,614	0.101	6,526
Therapist - Annual Salary = \$45,325	1.123	50,900
Mental Health MC Admin. Coordinator - Annual Salary = \$46,383	0.715	33,164
Social Services Support - Annual Salary = \$40,585	0.207	8,401
Psychiatrist - Annual Salary = \$57,301	0.385	22,061
Maintenance/Operations - Annual Salary = \$37,087	0.023	853
Total Salaries	2.848	155,841
State Unemployment Insurance - 5.46%		8,509
FICA - 7.37%		11,485
Workers' Compensation - 2.69%		4,192
Health Benefits - 12.28%		19,138
Retirement - 3.2%		4,987
Total Benefits		48,311
Total Salaries and Benefits		204,152
Operating Expenses		
Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided by 12 months for a monthly allocation.		
Occupancy:		
Rent:		
Rental of office space and Individual & Group Therapy rooms		7,287
\$.078 per Unit of Service		
Utilities:		
Water, gas, electricity and waste disposal		3,504
\$.037 per Unit of Service		
Building Maintenance:		
Maintenance & repair of Building		954
\$.010 per Unit of Service		
Total Occupancy:		11,745
Materials and Supplies:		
Office Supplies:		
Office supplies for program staff		249
\$87.43 per FTE of 2.848		
Client Costs		
Office & activity supplies, transportation of clients		
\$.005 per Unit of Service		519
Program/Medical Supplies:		
Total Materials and Supplies:		
		768

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

FISCAL YEAR:	FY 10-11			APPENDIX #: B-24		
LEGAL ENTITY NAME:	Walden House Inc.			PROVIDER #: NA		
PROVIDER NAME:	Walden House Inc. Of San Francisco					
REPORTING UNIT NAME:	Project Homeless Connect	Project Homeless Connect	Project Homeless Connect			
REPORTING UNIT:	NA	NA	NA			
MODE OF SVCS / SERVICE FUNCTION CODE						
SERVICE DESCRIPTION	Fiscal Intermediary	Fiscal Intermediary	Fiscal Intermediary	#N/A	#N/A	TOTAL
CBHS FUNDING TERM:	2010-2011	2010-2011	2010-2011			
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	112,281	40,560	216,185			369,026
OPERATING EXPENSE	9,477		18,246			27,723
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	121,758	40,560	234,431	0	0	396,748
INDIRECT COST AMOUNT	14,611	4,867	28,132			47,610
TOTAL FUNDING USES:	136,369	45,427	262,563	0	0	444,358
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
Refugee FFP (at 100%)						
STATE REVENUES - click below						
GRANTS - click below	CFDA #:					
Please enter other here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
MHSA		45,427				45,427
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND			262,563			262,563
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		45,427	262,563			307,990
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below	CFDA #:					
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND	136,368					136,368
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	136,368					136,368
TOTAL DPH REVENUES	136,368	45,427	262,563			444,358
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	136,368	45,427	262,563			444,358
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹	NA	NA	NA			
UNITS OF TIME ²	NA	NA	NA			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR	CR	CR	0.00	0.00	
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	CR	CR	CR	0.00	0.00	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS	N/A	N/A	N/A			

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

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

DPH 4: Operating Expenses Detail

APPENDIX #: B-24
 Document Date: 09/08/10

Provider Number (same as line 7 on DPH 1): _____
 Program Name: Project Homeless Connect

Expenditure Category

Rental of Property
 Utilities(Elec, Water, Gas, Phone, Scavenger)
 Office Supplies, Postage
 Building Maintenance Supplies and Repair
 Printing and Reproduction
 Insurance
 Staff Training, Staff Travel-(Local & Out of Town)

 Rental of Equipment
 CONSULTANT/SUBCONTRACTOR (Provide Names,
 Dates, Hours & Amounts)

 OTHER
 Client Costs (stipends)
 Transportation & Vehicles
 Food and Food Preparation
 General Operating

TOTAL	GENERAL FUND Substance Abuse	GENERAL FUND Mental Health	GRANT #2: _____ (grant title)	WORK ORDER #1: _____ (dept. name)	WORK ORDER #2: _____ (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term:2010-11	Term:2010-11	Term:2010-11	Term: _____	Term: _____	Term: _____
\$ -					
\$ -					
\$ -					
\$ -					
750	256	494			
2,000	684	1,316			
\$ -					
\$ -					
15,000	5,128	9,872			
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
300	103	197			
\$ -					
\$ -					
9,673	3,307	6,367			
\$ -					
\$27,723	\$9,477	\$18,246	\$0	\$0	\$0

TOTAL OPERATING EXPENSE

CBHS BUDGET JUSTIFICATION

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

Program Name: Project Homeless Connect

Date: 9/8/10

Fiscal Year 20-10-2011

Salaries and Benefits

	Salaries	FTE
PHC Manager - Annual Salary = \$ 80,0000	\$80,000	1.000
PHC Volunteer Coordinator - Annual Salary = \$ 57,846	\$57,846	1.000
PHC Office Assistant - Annual Salary = \$ 41,600	\$41,600	1.000
Program Manager - Annual Salary = \$ 52,000	\$41,600	.800
Peer Manager - Annual Salary = \$ 24,632	\$9,360	.380
Program Manager - Annual Salary = \$ 52,000	\$26,000	.500
Program Manager (Garden MHSA transfer) = \$ 42,527	\$31,895	.750
TOTAL SALARIES	\$288,301	

State Unemployment Insurance - 5.46%	\$15,741	
FICA - 7.37%	\$21,248	
Workers' Compensation - 2.69%	\$7,755	
Health Benefits - 9.28%	\$26,754	
Retirement - 3.2%	\$9,226	
TOTAL BENEFITS	\$80,724	

TOTAL SALARIES & BENEFITS \$369,025

Operating Expenses

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

Rent:

Utilities:

Building Maintenance:

Total Occupancy: \$0

Materials and Supplies:

Office Supplies:

Client Costs

Client stipends \$300

**Appendix C
Insurance Waiver**

RESERVED

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[Use as appropriate and only if an insurance waiver has been signed and granted by the Risk Manager.]

