

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

Second Amendment

THIS AMENDMENT (this "Amendment") is made as of July 1, 2015, in San Francisco, California, by and between "**HealthRIGHT360** (Contractor)", and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

RECITALS

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

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

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

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

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

1a. Agreement. The term "Agreement" shall mean the Agreement dated July 1, 2010 between Contractor and City, as amended by the:

First amendment	dated July 1, 2013 and
Second amendment	this amendment

1b. Contract Monitoring Division. Contract Monitoring Division. Effective July 28, 2012, with the exception of Sections 14B.9(D) and 14B.17(F), all of the duties and functions of the Human Rights Commission under Chapter 14B of the Administrative Code (LBE Ordinance) were transferred to the City Administrator, Contract Monitoring Division ("CMD"). Wherever "Human Rights Commission" or "HRC" appears in the Agreement in reference to Chapter 14B of the Administrative Code or its implementing Rules and Regulations, it shall be construed to mean "Contract Monitoring Division" or "CMD" respectively.

1c. Other Terms. Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

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

2a. Section 2. of the Agreement currently reads as follows:

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

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

2. Terms of the Agreement. Subject to Section 1, the term of this Agreement shall be from July 1, 2010 through December 31, 2017.

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

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 **Sixty Four Million Five Hundred Sixty Two Thousand Four Hundred Three Dollars (\$64,562,403)**. 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.

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

5. Compensation. Compensation shall be made in monthly payments on or before the 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 **Ninety One Million Five Hundred Twenty Five Thousand Five Hundred Six Dollars (\$91,525,506)**. 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.

2c. Insurance. Section 15. is hereby replaced in its entirety to read as follows:

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 and \$2,000,000 general aggregate 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 the Services.

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. All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in the Section entitled "Notices to the Parties."

d. 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.

e. 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.

f. Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are

satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.

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

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

i. Notwithstanding the foregoing, the following insurance requirements are waived or modified in accordance with the terms and conditions stated in Appendix C. Insurance.

2d. Replacing "Earned Income Credit (EIC) Forms" Section with "Consideration of Criminal History in Hiring and Employment Decisions" Section. Section 32. "Earned Income Credit (EIC) Forms" is hereby replaced in its entirety to read as follows:

32. Consideration of Criminal History in Hiring and Employment Decisions.

a. Contractor agrees to comply fully with and be bound by all of the provisions of Chapter 12T "City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions," of the San Francisco Administrative Code (Chapter 12T), including the remedies provided, and implementing regulations, as may be amended from time to time. The provisions of Chapter 12T are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the Chapter 12T is available on the web at www.sfgov.org/olse/fco. A partial listing of some of Contractor's obligations under Chapter 12T is set forth in this Section. Contractor is required to comply with all of the applicable provisions of 12T, irrespective of the listing of obligations in this Section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.

b. The requirements of Chapter 12T shall only apply to a Contractor's or Subcontractor's operations to the extent those operations are in furtherance of the performance of this Agreement, shall apply only to applicants and employees who would be or are performing work in furtherance of this Agreement, shall apply only when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco, and shall not apply when the application in a particular context would conflict with federal or state law or with a requirement of a government agency implementing federal or state law.

c. Contractor shall incorporate by reference in all subcontracts the provisions of Chapter 12T, 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.

d. Contractor or Subcontractor shall not inquire about, require disclosure of, or if such information is received, base an Adverse Action on an applicant's or potential applicant for employment's, or employee's: (1) Arrest not leading to a Conviction, unless the Arrest is undergoing an active pending criminal investigation or trial that has not yet been resolved; (2) participation in or completion of a diversion or a deferral of judgment program; (3) a Conviction that has been judicially dismissed, expunged, voided, invalidated, or otherwise rendered inoperative; (4) a Conviction or any other adjudication in the juvenile justice system; (5) a Conviction that is more than seven years old, from the date of sentencing; or (6) information pertaining to an offense other than a felony or misdemeanor, such as an infraction.

e. Contractor or Subcontractor shall not inquire about or require applicants, potential applicants for employment, or employees to disclose on any employment application the facts or details of any conviction history, unresolved arrest, or any matter identified in subsection 32.(d), above. Contractor or Subcontractor shall not require such disclosure or make such inquiry until either after the first live interview with the person, or after a conditional offer of employment.

f. Contractor or Subcontractor shall state in all solicitations or advertisements for employees that are reasonably likely to reach persons who are reasonably likely to seek employment to be performed under this Agreement, that the Contractor or Subcontractor will consider for employment qualified applicants with criminal histories in a manner consistent with the requirements of Chapter 12T.

g. Contractor and Subcontractors shall post the notice prepared by the Office of Labor Standards Enforcement (OLSE), available on OLSE's website, in a conspicuous place at every workplace, job site, or other location under the Contractor or Subcontractor's control at which work is being done or will be done in furtherance of the performance of this Agreement. The notice shall be posted in English, Spanish, Chinese, and any language spoken by at least 5% of the employees at the workplace, job site, or other location at which it is posted.

h. Contractor understands and agrees that if it fails to comply with the requirements of Chapter 12T, the City shall have the right to pursue any rights or remedies available under Chapter 12T, including but not limited to, a penalty of \$50 for a second violation and \$100 for a subsequent violation for each employee, applicant or other person as to whom a violation occurred or continued, termination or suspension in whole or in part of this Agreement.

2e. Protected Health Information. Section 64. is hereby replaced in its entirety to read as follows:

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

including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

2f. Delete Appendices A-1 through A-24 and replace in its entirety with Appendices A-1 through A25, to Agreement as amended.

2g. Delete Appendices B (Calculation of Charges) and Appendices B-1 through B-24 and replace in its entirety with Appendix B (Calculation of Charges) Appendices B-1 through B-25, to Agreement as amended.

2h Delete Appendix E and replace in its entirety with Appendix E dated 5/7/14.

2i. Delete Appendix F and replace in its entirety with Appendix F dated 7/1/15.

2j. Appendix J is hereby added.

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

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

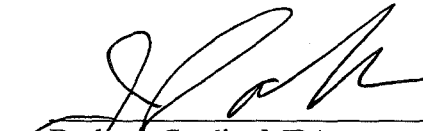
IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

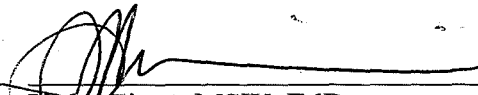
CITY

CONTRACTOR

Recommended by:

HealthRIGHT360

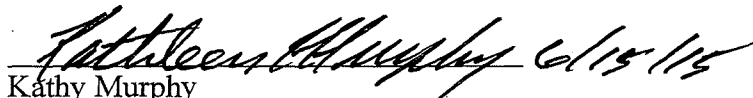

Barbara Garcia, MPA
Director of Health
Department of Public Health


Wilka Eisen, MSW, EdD
Chief Executive Officer
1735 Mission Street
San Francisco, CA 94103

City vendor number: 08817

Approved as to Form:

Dennis J. Herrera
City Attorney


Kathy Murphy
Deputy City Attorney

Approved:

Jaci Fong
Director of the Office of Contract
Administration, and Purchaser

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 – Bridges Residential
- Appendix A-3 – AB109 Residential
- Appendix A-4 – AB109 ONPD Residential
- Appendix A-5 – CARE MDSP Residential
- Appendix A-6 – CARE Detox Residential
- Appendix A-7 – CARE Variable Length Residential
- Appendix A-8 – CARE Lodestar Residential
- Appendix A-9 – SFGH Residential
- Appendix A-10 – Satellite ONPD Residential
- Appendix A-11 – Social Detox Residential
- Appendix A-12 – Transgender Residential
- Appendix A-13 – WHITS Residential
- Appendix A-14 – Women’s Hope Residential
- Appendix A-15 – Adult Outpatient
- Appendix A-16 – African American Family Healing Outpatient
- Appendix A-17 – Bridges Outpatient
- Appendix A-18 – Buprenorphine Medical Monitoring Outpatient
- Appendix A-19 – Family Strength Outpatient
- Appendix A-20 – SHOP
- Appendix A-21 – Representative Payee Program
- Appendix A-22 – Second Chances
- Appendix A-23 – IFO Healthy Changes
- Appendix A-24 – Adult Medical Health Medi-Cal
- Appendix A-25 – WRAPS

1. Identifiers:

Program Name: HR360 Men's Adult Residential
Program Address: 890 Hayes Street
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 701-5100
www.healthright360.org

Program Name: HR360 Women's Adult Residential
Program Address: 214 Haight Street
City, State, Zip Code: San Francisco, CA 94102
Telephone: (415) 554-1480

Program Name: HR360 Dual Recovery Adult Residential
Program Address: 815 Buena Vista West
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 554-1450

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Person completing this Narrative: Denise Williams, VP of Contracts & compliance
Telephone: (415) 762-3712
Email Address: dwilliams@healthright360.org

Program Codes: 38342, 38062, 3805WR-RSD

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 HR360 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. HR360 serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent.

- Polysubstance abusers
- Intravenous route of administration
- Homeless

5. Modality(ies)/Interventions

SA-Residential Recovery Long Term (over 30 days)

6. Methodology

HR360's Gender Responsive Men's/ Women's/ Dual Recovery Residential Substance Abuse Treatment Programs are gender responsive residential substance abuse treatment. This program provides 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.

A. Outreach and Recruitment: HR360 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 based organizations, individuals, and other interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals.

B. Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street or through TAP (County Central Intake Program) at 1380 Howard Street.

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. 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 HR360 psychiatrist. Once 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 HR360 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, including TAP.

C. Program Service Delivery Model: The Adult residential program is a variable-length program that provides up to 6 months of residential services. 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 Adult Residential Program at HR360 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.

Program Service Locations: These Adult Residential Programs are located at three HR360 facilities, one at 815 Buena Vista West, San Francisco, CA, 214 Haight Street, and the other at 890 Hayes Street, San

Francisco, CA. These facilities are licensed by the State to provide adult substance abuse residential treatment. That includes but not limited to Individual and Group Counseling, MH services, and other substance abuse treatment related activities. These facilities are staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

D. 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). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

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

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 14-15".

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan. The committees are as follows:

Clinical Data Integrity: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

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. In addition, we also administer Satisfaction Surveys for most CBHS contracts as required by CBHS.

9. Required Language- N/A

1. Identifiers:

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

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Person Completing this Narrative: Denise Williams, VP of Contracts & compliance
Telephone: (415) 762-3712
Email Address: dwilliams@healthright360.org

Program Code: 3806BR-RES

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 HR360 BRIDGES program are adult 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

SA-Residential Recovery Long Term (over 30 days)

6. Methodology

HR360 Bridges Residential Services offers a streamlined continuum of care providing substance abuse services that 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.

A. Outreach and Recruitment: HR360 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 based organizations, individuals, and other interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals. In addition, because this program's target population is CDCR parolees, the program staff have good referral relationships with the Parole agencies that serve parolees in San Francisco.

B. Admissions and Intake: Admission is open to referred parolees with a substance abuse & mental health issues. The person served may access services through an appointment or walk-in at the Program Site at the Multi-Services building located at 1899 Mission Street or specific referrals from CDCR Parole Agents.

As a client enters the HR360 continuum of care, the client begins with self-administered questionnaires. An interview occurs thereafter with a program 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.

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

The program includes:

- 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. Please see Adult Residential A-1 for more details of the treatment process.

Program Service Location: The Bridges Residential Program is located at 815 Buena Vista West, San Francisco, CA.

C. 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.

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

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 14-15".

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

HealthRIGHT 360 Executive staff presides over a network of committees that ensure agency-wide adherence to the Quality Control Plan. The committees are as follows:

- **Clinical Data Integrity**: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.
- **Standards and Compliance**: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.
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- **Training**: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.
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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. In addition, we also administer Satisfaction Surveys for most CBHS contracts as required by CBHS.

9. Required Language- N/A

1. Identifiers:

Program Name: HR360 AB109 Residential
Program Address: 1254 13th Street
City, State, Zip Code: San Francisco, CA 94130
Telephone: (415) 701-5100
www.healthright360.org

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Person completing this Narrative: Denise Williams, VP of Contracts & compliance
Telephone: (415) 762-3712
Email Address: dwilliams@healthright360.org

Program Code: 87342

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 AB109 participants referred through the TAP. Participants are non-violent offenders who abuse substances. The HR360 AB109 is part of the ADP CJ Realignment funding. It is a variable length transitional residential program 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. AB109 clients are mainstreamed with other HR360 clients. HR360 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 AB109 referrals from TAP
- Non violent parolees
- Polysubstance abusers

5. Modality(ies)/Interventions

- SA-Res Recov Long Term (over 30 days)
- SA-Ancillary Svcs Case Mgmt

6. Methodology

The goal of AB109 Transitional Residential Services program is to reduce substance abuse and related criminal behavior in individuals referred to HR360 from the TAP. To reach this goal, the program provides transitional housing while participant also participates in substance abuse OP treatment services.

A. Outreach and Recruitment: HR360 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 HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals.

B. Admissions and Intake: Admission to the AB109 Residential Program is open to all adult San Francisco AB109 participants referred through TAP that need housing and substance abuse treatment in a therapeutic community.

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 HR360 psychiatrist. Once 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 HR360 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, including TAP.

C. Program Service Delivery Model: The Adult residential program is a variable-length program that provides up to 6 months of residential services. 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 Adult Residential Program at HR360 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.

Program Service Locations: These Adult AB109 Residential Programs is located at 890 Hayes Street, San Francisco, CA. These facilities are licensed by the State to provide adult substance abuse residential treatment. That includes but not limited to Individual and Group Counseling, MH services, and other substance abuse treatment related activities. This facility is staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

D. 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). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

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

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 14-15".

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

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- **Training:** Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.
- **Clinical:** Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.
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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. In addition, we also administer Satisfaction Surveys for most CBHS contracts as required by CBHS.

9. Required Language- N/A

1. Identifiers:

Program Name: HR360 AB109 (ONPD) Transitional
Program Address: 625 13th Street
City, State, Zip Code: San Francisco, CA 94130
Telephone: (415) 701-5100
www.healthright360.org

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Person completing this Narrative: Denise Williams, VP of Contracts & compliance
Telephone: (415) 762-3712
Email Address: dwilliams@healthright360.org

Program Code: 86077

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 AB109 participants referred through the TAP. Participants are non-violent offenders who abuse substances. The HR360 AB109 is part of the ADP CJ Realignment funding. It is a variable length transitional residential program 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. AB109 clients are mainstreamed with other HR360 clients. HR360 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 AB109 referrals from TAP
- Non violent parolees
- Polysubstance abusers

5. Modality(ies)/Interventions

SA-Res Recov Long Term (over 30 days)

6. Methodology

The goal of AB109 Transitional Residential Services program is to reduce substance abuse and related criminal behavior in individuals referred to HR360 from the TAP. To reach this goal, the program provides transitional housing while participant also participates in substance abuse OP treatment services.

A. Outreach and Recruitment: HR360 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 HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals.

B. Admissions and Intake: Admission to the AB109 Transitional Program is open to all adult San Francisco AB109 participants referred through TAP that need housing and substance abuse treatment in a therapeutic community.

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

C. Program Service Delivery Model: The Ab109 Transitional residential program is a variable-length program that provides up to 6 months of supportive residential services.

Program Phases:

Transitional phase is usually clients wanting a continuity of care after leaving primary residential program. This phase is designed to provide a continuum of care for each client as they transition back into the community.

Program Service Locations: These Residential Programs are located on Treasure Island at 625 13th Street SF, CA 94130.

D. 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). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

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

7. Objectives and Measurements

A. Required Objectives

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8. Continuous Quality Assurance and Improvement

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- **Clinical**: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.
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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. In addition, we also administer Satisfaction Surveys for most CBHS contracts as required by CBHS.

9. Required Language- N/A

1. Identifiers:

Program Name: HR360 CARE MDSP Residential
Program Address: 815 Buena Vista West
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 554-1450

Program Code: 3806CM-RES

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Person completing this Narrative: Denise Williams, VP of Contracts & compliance
Telephone: (415) 762-3712
Email Address: dwilliams@healthright360.org

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; gay, lesbian, bisexual and transgender; all ethnic/racial minorities; young adults 18 to 24 years old; 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
Mentally Ill

5. Modality(ies)/Interventions

SA-Residential Recovery Long Term (over 30 days)

6. Methodology

HR360's Gender Responsive Residential Substance Abuse Treatment Program is a trauma-informed, gender responsive residential substance abuse treatment program. CARE Multiple Diagnosis Stabilization Program (MDSP) offers a streamlined continuum of care providing comprehensive residential substance abuse service to HIV+ participants in a short time.