Appendix D
Additional Terms

1. HIPAA

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that CONTRACTOR falls within the following definition under the HIPAA regulations:

- A Covered Entity subject to HIPAA and the Privacy Rule contained therein; or
 A Business Associate subject to the terms set forth in Appendix E;
 Not Applicable, CONTRACTOR will not have access to Protected Health Information.

2. THIRD PARTY BENEFICIARIES

No third parties are intended by the parties hereto to be third party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.

3. CERTIFICATION REGARDING LOBBYING

CONTRACTOR certifies to the best of its knowledge and belief that:

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

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

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

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

Use a version of this section if you want to have the right to approve in advance any materials developed or distributed under the Agreement:

4. MATERIALS REVIEW

CONTRACTOR agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. CONTRACTOR agrees to provide such materials sufficiently in

advance of any deadlines to allow for adequate review. CITY agrees to conduct the review in a manner which does not impose unreasonable delays on CONTRACTOR'S work, which may include review by members of target communities.

Appendix E

BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum is entered into to address the privacy and security protections for certain information as required by federal law. City and County of San Francisco is the Covered Entity and is referred to below as "CE". The CONTRACTOR is the Business Associate and is referred to below as "BA".

RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.
- C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Addendum.

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

1. Definitions

- a. **Breach** shall have the meaning given to such term under the HITECH Act [42 U.S.C. Section 17921].
- b. **Business Associate** shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- c. **Covered Entity** shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- d. **Data Aggregation** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- e. **Designated Record Set** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- f. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media.

- g. **Electronic Health Record** shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
- h. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- i. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.F. Parts 160 and 164, Subparts A and E.
- j. **Protected Health Information or PHI** means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; and (ii) that identifies the individual or with respect to where there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. Sections 160.103, 164.501].
- k. **Protected Information** shall mean PHI provided by CE to BA or created or received by BA on CE's behalf.
- l. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
- m. **Unsecured PHI** shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h).

2. **Obligations of Business Associate**

- a. **Permitted Uses.** BA shall not use Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information (i) for the proper management and administration of BA, (ii) to carry out the legal responsibilities of BA, or (iii) for Data Aggregation purposes for the Health Care Operations of CE [45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(i)].
- b. **Permitted Disclosures.** BA shall not disclose Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes for the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable *written* assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to such third party, and (ii) a *written* agreement from such third party to immediately notify BA of any breaches of confidentiality of the Protected Information, to the extent it has obtained knowledge of such breach [42 U.S.C.

Section 17932; 45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(i)(B), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(ii)].

- c. **Prohibited Uses and Disclosures.** BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates 42 U.S.C. Section 17935(a). BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
- d. **Appropriate Safeguards.** BA shall implement appropriate safeguards as are necessary to prevent the use or disclosure of Protected Information otherwise than as permitted by the Contract or Addendum, including, but not limited to, administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Protected Information, in accordance with 45 C.F.R. Section 164.308(b)]. BA shall comply with the policies and procedures and documentation requirements of the HIPAA Security Rule, including, but not limited to, 45 C.F.R. Section 164.316 [42 U.S.C. Section 17931]
- e. **Reporting of Improper Access, Use or Disclosure.** BA shall report to CE in writing of any access, use or disclosure of Protected Information not permitted by the Contract and Addendum, and any Breach of Unsecured PHI of which it becomes aware without unreasonable delay and in no case later than 10 calendar days after discovery [42 U.S.C. Section 17921; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.R.R. Section 164.308(b)].
- f. **Business Associate's Agents.** BA shall ensure that any agents, including subcontractors, to whom it provides Protected Information, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI. If BA creates, maintains, receives or transmits electronic PHI on behalf of CE, then BA shall implement the safeguards required by paragraph c above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2)(ii)(D); 45 C.F.R. Section 164.308(b)]. BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation (see 45 C.F.R. Sections 164.530(f) and 164.530(e)(1)).
- g. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors available to CE for inspection and copying within ten (10) days of a request by CE to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains an Electronic Health Record, BA shall provide such information in electronic format to enable CE to fulfill its obligations under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17935(e).
- h. **Amendment of PHI.** Within ten (10) days of receipt of a request from CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA or its agents or subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment to enable CE to fulfill its obligation under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If any individual requests an amendment of Protected

Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request. Any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors shall be the responsibility of CE [45 C.F.R. Section 164.504(e)(2)(ii)(F)].

- i.* **Accounting Rights.** Within ten (10) calendar days of notice by CE of a request for an accounting for disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents or subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935(c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents or subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an electronic health record and is subject to this requirement. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. In the event that the request for an accounting is delivered directly to BA or its agents or subcontractors, BA shall within five (5) calendar days of a request forward it to CE in writing. It shall be CE's responsibility to prepare and deliver any such accounting requested. BA shall not disclose any Protected Information except as set forth in Sections 2.b. of this Addendum [45 C.F.R. Sections 164.504(e)(2)(ii)(G) and 165.528]. The provisions of this subparagraph h shall survive the termination of this Agreement.
- j.* **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with the Privacy Rule [45 C.F.R. Section 164.504(e)(2)(ii)(H)]. BA shall provide to CE a copy of any Protected Information that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- k.* **Minimum Necessary.** BA (and its agents or subcontractors) shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)(3)] BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary."
- l.* **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- m.* **Business Associate's Insurance.** BA shall maintain a sufficient amount of insurance to adequately address risks associated with BA's use and disclosure of Protected Information under this Addendum.