A. Outreach and Recruitment: HR360 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 HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals.

B. Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; 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), and the Modified Mini Screen.

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 HR360 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).

C. Program Service Delivery Model: The CARE MDSP program provides up to 3 months of detox / stabilization residential services. 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.

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.

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 Adult Residential Program at HR360 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.

Program Service Locations: This program is located at 815 Buena Vista West, San Francisco, CA. This facility is licensed by the State to provide adult substance abuse residential treatment. This facility is staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

D. 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). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

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

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 14-15".

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan. The committees are as follows:

Clinical Data Integrity: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

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. In addition, we also administer Satisfaction Surveys for most CBHS contracts as required by CBHS.

9. Required Language- N/A

1. Identifiers

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

Program Code: 3806CX-RSD

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Person completing this Narrative: Denise Williams, VP of Contracts & compliance
Telephone: (415) 762-3712
Email Address: dwilliams@healthright360.org

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; gay, lesbian, bisexual and transgendered; all ethnic/racial minorities; young adults 18 to 24 years old; 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

SA-Residential Recovery Long Term (over 30 days)

6. Methodology

HR360's Gender Responsive Residential Substance Abuse Treatment Program is a trauma-informed, gender responsive residential substance abuse treatment program. CARE Detox offers a streamlined continuum of care providing comprehensive residential substance abuse service to HIV+ participants in a short time.

A. Outreach and Recruitment: HR360 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 HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals.

B. Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; 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), and the Modified Mini Screen.

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 HR360 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).

C. Program Service Delivery Model: The CARE MDSP program provides up to 3 months of detox / stabilization residential services. 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.

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.

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 Adult Residential Program at HR360 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.

Program Service Locations: This program is located at 815 Buena Vista West, San Francisco, CA. This facility is licensed by the State to provide adult substance abuse residential treatment. This facility is staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

D. 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 celebration 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). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

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

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 14-15".

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

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Clinical Data Integrity: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

demographically compatible with consumers and that possesses empathic experience and language capability.

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. In addition, we also administer Satisfaction Surveys for most CBHS contracts as required by CBHS.

9. Required Language- N/A

1. Identifiers:

Program Name: HR360 CARE Variable Length Residential
Program Address: 890 Hayes Street
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 701-5100
www.healthright360.org

Program Code: 3834CV-RES

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Person completing this Narrative: Denise Williams, VP of Contracts & compliance
Telephone: (415) 762-3712
Email Address: dwilliams@healthright360.org

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; gay, lesbian, bisexual and transgendered; all ethnic/racial minorities; young adults 18 to 24 years old; 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

SA-Residential Recovery Long Term (over 30 days)

6. Methodology

HR360's Gender Responsive Residential Substance Abuse Treatment Program is a trauma-informed, gender responsive residential substance abuse treatment program. CARE VL offers a streamlined continuum of care providing comprehensive residential substance abuse service to HIV+ participants.

A. Outreach and Recruitment: HR360 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 HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals.

B. Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; 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), and the Modified Mini Screen.

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 HR360 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).

C. Program Service Delivery Model: The CARE MDSP program provides up to 45 days of detox / stabilization residential services. 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.

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.

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 Adult Residential Program at HR360 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.

Program Service Locations: This program is located at 815 Buena Vista West, San Francisco, CA. This facility is licensed by the State to provide adult substance abuse residential treatment. This facility is staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

D. 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 celebration 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). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

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

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 14-15".

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

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Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

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. In addition, we also administer Satisfaction Surveys for most CBHS contracts as required by CBHS.

9. Required Language- N/A

1. Identifiers:

Program Name: HR360 CARE Lodestar Residential
Program Address: 214 Haight Street
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 554-1480
www.healthright360.org

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103

Person completing this Narrative: Denise Williams, VP of Contracts & compliance
Telephone: (415) 762-3712
Email Address: dwilliams@healthright360.org

Program Code: 3805LC-RES

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 HR360 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

SA-Residential Recovery Long Term (over 30 days)

6. Methodology

HR360 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.

A. Outreach and Recruitment: HR360 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 based organizations, individuals, and other interested parties through HR360's website at www.healthright360.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 HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street. 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), and the Modified Mini Screen.

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 HR360 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 Women's gender responsive residential program is a variable-length program that provides up to 6 months of residential services. 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 Adult Residential Program at HR360 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.

Program Service Locations: This program is located at 214 Haight Street. This facility is licensed by the State to provide adult substance abuse residential treatment. This facility is staffed 24 hours a day, 7 days a week. All intakes are administered at Central Intake Department located at 1735 Mission Street.

C. 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 celebration 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.

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

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14".

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

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Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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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. In addition, we also administer Satisfaction Surveys for most CBHS contracts as required by CBHS.

9. Required Language- N/A

1. Identifiers:

Program Name: HR360 Men's SFGH Residential
Program Address: 890 Hayes Street
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 701-5100

Program Name: HR360 Women's SFGH Residential
Program Address: 214 Haight Street
City, State, Zip Code: San Francisco, CA 94102
Telephone: (415) 554-1480

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

Program Codes: 3834G-RES, 3805SW-RES, 3806SG-RES

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Person completing this Narrative: Denise Williams, VP of Contracts & compliance
Telephone: (415) 762-3712
Email Address: dwilliams@healthright360.org

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 HR360 Post SFGH 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. HR360 serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent. Populations benefiting from specialized services include 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

SA-Residential Recovery Long Term (over 30 days)

6. Methodology

HR360's Gender Responsive Men's/ Women's/ Dual Recovery Residential Substance Abuse Treatment Programs are gender responsive residential substance abuse treatment. This program provides 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.

A. Outreach and Recruitment: HR360 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 based organizations, individuals, and other interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals.

B. Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street or through TAP (County Central Intake Program) at 1380 Howard Street.

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

C. Program Service Delivery Model: The Adult residential program is a variable-length program that provides up to 6 months of residential services. 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 Adult Residential Program at HR360 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.

Program Service Locations: These Adult Residential Programs are located at three HR360 facilities, one at 815 Buena Vista West, San Francisco, CA, 214 Haight Street, and the other at 890 Hayes Street, San Francisco, CA. These facilities are licensed by the State to provide adult substance abuse residential treatment. That includes but not limited to Individual and Group Counseling, MH services, and other substance abuse treatment related activities. These facilities are staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

D. 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). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

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

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 14-15".

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan. The committees are as follows:

Clinical Data Integrity: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

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. In addition, we also administer Satisfaction Surveys for most CBHS contracts as required by CBHS.

9. Required Language- N/A

1. Identifiers:

Program Name: HR360 Men's Satellite OPND
Program Address: 1254 13th street (TI)
City, State, Zip Code: San Francisco, CA 94130
Telephone: (415) 701-5100

Program Name: HR360 Women's OPND Satellite
Program Address: 214 Haight Street
City, State, Zip Code: San Francisco, CA 94102
Telephone: (415) 554-1480
www.healthright360.org

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Person completing this Narrative: Denise Williams, VP of Contracts & compliance
Telephone: (415) 762-3712
Email Address: dwilliams@healthright360.org

Program Codes: 88077, 3805WS-CSL

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

- Polysubstance abusers
- Intravenous route of administration
- Homeless

5. Modality(ies)/Interventions

SA-Residential Recovery Long Term (over 30 days)

6. Methodology

HR360 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 for satellite are

administered at these two location 1254 13th Street and 214 Haight. Satellite referrals come from the Primary Residential programs.

A. Outreach and Recruitment: HR360 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 based organizations, individuals, and other interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals.

B. Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. Clients are referred into Satellite after completing a primary residential program but must receive authorization from TAP.

C. 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. Satellite clients do not pay 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.

Program Service Locations: These Satellite programs are located at two HR360 facilities, women at 214 Haight Street, and men are housed at 890 Hayes Street, San Francisco, CA.

D. 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). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

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

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 14-15".

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan. The committees are as follows:

Clinical Data Integrity: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

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

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. In addition, we also administer Satisfaction Surveys for most CBHS contracts as required by CBHS.