- n.* **Notification of Breach.** During the term of the Contract, BA shall notify CE within twenty-four (24) hours of any suspected or actual breach of security, intrusion or unauthorized use or disclosure of PHI of which BA becomes aware and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. BA shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations.
- o.* **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 U.S.C. Section 17934(b), if the BA knows of a pattern of activity or practice of the CE that constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the Contract or other arrangement if feasible, or if termination is not feasible, report the problem to the Secretary of DHHS. BA shall provide written notice to CE of any pattern of activity or practice of the CE that BA believes constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.
- p.* **Audits, Inspection and Enforcement.** Within ten (10) calendar days of a written request by CE, BA and its agents or subcontractors shall allow CE to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of Protected Information pursuant to this Addendum for the purpose of determining whether BA has complied with this Addendum; provided, however, that (i) BA and CE shall mutually agree in advance upon the scope, timing and location of such an inspection, (ii) CE shall protect the confidentiality of all confidential and proprietary information of BA to which CE has access during the course of such inspection; and (iii) CE shall execute a nondisclosure agreement, upon terms mutually agreed upon by the parties, if requested by BA. The fact that CE inspects, or fails to inspect, or has the right to inspect, BA's facilities, systems, books, records, agreements, policies and procedures does not relieve BA of its responsibility to comply with this Addendum, nor does CE's (i) failure to detect or (ii) detection, but failure to notify BA or require BA's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of CE's enforcement rights under the Contract or Addendum, BA shall notify CE within ten (10) calendar days of learning that BA has become the subject of an audit, compliance review, or complaint investigation by the Office for Civil Rights.

3. Termination

- a.* **Material Breach.** A breach by BA of any provision of this Addendum, as determined by CE, shall constitute a material breach of the Contract and shall provide grounds for immediate termination of the Contract, any provision in the Contract to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
- b.* **Judicial or Administrative Proceedings.** CE may terminate the Contract, effective immediately, if (i) BA is named as a defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other

security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

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

4. **Limitation of Liability**

Any limitations of liability as set forth in the contract shall not apply to damages related to a breach of the BA's privacy or security obligations under the Contract or Addendum.

5. **Disclaimer**

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

6. **Certification**

To the extent that CE determines that such examination is necessary to comply with CE's legal obligations pursuant to HIPAA relating to certification of its security practices, CE or its authorized agents or contractors, may, at CE's expense, examine BA's facilities, systems, procedures and records as may be necessary for such agents or contractors to certify to CE the extent to which BA's security safeguards comply with HIPAA, the HITECH Act, the HIPAA Regulations or this Addendum.

7. **Amendment**

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

CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

8. Assistance in Litigation or Administrative Proceedings

BA shall make itself, and any subcontractors, employees or agents assisting BA in the performance of its obligations under the Contract or Addendum, available to CE, at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its directors, officers or employees based upon a claimed violation of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule, or other laws relating to security and privacy, except where BA or its subcontractor, employee or agent is a named adverse party.

9. No Third-Party Beneficiaries

Nothing express or implied in the Contract or Addendum is intended to confer, nor shall anything herein confer, upon any person other than CE, BA and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

10. Effect on Contract

Except as specifically required to implement the purposes of this Addendum, or to the extent inconsistent with this Addendum, all other terms of the Contract shall remain in force and effect.

11. Interpretation

The provisions of this Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.

12. Replaces and Supersedes Previous Business Associate Addendums or Agreements

This Business Associate Addendum replaces and supersedes any previous business associate addendums or agreements between the parties hereto.

Appendix F
Invoice

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

Appendix F
 PAGE A

Control Number

Contractor : Walden House Inc.
 Address: 520 Townsend Street, San Francisco, CA 94103
 Tel No.: (415) 554-1100
 Fax No.: (415) 554-1499
 Contract Term: 07/01/2010 - 06/30/2011
 PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M01 JL 0
 Ct.Blanket No.: BPHM TBD
 Ct. PO No.: POHM TBD
 Fund Source: General Fund
 Invoice Period: July 2010
 Final Invoice: (Check if Yes)
 ACE Control Number:

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
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*Unduplicated Counts for AIDS Use Only

DELIVERABLES Program Name/Replg. 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-23 Adult OP MH Svcs & Medication Support RU# 38AK3												
15/ 10 - 59 WH Adult Outpatient MH Svcs	85,972				\$ 2.61	\$ -	0.000	0.00%			85,972.000	\$ 224,386.92
Outpatient Mental Health Services - Other					\$ 2.61	\$ -	0.000	#DIV/0!			0.000	-
15/ 60 - 69 WH Adult Medication Support	5,096				\$ 4.82	\$ -	0.000	0.00%			5,096.000	24,562.72
15/ 01 - 09 WH Adult Outpatient Case Mgt Brokerage	2,186				\$ 1.97	\$ -	0.000	0.00%			2,186.000	4,306.42
TOTAL	93,254		0.000				0.000	0.00%			93,254.000	\$ 253,256.06

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

NOTES:

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

Signature: _____ Date: _____
 Title: _____

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

DPH Authorization for Payment

 Authorized Signatory Date

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

Appendix F
PAGE A

Control Number

Contractor : Walden House Inc.