9. Required Language- N/A

1. Identifiers:

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

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Person completing this Narrative: Denise Williams, VP of Contracts & compliance
Telephone: (415) 762-3712
Email Address: dwilliams@healthright360.org

Program Code: 88062

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 Detox Center consists of any SF residents referred through Treatment Access Program (TAP) needing detox services. Participants are usually persons who abuse alcohol and or other substances. HR360 Detox Center offers detoxification services designed to help substance abusers engage in a supportive program to gain sobriety and abstinence from alcohol and other drugs, teach improve social functioning, and provide participants with a positive support system. HR360 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.

- Polysubstance abusers

5. Modality(ies)/Interventions

SA-Res Free Standing Res Detox

6. Methodology

The goal of the Detox Center Residential program is to reduce substance abuse and related criminal behavior in individuals referred to HR360 from the TAP. To reach this goal, the Detox program provides 3-7 days of social model detoxification residential services to this population within a licensed treatment facility. This program is specific to clients trying to stabilize from alcohol & drugs. Many participants will be referred to ongoing treatment services if interested.

A. Outreach and Recruitment: HR360 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 HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals.

B. Admissions and Intake: Admission to the Detox Residential Program is open to all adult San Francisco persons referred through TAP needing detox services from alcohol and or other drugs.

A direct referral or phone call from TAP secures a referral appointment at the 1735 Mission Street with an Intake staff. During the admission process each participant receives brief screenings for substance abuse, mental health, and physical problems. (The Simple Screening Instrument for Substance Abuse; Mental health Screening Form III, the Health Questionnaire, and the Clinical Institute Assessment of Alcohol Scale (CIWA) to monitor alcohol withdrawal symptoms). Participants also take part in a structured interview that yields other information related to risk behaviors, housing status, and treatment history. Upon review of the findings participants may be referred for further evaluation to ensure safety of placement in our social model detoxification program.

During this period, if needed, a client presenting with alcohol withdrawal symptoms will have the CIWA test administered once daily until the patient's score remains lower than ten for an entire twenty-four hours. All participants will be closely supervised and monitored for additional assessments or screenings if necessary.

C. Program Service Delivery Model: The Social Detox Center is a 3-7 day detoxification program. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction and need for ongoing stabilization services. While in program clients may attend daily 12-Step meetings, participate in early recovery groups and receive some individual counseling and discharge planning.

Through early recovery group processes, we educate and help increase clients' self-awareness concerning substance dependence and abuse. Topics include: coping skills, high-risk situations and triggers, positive affirmations, self esteem, stress management, relapse prevention, and introduction to the Twelve Steps.

Program Service Locations: This Program is located at 815 Buena Vista West. This facility is licensed by the State to provide adult substance abuse residential treatment. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

D. Exit Criteria and Process: Discharge planning begins at intake, and each client participates in an exit planning counseling session where long-term recovery options are explored and discussed to provide an accurate referral conducive to a clean and sober lifestyle. All clients are referred based on their discharge plan. Many clients transfer into other HR360 programs while others are referred back TAP case managers when discharged if requested.

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

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 14-15".

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful-quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

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Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

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. In addition, we also administer Satisfaction Surveys for most CBHS contracts as required by CBHS.

9. Required Language- N/A

1. Identifiers:

Program Name: HR360 Transgender Residential
Program Address: 815 Buena Vista West
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 554-1450

Program Name: HR360 Transgender Residential
Program Address: 214 Haight Street
City, State, Zip Code: San Francisco, CA 94102
Telephone: (415) 554-1480
www.healthright360.org

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Person completing this Narrative: Denise Williams, VP of Contracts & compliance
Telephone: (415) 762-3712
Email Address: dwilliams@healthright360.org

Program Codes: 3806TG- RES, 3805TG-RES

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 HR360 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. HR360 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

SA-Res Recov Long Term (over 30 days)

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.

A. Outreach and Recruitment: HR360 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 based organizations, individuals, and other interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals. However, these beds are managed by CBHS and therefore all referrals must be authorized by TAP.

B. Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street or through TAP (County Central Intake Program) at 1380 Howard Street.

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. 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 HR360 psychiatrist. Once 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 HR360 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, including TAP.

C. Program Service Delivery Model: The program has a variable length; participants are eligible for up to 6 months of residential treatment 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 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.

Program Service Locations: Transgender services are provided at both our Dual Recovery at 815 Buena Vista and 214 Haight Women's facilities in San Francisco, CA. These facilities are licensed by the State to provide adult substance abuse residential treatment. That includes but not limited to Individual & Group Counseling, MH services, and other substance abuse treatment related activities. These facilities are staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

D. 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). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

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

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 14-15".

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

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Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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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. In addition, we also administer Satisfaction Surveys for most CBHS contracts as required by CBHS.

9. Required Language- N/A

1. Identifiers:

Program Name: HR360 Intensive Treatment Services (WHITS)
Program Address: 815 Buena Vista West
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 554-1450
www.healthright360.org

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Person completing this Narrative: Denise Williams, VP of Contracts & compliance
Telephone: (415) 762-3712
Email Address: dwilliams@healthright360.org

Program Codes: 3806WT-RES

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 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. HR360 serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent. People with mental illness are a part of all HR360 programs; however, this program is designed specifically for the dual diagnosed population.

- Polysubstance abusers
- Chronically mentally ill individuals
- Homeless

5. Modality(ies)/Interventions

SA-Res Recov Long Term (over 30 days)

6. Methodology

HR360 WHITS 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.

A. Outreach and Recruitment: HR360 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 HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals. However, these beds are managed by CBHS and therefore all referrals must be authorized by TAP.

B. Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street or through TAP (County Central Intake Program) at 1380 Howard Street.

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. 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 HR360 psychiatrist. Once 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 HR360 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, including TAP.

C. Program Service Delivery Model: 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.

D. 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). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

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

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 14-15".

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan. The committees are as follows:

Clinical Data Integrity: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

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. In addition, we also administer Satisfaction Surveys for most CBHS contracts as required by CBHS.

9. Required Language- N/A

1. Identifiers:

Program Name: HR360 Women's HOPE (Healing Opportunities & Parenting Education) Program
Program Address: 2261 Bryant Street
City, State, Zip Code: San Francisco, CA 94110
Telephone: (415) 800-7534

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103

Person completing this Narrative: Denise Williams, VP of Contracts & compliance
Telephone: (415) 762-3712
Email Address: dwilliams@healthright360.org

Program Code: 89102

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 this program is 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

SA-Residential Recovery Long Term (over 30 days)

6. Methodology

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

A. Outreach and Recruitment: HR360 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 based organizations, individuals, and other interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals.

B. Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street or through TAP (County Central Intake Program) at 1380 Howard Street.

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. 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 HR360 psychiatrist. Once 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 HR360 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, including TAP.

C. Program Service Delivery Model: The Adult residential program is a variable-length program that provides up to 6 months of residential services. 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 Adult Residential Program at HR360 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.

Program Service Locations: This program is located at 2261 Bryant Street. This facility is licensed by the State to provide adult substance abuse residential treatment. That includes but not limited to Individual and Group Counseling, MH services, and other substance abuse treatment related activities. This facility is staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

D. 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). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

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

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 14-15".

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan. The committees are as follows:

Clinical Data Integrity: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

demographically compatible with consumers and that possesses empathic experience and language capability.

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. In addition, we also administer Satisfaction Surveys for most CBHS contracts as required by CBHS.

9. Required Language- N/A

1. Identifiers:

Program Name: HR360 Adult OP Services
Program Address: 1735 Mission Street
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 762-3700

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Person completing this Narrative: Denise Williams, VP of Contracts & compliance
Telephone: (415) 762-3712
Email Address: dwilliams@healthright360.org

Program Codes: 3820OP, 38201 (DMC)

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 this Outpatient Program is 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). HR360 serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent.

- Behavioral health disordered persons that are San Francisco residents.
- Homeless and Indigent persons
- Substance dependent persons

5. Modality(ies)/Interventions

- 1) SA-Nonresidntl ODF Grp
- 2) SA-Nonresidntl ODF Ind

6. Methodology

HR360 Outpatient Services offers a streamlined continuum of care providing substance abuse services that 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.

A. Outreach and Recruitment: HR360 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 based organizations, individuals, and other interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals.

B. Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street or through TAP (County Central Intake Program) at 1380 Howard Street.

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. 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 HR360 psychiatrist. Once 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 HR360 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, including TAP.

C. Program Service Delivery Model: The Adult residential program is a variable-length program that provides up to 6 months of residential services. 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;

Program Service Locations: 1735 Mission Street, Hours of Operations are: 9am -8pm.

D. 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). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

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

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 14-15".

8. Continuous Quality Assurance and Improvement

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Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

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Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

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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. In addition, we also administer Satisfaction Surveys for most CBHS contracts as required by CBHS.

9. Required Language- N/A

1. Identifiers:

Program Name: HR360 African American Healing Center (AAHC)

Program Address: 1601 Donner #3

City, State, Zip Code: San Francisco, CA 94124

Telephone: (415) 762-3700

www.healthright360.org

Contractor Address: 1735 Mission Street

City, State, Zip Code: SF, CA 94103

Person completing this Narrative: Denise Williams, VP of Contracts & compliance

Telephone: (415) 762-3712

Email Address: dwilliams@healthright360.org

Program Code: 87301

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 is substance abusing women and men demonstrating a need for outpatient substance abuse treatment.

- AA/ persons of color
- Polysubstance abusers

5. Modality(ies)/Interventions

- 1) SA-Nonresidntl ODF Grp
- 2) SA-Nonresidntl ODF Ind

6. Methodology

The goal of the AAHC Program is to reduce substance abuse and related criminal behavior in individuals referred to HR360. To reach this goal, the project will provide variable length of treatment of OP services to this population within a certified treatment facility.

A. Outreach & Recruitment: HR360 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 HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals.

B. Admissions and Intake: Admission to the AAHC Program is open to all adult persons of San Francisco who desire treatment. We target the BVHP community because that is where the program is located.

A direct referral or phone call secures an intake interview appointment at program with a program staff. Staff will verify for San Francisco residency; collect 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 HR360 continuum of care, the client begins with self-administered questionnaires including health and high-risk behavior issues. An interview occurs thereafter with an intake staff member. This interview includes an overall screening of behavioral health history.

C. Program Service Delivery Model: The HR360 AAHC 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.

Program Phases:

The program at HR360 is divided into phases: Orientation; Phase I, and Phase II. These phases are designed to provide a continuum of care for each client.

Orientation: The first 14-30 days at HR360 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 and have a job function. Once the client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the next phase.

Program Service Locations: The AAHC is located at 1601 Donner #3, San Francisco, CA. This program is certified by the State (DHCS).

D. 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.

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

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 14-15".

8. Continuous Quality Assurance and Improvement

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Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

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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. In addition, we also administer Satisfaction Surveys for most CBHS contracts as required by CBHS.

9. Required Language- N/A

1. Identifiers:

Program Name: HR360 Bridges CM Outpatient Services
Program Address: 1016 Howard Street
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 762-3700
www.healthright360.org

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Person completing this Narrative: Denise Williams, VP of Contracts & compliance
Telephone: (415) 762-3712
Email Address: dwilliams@healthright360.org

Program Code: 85351

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 HR360 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

- 1) SA-Nonresidntl ODF Grp
- 2) SA-Nonresidntl ODF Indv
- 3) SA-Ancillary Svcs Case Mgmt

6. Methodology

HR360 Bridges Outpatient Services offers a streamlined continuum of care providing substance abuse services that 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.

A. Outreach and Recruitment: HR360 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 based organizations, individuals, and other interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources

for referrals. In addition, because this program only serves parolees, the program staff have good referral relationships with the Parole agencies that serve parolees in San Francisco.

B. Admissions and Intake: Admission is open to all adult parolees with a substance abuse problem authorized by Parole Department. The person served may access services through an appointment or walk-in at the Program Site. A referral phone call secures an intake interview appointment at 1899 Mission Street with a program staff. The program staff checks to ensure clients are eligible to receive specialty funded services 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.

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

The program includes:

- Harm Reduction Interventions that support engagement and build trust during the pre-contemplation and contemplation phases of treatment and at the same time promote individual and public safety. This is primarily accomplished via Motivational Enhancement Therapy interventions.
- Three Levels of Active Treatment
 - Level I -- Outpatient Treatment for clients who have maintained substantial stability in managing their behavioral health disorders.
 - Level II – Intensive Outpatient Treatment is intended both to serve clients stepping down from more intensive levels or care and/or to provide more intensive supports to clients in a lower level of care.
 - Level III – Day Treatment – 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.

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

D. 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). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

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

7. Objectives and Measurements

A. Required Objectives

“All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 14-15”.

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

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Clinical Data Integrity: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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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. In addition, we also administer Satisfaction Surveys for most CBHS contracts as required by CBHS.

9. Required Language- N/A

1. Identifiers:

Program Name: HR360 Buprenorphine Medical Monitoring
Program Address: 1735 Mission St
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 226-1775
www.healthright360.org

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103

Person completing this Narrative: Denise Williams, VP of Contracts & compliance
Telephone: (415) 762-3712
Email Address: dwilliams@healthright360.org

Program Code: 88201

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

The primary goal the program is to reduce opioid addiction among vulnerable San Franciscans through the use of medication-assisted outpatient buprenorphine detoxification maintenance therapy.

4. Target Population

The target population of the program is adults living in San Francisco with opioid addiction. To be eligible for admission to the program, clients must be diagnosed with opioid dependence, as defined in the DSM-IV-TR (American Psychiatric Association, 2005); not based solely on physical dependence to opioid but on opioid addiction with compulsive use despite harm (DSM-IV-TR Diagnostic Criteria, Appendix C, DSM-IV-TR Material). Target population criteria includes individuals who are interested in treatment for opioid addiction; have no contraindications to buprenorphine treatment; can be expected to be reasonably compliant with such treatment; understand the benefits and risks of buprenorphine treatment; are willing to follow safety precautions for buprenorphine treatment; and agree to buprenorphine treatment after a review of treatment options.

5. Modality(ies)/Interventions-

SA-Narcotic Tx Prog Rehab/Amb Detox (other than Methadone)

6. Methodology

A. Outreach and Recruitment: HR360 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 HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals.

B. Admissions and Intake:

Enrollment is led by HR360 alone, or working in partnership with the city's Office-based Buprenorphine Induction Clinic (OBIC), depending on the client's point of entry. The first step involves individualized interviews with each client to discuss their addiction, lifestyle, and health status. Following the assessment, the client is provided with a summary of the treatment process; and is assessed for the presence of medical or psychiatric co-morbidities, and readiness to change. Clients are told about the psychosocial supports available to them, and are encouraged to participate in these as parallel services to their medication-assisted therapy. While complete assessment may require more than one office visit, initial treatment begins at the first visit and clients are given access to key services immediately, such as crisis intervention, psychiatric assessment, and other immediate needs for prescribed medications.

C. Service Delivery Model**Step 1 Assessment**

Following enrollment, if the initial screening indicates the presence of an opioid use disorder, further assessment is conducted to thoroughly delineate the individual's problem, to identify co-morbid or complicating medical or behavioral conditions, and to determine the appropriate treatment setting if not OBOT-recommended (Office-based Buprenorphine Opiate Treatment) [such as residential, intensive outpatient, or non-medication assisted outpatient]), and level of treatment intensity for the client. Clients whose needs have been identified as appropriate through to the next phase: Induction.

Step 2: Induction & Stabilization

Induction is managed at a centralized location, the city's OBIC clinic at 1380 Howard Street. Medication is introduced once the client is in a state of withdrawal; and OBIC medical staff meets with each client regularly for 1-2 weeks to ensure the medication is working, that side effects are not too uncomfortable, and that the individual is taking the medication as indicated. Dosage is adjusted up or down until the appropriate amount is reached, determined primarily by the elimination of common physical withdrawal symptoms. Current best practice describes the beginning of the stabilization phase as the point at which a client experiences no withdrawal symptoms, has minimal or no side effects, and no longer has uncontrollable cravings for opioid agonists. During early stabilization, frequent contact with the client is often necessary to increase the likelihood of compliance and to adjust dosage as necessary. Clients are typically referred to HR360 during early stabilization and begin working with the agency's prescribing physician, Dr. Mark Sears, as they move into the maintenance phase of treatment. Once a stable buprenorphine dose is reached and toxicologic samples are free of illicit opioids, OBIC physicians determine the frequency of subsequent visits (biweekly or longer, up to 30 days), Regardless of the frequency of visits, toxicology tests for relevant illicit drugs are administered at least monthly through urinalysis.