Address: 520 Townsend Street, San Francisco, CA 94103

Tel No.: (415) 554-1100

Fax No.: (415) 554-1499

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M03 JL 0

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: General Fund

Invoice Period: July 2010

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-24 Project Homeless Connect												
Fiscal Intermediary							#DIV/0!		-		#DIV/0!	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 168,757.00	\$ -	\$ -	0.00%	\$ 168,757.00
Fringe Benefits	\$ 47,427.00	\$ -	\$ -	0.00%	\$ 47,427.00
Total Personnel Expenses	\$ 216,184.00	\$ -	\$ -	0.00%	\$ 216,184.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 1,810.00	\$ -	\$ -	0.00%	\$ 1,810.00
Staff Travel/Training	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 9,872.00	\$ -	\$ -	0.00%	\$ 9,872.00
Other: Client Costs (Stipends)	\$ 197.00	\$ -	\$ -	0.00%	\$ 197.00
General Operating	\$ 6,367.00	\$ -	\$ -	0.00%	\$ 6,367.00
Total Operating Expenses	\$ 18,246.00	\$ -	\$ -	0.00%	\$ 18,246.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 234,430.00	\$ -	\$ -	0.00%	\$ 234,430.00
Indirect Expenses	\$ 28,132.00	\$ -	\$ -	0.00%	\$ 28,132.00
TOTAL EXPENSES	\$ 262,562.00	\$ -	\$ -	0.00%	\$ 262,562.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

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

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

INVOICE NUMBER:

Contractor : Walden House Inc.

Cl. Blanket No.: BPHM

Address: 520 Townsend Street, San Francisco, CA 94103

Cl. PO No.: POHM

Tel No.: (415) 554-1100

Fund Source:

Fax No.: (415) 554-1499

Invoice Period:

Contract Term: 07/01/2010 - 06/30/2011

Final Invoice: (Check if Yes)

PHP Division: Community Behavioral Health Services

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-12 On Call/ Criss Intervention												
15/ 70 - 79 Crisis Intervention-OP	1						0%		1		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 11,431.00	\$ -	\$ -	0.00%	\$ 11,431.00
Fringe Benefits	\$ 3,544.00	\$ -	\$ -	0.00%	\$ 3,544.00
Total Personnel Expenses	\$ 14,975.00	\$ -	\$ -	0.00%	\$ 14,975.00
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%	\$ -
Total Operating Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 14,975.00	\$ -	\$ -	0.00%	\$ 14,975.00
Indirect Expenses	\$ 1,797.00	\$ -	\$ -	0.00%	\$ 1,797.00
TOTAL EXPENSES	\$ 16,772.00	\$ -	\$ -	0.00%	\$ 16,772.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

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

DPH Authorization for Payment

Authorized Signatory _____ Date _____

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

EXHIBIT C-1
PAGE A

Control Number

Contractor : Walden House Inc.

Address: 520 Townsend Street, San Francisco, CA 94103

Tel No.: (415) 554-1100

Fax No.: (415) 554-1499

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M08 JL 0

Ct Blankt No.: BPHM TBD

User Cd

Ct PO No.: PCHM TBD

Fund Source: State CDCR ISMIP

Invoice Period: July 2010

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

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
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*Unduplicated Counts for AIDS Use Only

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (Mtr 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-4 Bridges Residential RU# 85572 WH Integrated Mentally Ill Res												
05/ 65 - 79 Adult Residential - HMAD01-11	547				\$ 129.79	\$ -	0.000		0.00%		547.000	\$ 70,995.13
B-17 Bridges Outpatient												
05/ 65 - 79 Adult Residential - HMAD01-11	8,569				\$ 50.03	\$ -	0.000		0.00%		8,569.000	\$ 428,707.07
TOTAL	9,116		0,000				0,000		0.00%		9,116,000	\$ 499,702.20

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

NOTES:

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

Signature: _____ Date: _____

Title: _____

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

DPH Authorization for Payment	
_____	_____
Authorized Signatory	Date

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

Appendix F
PAGE A

Control Number

Contractor : Walden House Inc.
Address: 520 Townsend Street, San Francisco, CA 94103
Tel No.: (415) 554-1100
Fax No.: (415) 554-1499
Contract Term: 07/01/2010 - 06/30/2011
PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M10 JL 0
Ct Blankt No.: BPHM TBD
Ct. PO No.: POHM TBD
Fund Source: State CDCR ISMIP
Invoice Period: July 2010
Final Invoice: (Check if Yes)
ACE Control Number:

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
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*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-4 Bridges Residential RU# 85572 WH Integrated Mentally Ill Res												
05/ 65 - 79 Adult Residential - HMAD02-11	547				\$ 129.79	\$ -	0.000		0.00%		547.000	
B-17 Bridges Outpatient												
05/ 65 - 79 Adult Residential - HMAD02-11	7,855				\$ 50.03	\$ -	0.000		0.00%		7,855.000	
TOTAL	8,402		0.000				0.000		0.00%		8,402.000	

\$ 70,995.13
392,985.65
\$ 463,980.78

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

NOTES:

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

Signature: _____ Date: _____
Title: _____

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

DPH Authorization for Payment

Authorized Signatory Date

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

Appendix F
PAGE A

Control Number

INVOICE NUMBER:

Contractor : Walden House Inc.

Ct. Blanket No.: BPHM

Address: 520 Townsend Street, San Francisco, CA 94103

User Cd

Ct. PO No.: POHM

Tel No.: (415) 554-1100

Funding Source:

Fax Bl.: (415) 554-1499

Invoice Period:

Contract Term: 07/01/2010 - 06/30/2011

Final Invoice: (Check if Yes)

PHP Division: Community Behavioral Health Services

Ace Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-22 HIV Set Aside Coordinator												
ASO							#DIV/0!				#DIV/0!	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 70,000.00	\$ -	\$ -	0.00%	\$ 70,000.00
Fringe Benefits	\$ 21,700.00	\$ -	\$ -	0.00%	\$ 21,700.00
Total Personnel Expenses	\$ 91,700.00	\$ -	\$ -	0.00%	\$ 91,700.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 250.00	\$ -	\$ -	0.00%	\$ 250.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 3,000.00	\$ -	\$ -	0.00%	\$ 3,000.00
Other: General Operating	\$ 5,299.00	\$ -	\$ -	0.00%	\$ 5,299.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 8,549.00	\$ -	\$ -	0.00%	\$ 8,549.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 100,249.00	\$ -	\$ -	0.00%	\$ 100,249.00
Indirect Expenses	\$ 12,030.00	\$ -	\$ -	0.00%	\$ 12,030.00
TOTAL EXPENSES	\$ 112,279.00	\$ -	\$ -	0.00%	\$ 112,279.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

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

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

INVOICE NUMBER:

Contractor : Walden House Inc.