Step 3: Maintenance

Maintenance is often the longest period that a client is on buprenorphine; and is often an indefinite phase of treatment. During this phase, attention is focused on the psychosocial and family issues that are identified during the course of treatment to have contributed to each individual's addiction. During the maintenance stage, clients are seen as often as clinically indicated, but are required to see the prescribing physician on at least a quarterly basis. Drug tests can be administered through urinalysis to ensure clients have refrained from opioid use. New drugs that are detected through these tests are addressed through counseling sessions and during consultations with the physician.

Non-pharmacological services, such as the psychosocial supports provided by HR360's outpatient treatment program, address comprehensively the co-morbidities and other complex needs of clients related to opioid addiction, and maximize the chances of the best possible treatment outcomes. Program participants are strongly encouraged to seek psychosocial services either on-site at HR360's Integrated Care Center, or through referral to a provider within HR360's extensive

network of partners. Clients are also encouraged to attend mutual-aid support groups outside of HR360, and the program provides assistance for identifying the most appropriate mutual aid group based on linguistic or other needs, preferences, etc.

Each client's treatment depends on their personal treatment goals of long-term treatment depends in part on the patient's personal treatment goals and in part on objective signs of treatment success. Maintenance can be relatively short-term (e.g., <12 months) or a lifetime process. Treatment success depends on the achievement of specific goals that are agreed upon by the client and the physician/psychosocial providers. The program recognizes that many people in treatment relapse one or more times before getting better and remaining drug free. Relapse is viewed as a set back, but not as a failure of treatment or of the individual. Persons who relapse are encouraged to continue with treatment to achieve full recovery. To prevent relapse, individuals are supported to identify ways of staying away from triggers and other risk behaviors.

Program Service Location: HR360 Integrated Care Center is located at 1735 Mission Street.

D. Exit Criteria and Process: *Successful Completion, Aftercare and Discharge Planning*

Through ongoing communication with the OBOT counselor and outpatient care managers, the treatment team considers a number of factors when determining suitability for long-term medication-free status, including: stable housing and income, adequate psychosocial support, and the absence of legal problems. For clients who have not achieved these domains of stabilization, a longer period of maintenance, during which they work through any barriers that exist, is often recommended. To prevent relapse and continue working on maintenance issues, clients are encouraged to attend weekly after-care groups. Clients receive continuing care with, an emphasis on providing support and skills for self-management of substance use illness as a chronic condition (for example, 12-step, and other mutual help programs). Aftercare addresses not only the maintenance of sobriety, but also the tangible needs and social isolation of clients. Some of the issues addressed include: getting along better with people, dealing with stress, anger, and conflict, maintaining a positive self-concept, improving family relationships, making plans and solving problems, dealing with cravings and triggers, taking credit for your successes, and getting involved in the recovering community.

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

7. Objectives and Measurements

A. Required Objectives

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8. Continuous Quality Assurance and Improvement

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Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

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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. In addition, we also administer Satisfaction Surveys for most CBHS contracts as required by CBHS.

9. Required Language- N/A

1. Identifiers:

Program Name: HR360 Family Strength OP
Program Address: 1735 Mission Street
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 762-3700

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103

Person completing this Narrative: Denise Williams, VP of Contracts & compliance

Telephone: (415) 762-3712

Email Address: dwilliams@healthright360.org

Program Code: 38731

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 females 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

- 1) SA-Nonresidntl ODF Grp
- 2) SA-Nonresidntl ODF Indv
- 3) SA-Ancillary Svcs Case Mgmt

6. Methodology

The HR360 Family Strength Program services are arrayed to address the needs of women with children who are in residential and/or outpatient services at HR360. 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.

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 Family Strength Program Case Manager (Masters-level 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.

A. Outreach and Recruitment: HR360 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 HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals.

B. Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access services through a referral from one of the Primary treatment programs of HR360. They must be currently in one of the existing programs to access this family supportive services program.

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

The program includes:

- Harm Reduction Interventions that support engagement and build trust during the pre-contemplation and contemplation phases of treatment and at the same time promote individual and public safety. This is primarily accomplished via Motivational Enhancement Therapy interventions.
- Three Levels of Active Treatment
 - Level I -- Outpatient Treatment for clients who have maintained substantial stability in managing their behavioral health disorders.
 - Level II – Intensive Outpatient Treatment is intended both to serve clients stepping down from more intensive levels or care and/or to provide more intensive supports to clients in a lower level of care.
 - Level III – Day Treatment – 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 HR360 to deliver multifaceted programming that incorporates numerous evidence-based practices so as to respond comprehensively to multiple needs of high-risk individuals.

Program Service Location: The Family Strength OP Program is located at 1735 Mission Street, San Francisco, CA. Referrals to the Family Strength Program are made once a client has been admitted through one of our primary treatment programs (OP, Residential, etc.).

D. 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). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

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

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 14-15".

8. Continuous Quality Assurance and Improvement

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Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

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9. Required Language- N/A

1. Identifiers:

Program Name: HR360 Southeast Health Opportunities Project (SHOP)

Program Address: 1601 Donner #3

City, State, Zip Code: San Francisco, CA 94124

Telephone: (415) 762-3700

www.healthright360.org

Contractor Address: 1735 Mission Street

City, State, Zip Code: SF, CA 94103

Person completing this Narrative: Denise Williams, VP of Contracts & compliance

Telephone: (415) 762-3712

Email Address: dwilliams@healthright360.org

Program Code: 85731

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

To reduce the impact HIV & Substance Abuse in surrounding Southeast Community includes BVHP, Potrero Hill, Huntersview, Sunnydale, etc).

4. Target Population

The target population served by are African Americans & persons of Color that are in these targeted communities that are impacted by an increase in HIV cases, Medical issues, & no access to PC.

- AA in SF Target communities
- AA/ people of Color with SA issues
- AA/ people of Color with medical issues

5. Modality(ies)/Interventions

- 1) SA-Nonresidntl ODF Grp
- 2) SA-Nonresidntl ODF Indv

6. Methodology

The Southeast Health Opportunities Project (SHOP) is a service expansion and enhancement project that serves the predominately African American residents of San Francisco's Bayview Hunters Point (BVHP), Potrero Hill, and Sunnydale neighborhoods impacted by substance use and abuse and HIV/AIDS. The program focuses on individuals who use or abuse illegal substances, engage in high-risk sexual behaviors, are involved in the criminal justice system or/and are in need of comprehensive treatment services. Targeted settings for program interventions include substance abuse treatment agencies, primary care clinics, public housing community centers, recreation centers, and neighborhood churches. SHOP provides: (1) peer outreach staff to engage individuals who have not accessed substance abuse and HIV services due to numerous barriers in the targeted communities. (2) Pre-treatment services that assist clients stop abusing substances, improve their health status, screen for and begin to address mental illnesses, help them deal with any legal problems, improve their employment and financial situation, and strengthen their family and community support systems. (3) clients who continue to use or abuse substances after receiving pre-treatment services with outpatient substance abuse treatment to help them to stop using or abusing substances, improve or maintain their medical and mental health, address their legal problems, improve their employment and financial situation through coaching and education, and further strengthen their family and community supports. (4) ongoing recovery support services that will help clients and other community members maintain their recovery. (5) HIV risk reduction counseling, rapid HIV testing and

counseling, and referrals to HIV medical and support services to decrease the spread and progression of HIV in the Southeast communities.

A. Outreach & Recruitment: HR360 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 based organizations, individuals, and other interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals. For this contract, we have street Outreach workers that walk to recruit for our program targeting those that are harder to reach.

B. Admissions and Intake: Admission to the SHOP Program is open to all adult African Americans/Persons of Color of the Southeast area who desire treatment. We target this area because this is the requirement of the grant.

A direct referral or phone call secures an intake interview appointment at program with a program staff. Staff will verify for San Francisco residency; collect 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 HR360 continuum of care, they will first interview with an intake staff member. This interview includes an overall screening of behavioral health history.

C. Program Service Delivery Model: HR360 SHOP 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, and previous treatment experience.

Program Phases:

The program at HR360 is divided into phases: Orientation; Phase I, and Phase II. These phases are designed to provide a continuum of care for each client.

Program Service Locations: SHOP is located at 1601 Donner #3, San Francisco, CA.

D. 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.

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

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 14-15".

B. Individualized Program Objectives

1. During Fiscal Year 2014-15, 300 persons will be contacted through our outreach team as documented in HR360 records of which 100 of these persons will receive additional engagement, pre-treatment or other program related services.
2. During Fiscal Year 2014-15, HR360 will provide OP services to 70 UDC.
3. During Fiscal Year 2014-15, HR360 will provide HIV testing, education & counseling to 150 persons needing to know their HIV status.
4. During Fiscal Year 2014-15, HR360 will provide PC referrals to at least 30 clients needing health care services.

8. Continuous Quality Assurance and Improvement

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9. Required Language- N/A

1. Identifiers:

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

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Person completing this Narrative: Denise Williams, VP of Contracts & compliance
Telephone: (415) 762-3712
Email Address: dwilliams@healthright360.org

Program Code: 88359

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 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(ies)/Interventions

SA-Ancillary Svcs Case Mgmt

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.

A. Outreach and Recruitment: HR360 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 HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals.

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

B. Admissions and Intake: Upon intake, the recipient will be given a scheduled check day and a budget will be established utilizing the following formula: we will deduct the monthly rent, program service fee and stipulated bills from the monthly gross deposit. The remaining balance is divided by five (5), which represents living expenses for five weeks in the month. If the current month contains only 4 weeks, the 5th weeks' living expense can be requested as a special request (this does not apply to those recipients receiving the maximum weekly amount of \$250.00). If the client 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.

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

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

Recipients will be referred primarily from the Social Security Offices here in San Francisco, senior programs, mental health providers and various hospitals. A phone call secures an intake interview appointment at the HR360'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.

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

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

A majority of the recipients transfer to free payee services (subsidized by the city) within a year after their intake at the HR360 Representative Payee Program. Because city-subsidized

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

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

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 14-15".

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan. The committees are as follows:

Clinical Data Integrity: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

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

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. In addition, we also administer Satisfaction Surveys for most CBHS contracts as required by CBHS.

9. Required Language- N/A

1. Identifiers:

Program Name: HR360 2nd Chances (WOA)
Program Address: 1735 Mission Street, 3rd floor
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 762-3700

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Person completing this Narrative: Denise Williams, VP of Contracts & compliance
Telephone: (415) 762-3712
Email Address: dwilliams@healthright360.org

Program Code: 3835SC-ANS

2. Nature of Document (check one)

3. New Renewal Modification

4. 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.

5. Target Population

The target population served by the 2nd Chance program is SF County women sentenced to State prison. Services will be provided in-custody and when inmates parole back to San Francisco County.

- CDCR Inmates and Parolees from San Francisco County
- Adult Females

6. Modality(ies)/Interventions

SA-Ancillary Svcs Case Mgmt

7. Methodology

HR360 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.

A. Outreach and Recruitment: HR360 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 HealthRIGHT 360. In the community as well as in the criminal justice institutions we distribute brochures and publications about our programs. Recruitment is also done through HR360's website at www.healthright360.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, CCWF,) will occur in order to identify women that qualify for the program and then presentations will be conducted to educate them on services available.

B. 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.

Upon release from the criminal justice system (SF County Jail, CCWF) further intake paperwork will be done 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.

C. 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. 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. 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.

Program Service Location: The 2nd Chances Program is located at 1735 Mission Street, 3rd floor, San Francisco, CA. This Program provides Case management wraparound services for clients.

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 (CCWF). 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.

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.

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.

D. Exit Criteria and Process: HR360 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 institutions prior to release and 1735 Mission Street, 3rd floor for post release. All sites are ADA compliant and comply with all health, safety, and fire codes.

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

8. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 14-15".

9. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the

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

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Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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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. In addition, we also administer Satisfaction Surveys for most CBHS contracts as required by CBHS.

10. Required Language- N/A

1. Identifiers:

Program Name: HR360 IPO Healthy Changes
 Program Address: 1601 Donner #3
 City, State, Zip Code: San Francisco, CA 94124
 Telephone: (415) 762-3700
 www.healthright360.org

Contractor Address: 1735 Mission Street
 City, State, Zip Code: SF, CA 94103

Person completing this Narrative: Denise Williams, VP of Contracts & compliance
 Telephone: (415) 762-3712
 Email Address: dwilliams@healthright360.org

Program Code: N/A

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

To increase participant employability.

4. Target Population

The target population served by this program are 18- 24 (TAY) participating in the City's IPO program.

5. Modality(ies)/Interventions

SA-Sec Prev Outreach

6. Methodology

The delivery of comprehensive behavioral health services to participants in the City's Interrupt, predicts, and organize (IPO) program with the goal to increase participant employability. The behavioral health services will provide behavioral health assessments, group therapy/ self-care sessions during both, the initial job readiness training and the social support services phase. This also includes individual & crisis intervention services as needed, in addition to transition to longer term treatment when needed, as well.

- A. Outreach & Recruitment:** IPO participants are specific referrals from Probation, SFPD, SVIP, & HSA.
- B. Admissions and Intake:** All IPO participants receive an ASI assessment to determine need for services.
- C. Program Service Delivery Model-** Participants are required to attend a weekly 2-hour self-care group that supports their commitment to obtain & maintain employment. Their attendance is reported weekly to their IPO case manager.

Program Service Location: IPO Health Changes is located at 1601 Donner #3, San Francisco, CA.

- D. Program exit criteria-** All participants must complete 12 months of self-care services to successfully complete program and be considered for long-term employment.
- E. Program Staffing:** See salaries & benefits detail page in Appendix B.
- 7. Objectives and Measurements-** N/A
- 8. Continuous Quality Assurance and Improvement**

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Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

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Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

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

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. In addition, we also administer Satisfaction Surveys for most CBHS contracts as required by CBHS.

9. Required Language- N/A

1. Identifiers:

Program Name: HR360 Adult MH Medi-cal
Program Address: 1735 Mission Street
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 762-3700
www.healthright360.org

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Person completing this Narrative: Denise Williams, VP of Contracts & compliance
Telephone: (415) 762-3712
Email Address: dwilliams@healthright360.org

Program Code: 38CC3

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. HR360 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 HR360 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 indigent
-

5. Modality(ies)/Interventions

- 1) MH Svcs
- 2) Medication Support
- 3) Case Mgt Brokerage

6. Methodology

HR360 is a comprehensive behavioral health program providing a wide range of high quality services to adult San Francisco residents. HR360 emphasizes self-help and peer support in a humanistic therapeutic community and offers special programs for individuals with specific needs. The HR360 environment is multi-cultural, and actively promotes understanding and kinship between people of different backgrounds by

encouraging a family atmosphere, the sharing of personal histories, and respect for each individual's challenges and successes. The philosophy of HR360 reflects an emphasis on self-reliance, shared community values, and the development of supportive peer relationships. 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.

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

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

Harm reduction principles are applied in all of our programs, including our abstinence-based residential programs. HR360 teaches formal relapse prevention techniques to all of 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.

A. Outreach and Recruitment: HR360 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 HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals.

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

Assessments/ Diagnosis & Written Evaluation: The Multi-Service Center, located at 1735 Mission Street in San Francisco, is the central intake site for adult mental health services. After referral from ACCESS, the HR360 intake department, self-referral or any other appropriate referral source, individuals go through the intake assessment process. Intakes to Mental Health Medi-CAL services are scheduled five days a week.

HealthRIGHT 360 mental health clinicians providing services to clients funded through our MediCal/Short Doyle contract obtain and maintain ANSA certification. The ANSA is administered at the time of the

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

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

The program includes:

- Harm Reduction Interventions that support engagement and build trust during the pre-contemplation and contemplation phases of treatment and at the same time promote individual and public safety. This is primarily accomplished via Motivational Enhancement Therapy interventions.
- Three Levels of Active Treatment
 - Level I -- Outpatient Treatment for clients who have maintained substantial stability in managing their behavioral health disorders.
 - Level II – Intensive Outpatient Treatment is intended both to serve clients stepping down from more intensive levels or care and/or to provide more intensive supports to clients in a lower level of care.
 - Level III – Day Treatment – 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 HR360 to deliver multifaceted programming that incorporates numerous evidence-based practices so as to respond comprehensively to multiple needs of high-risk individuals.

Program Service Location: The MH OP program is located at 1735 Mission Street, San Francisco, CA.

D. Exit Criteria and Process: Mental Health Discharge Guidelines:

HR360 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 HR360, Mental Health Discharge Guidelines will be implemented. Discharge from the program may occur under the following circumstances:

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

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

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

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

Reasons For Discharge:

1. Client has engaged in assaultive or threatening behavior to HR360 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 HR360 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.

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

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

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 14-15".