Ct. Blanket No.: BPHM User Cd

Address: 520 Townsend Street, San Francisco, CA 94103

Ct. PO No.: POHM

Tel No.: (415) 554-1100

Funding Source:

Fax Bi: (415) 554-1499

Invoice Period:

Contract Term: 07/01/2010 - 06/30/2011

Final Invoice: (Check if Yes)

PHP Division: Community Behavioral Health Services

Ace Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-24 Project Homeless Connect												
Fiscal Intermediary					-	-	#DIV/0!	#DIV/0!	-	-	#DIV/0!	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 87,649.00	\$ -	\$ -	0.00%	\$ 87,649.00
Fringe Benefits	\$ 24,633.00	\$ -	\$ -	0.00%	\$ 24,633.00
Total Personnel Expenses	\$ 112,282.00	\$ -	\$ -	0.00%	\$ 112,282.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 940.00	\$ -	\$ -	0.00%	\$ 940.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 5,128.00	\$ -	\$ -	0.00%	\$ 5,128.00
Other: Stipend	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 3,307.00	\$ -	\$ -	0.00%	\$ 3,307.00
Client Costs	\$ 103.00	\$ -	\$ -	0.00%	\$ 103.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 9,478.00	\$ -	\$ -	0.00%	\$ 9,478.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 121,760.00	\$ -	\$ -	0.00%	\$ 121,760.00
Indirect Expenses	\$ 14,611.00	\$ -	\$ -	0.00%	\$ 14,611.00
TOTAL EXPENSES	\$ 136,371.00	\$ -	\$ -	0.00%	\$ 136,371.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

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

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

INVOICE NUMBER:

Contractor: Walden House Inc.

Ct. Blanket No.: BPHM User Cd

Address: 520 Townsend Street, San Francisco, CA 94103

Ct. PO No.: POHM

Tel No.: (415) 554-1100

Funding Source:

Fax Bi.: (415) 554-1499

Invoice Period:

Contract Term: 07/01/2010 - 06/30/2011

Final Invoice: (Check if Yes)

PHP Division: Community Behavioral Health Services

Ace Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-21 Positive Reinforcement Opportunity Project (PROP) RU# 87351												
(FY 09-10 Methamphetamine Real PROP)							#DIV/0!	#DIV/0!	-	-	#DIV/0!	#DIV/0!
OP OASIS/ Central City												
Nonres-34 Nonresidntl ODF Indv												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 8,244.00	\$ -	\$ -	0.00%	\$ 8,244.00
Fringe Benefits	\$ 2,556.00	\$ -	\$ -	0.00%	\$ 2,556.00
Total Personnel Expenses	\$ 10,800.00	\$ -	\$ -	0.00%	\$ 10,800.00
Operating Expenses:					
Occupancy	\$ 314.00	\$ -	\$ -	0.00%	\$ 314.00
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 34.00	\$ -	\$ -	0.00%	\$ 34.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Costs	\$ 1,100.00	\$ -	\$ -	0.00%	\$ 1,100.00
Transportation & Vehicles	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 148.00	\$ -	\$ -	0.00%	\$ 148.00
Total Operating Expenses	\$ 1,596.00	\$ -	\$ -	0.00%	\$ 1,596.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 12,396.00	\$ -	\$ -	0.00%	\$ 12,396.00
Indirect Expenses	\$ 1,486.00	\$ -	\$ -	0.00%	\$ 1,486.00
TOTAL EXPENSES	\$ 13,882.00	\$ -	\$ -	0.00%	\$ 13,882.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

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

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

Contractor : Walden House Inc.
Address: 520 Townsend Street, San Francisco, CA 94103
Tel No.: (415) 554-1100
Fax No.: (415) 554-1499

Contract Term: 07/01/2010 - 06/30/2011
PHP Division: Community Behavioral Health Services

INVOICE NUMBER : S10 JL 0
Ct Blanket: BPHM TBD
Ct PO No.: POHM TBD
Fund Source: GF - HIV Health Services Patch
Invoice Period : July 2010
Final Invoice: _____ (Check if Yes)
ACE Control Number: _____

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
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*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-14 CARE-Variable Length Residential RU# 38062, 38342 & 38572												
05/65 - 79 Adult Residential	2,464				\$ 86.55	\$ -	0.000		0.00%		2,464.000	\$ 213,259.20
B-15 CARE-MDSP Residential RU# 38572												
05/65 - 79 Adult Residential	1,807				\$ 193.00	\$ -	0.000		0.00%		1,807.000	348,751.00
B-16 CARE-DETOX Residential RU# 38572												
05/65 - 79 Adult Residential	1,478				\$ 140.64	\$ -	0.000		0.00%		1,478.000	207,865.92
TOTAL	5,749		0.000				0.000		0.00%		5,749.000	\$ 769,876.12

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

NOTES:

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

Signature: _____ Date: _____
Title: _____

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

DPH Authorization for Payment

Authorized Signatory Date

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

Appendix F
PAGE A

Control Number

Contractor : Walden House Inc.

Address: 520 Townsend Street, San Francisco, CA 94103

Tel No.: (415) 554-1100

Fax No.: (415) 554-1499

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S11 JL 0

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: Second Chance Act - HCSA02-10

Invoice Period: July 2010

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-18 Second Chances Supportive Housing RU# 88077												
05/60 - 64 Residential Other	3,650	10			-	-	0%	0%	3,650	10	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 1,629.00	\$ -	\$ -	0.00%	\$ 1,629.00
Fringe Benefits	\$ 506.00	\$ -	\$ -	0.00%	\$ 506.00
Total Personnel Expenses	\$ 2,135.00	\$ -	\$ -	0.00%	\$ 2,135.00
Operating Expenses:					
Occupancy	\$ 19,635.00	\$ -	\$ -	0.00%	\$ 19,635.00
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 2,100.00	\$ -	\$ -	0.00%	\$ 2,100.00
Staff Travel	\$ 1,247.00	\$ -	\$ -	0.00%	\$ 1,247.00
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Costs	\$ 165.00	\$ -	\$ -	0.00%	\$ 165.00
Client Transportation	\$ 19.00	\$ -	\$ -	0.00%	\$ 19.00
General Operating	\$ 12.00	\$ -	\$ -	0.00%	\$ 12.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 23,178.00	\$ -	\$ -	0.00%	\$ 23,178.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 25,313.00	\$ -	\$ -	0.00%	\$ 25,313.00
Indirect Expenses	\$ 3,037.00	\$ -	\$ -	0.00%	\$ 3,037.00
TOTAL EXPENSES	\$ 28,350.00	\$ -	\$ -	0.00%	\$ 28,350.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

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

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

Contractor : Walden House Inc.

Address: 520 Townsend Street, San Francisco, CA 94103

Tel No.: (415) 554-1100

Fax No.: (415) 554-1499

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S12 JL 0

Cl. Blanket No.: BPHM TBD

User Cd

Cl. PO No.: POHM TBD

Fund Source: Second Chance Act - HCSA02-10

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-19 Second Chances-Case Management RU# 87071												
Anc-68 Ancillary Svcs Cast Mgt	1,500	25			-	-	0%	0%	1,500	25	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 116,065.00	\$ -	\$ -	0.00%	\$ 116,065.00
Fringe Benefits	\$ 35,980.00	\$ -	\$ -	0.00%	\$ 35,980.00
Total Personnel Expenses	\$ 152,045.00	\$ -	\$ -	0.00%	\$ 152,045.00
Operating Expenses:					
Occupancy	\$ 7,900.00	\$ -	\$ -	0.00%	\$ 7,900.00
Materials and Supplies	\$ 150.00	\$ -	\$ -	0.00%	\$ 150.00
General Operating	\$ 2,000.00	\$ -	\$ -	0.00%	\$ 2,000.00
Staff Travel	\$ 8,000.00	\$ -	\$ -	0.00%	\$ 8,000.00
Consultant/Subcontractor	\$ 153,760.00	\$ -	\$ -	0.00%	\$ 153,760.00
Other: Client Costs	\$ 2,000.00	\$ -	\$ -	0.00%	\$ 2,000.00
Transportation & Vehicles	\$ 1,000.00	\$ -	\$ -	0.00%	\$ 1,000.00
General Operating	\$ 3,231.00	\$ -	\$ -	0.00%	\$ 3,231.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 178,041.00	\$ -	\$ -	0.00%	\$ 178,041.00
Capital Expenditures	\$ 18,000.00	\$ -	\$ -	0.00%	\$ 18,000.00
TOTAL DIRECT EXPENSES	\$ 348,086.00	\$ -	\$ -	0.00%	\$ 348,086.00
Indirect Expenses	\$ 41,770.00	\$ -	\$ -	0.00%	\$ 41,770.00
TOTAL EXPENSES	\$ 389,856.00	\$ -	\$ -	0.00%	\$ 389,856.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

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

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
 PAGE A

Control Number

Contractor: **Walden House Inc.**
 Address: 520 Townsend Street, San Francisco, CA 94103
 Tel No.: (415) 554-1100
 Fax No.: (415)554-1499
 Contract Term: 07/01/2010 - 06/30/2011
 PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S01 JL 0
 Cl. Blanket No.: BPHM TBD
 Cl. PO No.: POHM TBD User Cd
 Fund Source: General Fund
 Invoice Period: July 2010
 Final Invoice: (Check if Yes)
 ACE Control Number:

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
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DELIVERABLES Program Name/Repty. Unit Modality/Mode # - Svc Func (MHI Code)	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-1 Adult Residential (Buena Vista, Hayes & Haight Res) RU# 38062 & 38572													
05/65 - 79 Adult Residential	32,232				\$ 86.57	\$ -	0.000		0.00%		32,232.000		2,790,324.24
B-3 WHITS Residential RU# 38632													
Res-51 SA-Res Recov Long Term (over 30 days) (Res Dual Diagnosed)	1,643				\$ 187.47	\$ -	0.000		0.00%		1,643.000		308,013.21
B-4 Drug Court Residential													
Drug Court Residential-GF					\$ 102.11	\$ -	0.000		#DIV/0!		0.000		
B-5 SFGH Adult Residential RU# 38062, 38342 & 38572													
05/65 - 79 Adult Residential	3,285				\$ 127.60	\$ -	0.000		0.00%		3,285.000		418,166.00
B-6 Transgender Residential RU# 38062, 38342 & 38572													
05/65 - 79 Adult Residential	2,628				\$ 130.25	\$ -	0.000		0.00%		2,628.000		342,287.00
B-10 Representative Payee Case Mgmt (RPI Program) RU# 88359													
Anc-65 Ancillary Svcs Case Mgmt	945				\$ 81.68	\$ -	0.000		0.00%		945.000		77,187.60
B-2 Satellite Residential RU# TBA & 880677													
05/60 - 64 Residential Other	6,898				\$ 43.24	\$ -	0.000		0.00%		6,898.000		298,269.52
B-9 OASIS (WH OP OASIS/ Central City) RU# 87351													
Nonres-33 Nonresidential ODF Grp	5,589				\$ 78.00	\$ -	0.000		0.00%		5,589.000		435,942.00
Nonres-34 Nonresidential ODF Indv	2,579				\$ 78.03	\$ -	0.000		0.00%		2,579.000		201,239.37
SecPrev-19 Sec Prev Outreach	457				\$ 77.81	\$ -	0.000		0.00%		457.000		35,559.17
B-11 Early Intervention -HIV Set Aside													
SA Residential Treatment - Tx					\$ 50.46	\$ -	0.000		#DIV/0!		0.000		
B-13 BASN Residential RU# 38062, 38343 & 38572													
05/65 - 79 Adult Residential	4,599				\$ 94.05	\$ -	0.000		0.00%		4,599.000		432,535.95
B-7 Lodestar Residential RU# 38062													
05/65 - 79 Adult Residential	1,807				\$ 86.42	\$ -	0.000		0.00%		1,807.000		156,160.94
B-8 Women's Hope Residential RU# TBA													
05/60 - 64 Residential Other	3,011				\$ 157.80	\$ -	0.000		0.00%		3,011.000		475,135.80
B-20 Connections Program													
Nonres-34 Nonresidential ODF Indv	1,500				\$ 133.06	\$ -	0.000		0.00%		1,500.000		199,590.00
TOTAL	67,173						0.000		0.00%		67,173.000		6,171,420.80

SUBTOTAL AMOUNT DUE	\$	
Less: Initial Payment Recovery	\$	
(For Dist 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 _____ Date: _____
 Title _____

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

DPH Authorization for Payment

 Authorized Signatory _____ Date _____

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

Appendix F
PAGE A

Control Number

Contractor : Waiden House Inc.

Address: 520 Townsend Street, San Francisco, CA 94103

Tel No.: (415) 554-1100

Fax No.: (415) 554-1499

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S13 JL 0

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: General Fund

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-8 Women's Hope Residential												
Start Up					-	-	#DIV/0!	#DIV/0!	-	-	#DIV/0!	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 43,765.00	\$ -	\$ -	0.00%	\$ 43,765.00
Fringe Benefits	\$ 13,567.00	\$ -	\$ -	0.00%	\$ 13,567.00
Total Personnel Expenses	\$ 57,332.00	\$ -	\$ -	0.00%	\$ 57,332.00
Operating Expenses:					
Occupancy	\$ 5,955.00	\$ -	\$ -	0.00%	\$ 5,955.00
Materials and Supplies	\$ 234.00	\$ -	\$ -	0.00%	\$ 234.00
General Operating	\$ 7,023.00	\$ -	\$ -	0.00%	\$ 7,023.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Related Costs	\$ 875.00	\$ -	\$ -	0.00%	\$ 875.00
Food	\$ 3,025.00	\$ -	\$ -	0.00%	\$ 3,025.00
Household	\$ 230.00	\$ -	\$ -	0.00%	\$ 230.00
Fees	\$ 675.00	\$ -	\$ -	0.00%	\$ 675.00
Communications	\$ 354.00	\$ -	\$ -	0.00%	\$ 354.00
Total Operating Expenses	\$ 18,371.00	\$ -	\$ -	0.00%	\$ 18,371.00
Capital Expenditures	\$ 65,707.00	\$ -	\$ -	0.00%	\$ 65,707.00
TOTAL DIRECT EXPENSES	\$ 141,410.00	\$ -	\$ -	0.00%	\$ 141,410.00
Indirect Expenses	\$ 16,970.00	\$ -	\$ -	0.00%	\$ 16,970.00
TOTAL EXPENSES	\$ 158,380.00	\$ -	\$ -	0.00%	\$ 158,380.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

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

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
 PAGE A

Control Number

INVOICE NUMBER : S04 JL 0

Cl. Blanket: BPHM TBD

Cl PO No. POHM TBD

Fund Source: DHS FSET WC (HMHSCCADM377)

Invoice Period : July 2010

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

Contractor : Walden House Inc.

Address: 520 Townsend Street, San Francisco, CA 94103

Tel No.: (415) 554-1100

Fax No.: (415) 554-1499

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

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

*Unduplicated Counts for 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-1 Adult Residential RU# 38342												
05/65 - 79 Adult Residential (SA Res Tx FSET WC)	9,485				\$ 86.57	\$ -	0.000		0.00%		9,485.000	
TOTAL	9,485		0.000				0.000		0.00%		9,485.000	

\$ 821,116.45

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

NOTES:

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

Signature: _____ Date: _____

Title: _____

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

DPH Authorization for Payment

_____ Date _____

Authorized Signatory

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/apellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270. The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions or concerns about this Dispute Resolution Procedure should be addressed to purchasing@sfgov.org.

Dispute Resolution Procedure

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- Step 1 The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.
- Step 2 Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor.

The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.

- Step 3 Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

In addition to the above process, contractors have an additional forum available only for disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270.

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to purchasing@sfgov.org. This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any necessary changes to the policies and procedures or to a department's administration of policies and procedures.

Appendix H

San Francisco Department of Public Health Privacy Policy Compliance Standards

As part of this Agreement, Contractor acknowledges and agrees to comply with the following:

In City's Fiscal Year 2003/04, a DPH Privacy Policy was developed and contractors advised that they would need to comply with this policy as of July 1, 2005.

As of July 1, 2004, contractors were subject to audits to determine their compliance with the DPH Privacy Policy using the six compliance standards listed below. Audit findings and corrective actions identified in City's Fiscal year 2004/05 were to be considered informational, to establish a baseline for the following year.

Beginning in City's Fiscal Year 2005/06, findings of compliance or non-compliance and corrective actions were to be integrated into the contractor's monitoring report.

Item #1: DPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality.

As Measured by: Existence of adopted/approved policy and procedure that abides by the rules outlined in the DPH Privacy Policy

Item #2: All staff who handle patient health information are oriented (new hires) and trained in the program's privacy/confidentiality policies and procedures.

As Measured by: Documentation showing individual was trained exists

Item #3: A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided.

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

Item #4: A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility.

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

Item #5: Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.

As Measured by: Documentation exists.

Item #6: Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to non-treatment providers or (2) from a substance abuse program.

As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is available to program staff and, when randomly asked, staff are aware of circumstances when authorization form is needed.

Appendix I

SUBSTANCE ABUSE PROGRAMS

such as

Drug Medi-Cal,

Federal Substance Abuse Prevention And Treatment (SAPT) Block Grant,

Primary Prevention or

State Funded Services

(e.g., Bay Area Services Network/BASN)

The following laws, regulations, policies/procedures and documents are hereby incorporated by reference into this Agreement as though fully set forth therein.

(Note: For the purposes of this Appendix, "DMC" shall mean Drug Medi-Cal.)

Document 2A:	<i>Sobky v. Smoley</i> , February 1, 1995
Document 2B:	Provider Waiting List Record
Document 2C:	California Code of Regulations, Title 22
Document 2D:	Perinatal Services Monthly Report
Document 2E:	Drug Medi-Cal Certification Standards for Substance Abuse Clinics

CONTRACTOR and/or any other providers of DMC funded services be licensed, registered, DMC certified and/or approved in accordance with applicable laws and regulations.

CONTRACTOR'S subcontracts shall require that providers comply with the following regulations and guidelines:

- (a) Title 21 CFR Part 1300, et seq., Title 42, CFR, Part 8;
- (b) Drug Medi-Cal Certification Standards for Substance Abuse Clinics (Document 2E);
- (c) Title 22, Sections 51341.1, 51490.1, and 51516.1, (Document 2C);
- (d) Alcohol and/or Other Drug Program Certification Standards (Document 1P); and
- (e) Title 9, Sections 10000, et seq.

In the event of conflicts, the provisions of Title 22 shall control.

FOR CONTRACTS WITH DRUG MEDI-CAL, FEDERAL SAPT OR STATE FUNDS:

Subcontractor Documentation

Any agreement with a subcontractor that is not licensed or certified by State shall require the subcontractor to submit organizational documents to State within 30 days of its execution of an initial subcontract or within 90 days of the renewal or continuation of an existing subcontract. 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 the State.

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. CONTRACTOR 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. CONTRACTOR'S subcontracts shall require that all subcontractors comply with the requirements of this Section A.
6. Should a subcontractor discontinue its contractual agreement with CONTRACTOR, or cease to conduct business in its entirety, CONTRACTOR 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.

2. Title 45, CFR, Part 96, Subpart L, as amended by PL 106-310, the Children's Health Act of 2000, contains the minimal provisions that are to be adhered to by CONTRACTOR in the expenditure of the Substance Abuse Prevention and Treatment Block Grant funds. 45 CFR 96, Subpart L, is incorporated by reference.

3. Documents 1C and 1D incorporated by this reference, contain additional requirements that shall be adhered to by those CONTRACTORS that receive the types of funds specified by each document and referenced in Appendix A1. These Appendixes and documents are:

- (a) Document 1C, Driving Under the Influence Program Requirements; and
- (b) Document 1D, Bay Area Services Network (BASN) Services to California Department of Corrections (CDC) -- Parolee Services Network Projects
- (c) Document 1G, incorporated by this reference, "Perinatal Services Network Guidelines," contains the requirements for perinatal programs

Document 1T, incorporated by this reference, "Prevention Activities Data System (PADS) Forms," collects information required in the SDFSC Act and SAPT Block Grants. Reports are required from primary prevention providers on a yearly basis.

If CONTRACTOR 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.

Control Requirements

1. Performance is subject to all applicable federal and State laws, regulations, and standards. In accepting the State drug and alcohol combined program allocation pursuant to HSC, Sections 11757(a) and (b), CONTRACTOR shall (i) establish, and shall require subcontractors to establish, written accounting procedures consistent with the following requirements, and (ii) be held accountable for audit exceptions taken by State against CONTRACTOR and its subcontractors for any failure to comply with these requirements:
 - (a) HSC, Division 10.5;
 - (b) Title 9, California Code of Regulations, Division 4;
 - (c) Government Code, Article 1.7, Federal Block Grants, Chapter 2, Part 2, Division 4, Title 2, commencing at Section 16366.1;
 - (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 States Code (USC), Section 300x-5;
 - (f) Block Grant [Public Law 102-321 (Title 42, USC, commencing at §101)];
 - (g) Single Audit Act of 1984 (Public Law 98-502) and the Single Audit Act Amendments of 1996 (Public Law 104-156) and corresponding OMB Circular A-133 (Revised June 24, 1997);
 - (h) Title 45 Code of Federal Regulations (CFR), Part 96, Subparts B, C, and L, Substance Abuse Prevention and Treatment Block Grant;
 - (i) Title 21, CFR, Part 291 (Food and Drug Administration Requirements for Narcotic Treatment Programs);
 - (j) Title 21, CFR, Part 1300, et. seq. (Drug Enforcement Administration Requirements for Food and Drugs); and
 - (k) State Administrative Manual, Chapter 7200

CONTRACTOR shall be familiar with the above laws and regulations and shall assure that its subcontractors are also familiar with such laws.

Appendix J

Emergency Response

CONTRACTOR will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The agency-wide plan should address disaster coordination between and among service sites. CONTRACTOR will update the Agency/site(s) plan as needed and CONTRACTOR will train all employees regarding the provisions of the plan for their Agency/site(s). CONTRACTOR will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan for each of its service sites. CONTRACTOR is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection.

In a declared emergency, CONTRACTOR'S employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as CONTRACTOR'S prime contacts with Community Programs in the event of a declared emergency.