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT

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

HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan. The committees are as follows:

Clinical Data Integrity: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

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. In addition, we also administer Satisfaction Surveys for most CBHS contracts as required by CBHS.

9. Required Language- N/A

1. Identifiers:

Program Name: HR360 Acute Psychiatric Stabilization (WRAPS)
Program Address: 815 Buena Vista West
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 554-1450
www.healthright360.org

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Person completing this Narrative: Denise Williams, VP of Contracts & compliance
Telephone: (415) 762-3712
Email Address: dwilliams@healthright360.org

Program Code: 38IT3

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

To reduce the impact of substance abuse and mental health disorders on the target population by successfully implementing the described interventions

4. Target Population

The target populations served by **WRAPS 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. 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 HR360 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

Residential Other

6. Methodology

The **HR360 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.

A. Outreach and Recruitment: HR360 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 HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals.

B. 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, that 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 that suggests mental illness.

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, HR360 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 HR360. Care managers will be notified of their clients' intake within the first 7 days of treatment in the WRAPS program.

C. 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 MHS Behavioral Health Innovations Task Force are integrated into the service structure.

Assessments/ Diagnosis & Written Evaluation: This process begins at the central intake site located at 1735 Mission Street. After referral from ACCESS, the HR360 intake department, self-referral or any other appropriate referral source, individuals go through the intake assessment process. Intakes to Mental Health Medi-CAL services are scheduled five days a week. 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 HR360 prospective participants are screened to determine type and severity of psychiatric and substance abuse disorders in order to determine appropriate level of care. HR360 will also assess clients already in HR360 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.

Program Service Locations: The WRAPS Program is located at one at 815 Buena Vista West, San Francisco, CA. This facility is licensed by the State to provide adult substance abuse residential treatment.

D. 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). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

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

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 14-15".

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA & CANS for our MH Adult & Youth programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

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9. Required Language- N/A

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): B-1, B-2, B-3, B-4, B-5, B-6, B-7, B-8, B-9, B-10, B-11, B-12, B-13, B-14, B-15, B-16, B-17, B-19, B-21, B-24 & B-25

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): B-18, B-20, B-22, & B-23

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 \$1,150,549 (25%) of the General Fund portion of the CONTRACTOR'S allocation for the applicable fiscal year.

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

2. Program Budgets and Final Invoice

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

Budget Summary

- Appendix B-1 – Adult Residential
- Appendix B-2 – Bridges Residential
- Appendix B-3 – AB109 Residential
- Appendix B-4 – AB109 ONPD Residential
- Appendix B-5 – CARE MDSP Residential
- Appendix B-6 – CARE Detox Residential
- Appendix B-7 – CARE Variable Length Residential
- Appendix B-8 – CARE Lodestar Residential
- Appendix B-9 – SFGH Residential
- Appendix B-10 – Satellite ONPD Residential
- Appendix B-11 – Social Detox Residential
- Appendix B-12 – Transgender Residential
- Appendix B-13 – WHITS Residential
- Appendix B-14 – Women's Hope Residential
- Appendix B-15 – Adult Outpatient
- Appendix B-16 – African American Family Healing Outpatient
- Appendix B-17 – Bridges Outpatient
- Appendix B-18 – Buprenorphine Medical Monitoring Outpatient
- Appendix B-19 – Family Strength Outpatient
- Appendix B-20 – SHOP
- Appendix B-21 – Representative Payee Program
- Appendix B-22 – Second Chances
- Appendix B-23 – IFO Healthy Changes
- Appendix B-24 – Adult Medical Health Medi-Cal
- Appendix B-25 – WRAPS

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 **Ninety One Million Five**

Hundred Twenty Five Thousand Five Hundred Six Dollars (\$91,525,506) for the period of July 1, 2010 through December 31, 2017.

CONTRACTOR understands that, of this maximum dollar obligation **\$3,126,806** 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 Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2010 through June 30, 2011	\$ 1,020,358
July 1, 2011 through June 30, 2012	\$ 14,011,729
July 1, 2012 through June 30, 2013	\$ 14,057,526
July 1, 2013 through June 30, 2014	\$ 14,465,062
July 1, 2014 through June 30, 2015	\$ 12,524,873
July 1, 2015 through June 30, 2016	\$ 12,524,873
July 1, 2016 through June 30, 2017	\$ 13,280,100
July 1, 2017 through December 31, 2017	\$ 6,514,179
Total: July 1, 2010 through December 31, 2017	\$ 88,398,700
Contingency	\$3,126,806
G. Total:	\$ 92,525,506

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

C. CONTRACTOR 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

DHCS Legal Entity Number	00348		Prepared By/Phone #: Paul Kroeger (415) 912-1820	Fiscal Year:	15-16		
Contractor Name	HealthRIGHT 360			Document Date:	7/1/15		
Appendix Number	B-1	B-2	B-3	B-4	B-5	Appendix B B-6	Page 5 B-7
Provider/Program Name	Adult Residential	Bridges Residential	AB109 Residential	AB109 ONPD Residential	CARE MDSP Residential	CARE Detox Residential	CARE Variable Length Residential
Provider Number	383805, 383806, 383834	383806	383834	383807	383806	383806	383834
Program Code	3805WR-RSD, 38062, 38342	3806BR-RES	87342	86077	3806CM-RES	3806CX-RSD	3834CV-RES
FUNDING TERM	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
FUNDING USES							
Salaries & Employee Benefits	2,595,189	80,841	498,430	99,639	208,422	143,081	139,316
Operating Expenses	1,087,916	25,151	279,242	150,518	127,717	60,874	67,910
Capital Expenses	-	-	-	-	-	-	-
Subtotal Direct Expenses	3,683,105	105,992	777,672	250,157	336,139	203,955	207,226
Indirect Expenses	441,971	12,719	93,320	30,018	40,338	24,474	24,867
Indirect %	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%
TOTAL FUNDING USES	4,125,076	118,711	870,992	280,175	376,477	228,429	232,093
BHS MENTAL HEALTH FUNDING SOURCES							
	CFDA	FAMIS					
MH FED - SDMC Regular FFP (50%)	-	HMHMCC730515	-	-	-	-	-
MH Realignment	-	HMHMCC730515	-	-	-	-	-
MH COUNTY - General Fund	-	HMHMCC730515	-	-	-	-	-
MH PROJECT - MHSA	-	PHMS63-1505	-	-	-	-	-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES							
BHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA	FAMIS					
SA FED - SAPT Fed Discretionary	93.959	HMHSCCRES227	950,437	-	-	-	-
SA FED - Drug Medi-Cal	93.778	HMHSCCRES227	-	-	-	-	-
SA STATE - PSR Drug Medi-Cal	-	HMHSCCRES227	-	-	-	-	-
SA STATE - PSR Non Drug Medi-Cal	-	HMHSCCRES227	-	-	-	-	-
SA COUNTY - General Fund	-	HMHSCCRES227	1,981,781	-	-	366,477	218,429
SA COUNTY - General Fund - WO CODB	-	HMHSCCRES227	12,752	-	-	-	-
SA GRANT - Fed SAMHSA SHOP	93.243	HCSA03-14	-	-	-	-	-
SA GRANT - Fed DOJ Second Chance	16.812	HCSA02-14	-	-	-	-	-
SA WORK ORDER - HSA FSET	10.561	HMHSCCADM377	850,106	-	-	-	-
SA WORK ORDER - APD CJ Realignment (AB109)	-	HMHS109CMGWO	-	830,992	280,175	-	-
SA GRANT - State CDCR ISMIP	-	HMAD01-15	-	118,711	-	-	-
SA WORK ORDER - OEWD	-	HMHSMYOEWDWO	-	-	-	-	-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			3,795,076	118,711	830,992	280,175	366,477
OTHER DPH FUNDING SOURCES							
TOTAL OTHER DPH FUNDING SOURCES							
TOTAL DPH FUNDING SOURCES			3,795,076	118,711	830,992	280,175	366,477
NON DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees			330,000	-	40,000	-	10,000
TOTAL NON-DPH FUNDING SOURCES			330,000	-	40,000	-	10,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			4,125,076	118,711	870,992	280,175	376,477

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number	00348		Prepared By/Phone #: Paul Kroeger (415) 912-1820			Fiscal Year: 14-15	
Contractor Name	HealthRIGHT 360					Document Date: 7/1/15	
Appendix Number	B-8	B-9	B-10	B-11	B-12	Appendix B	Page 6
Provider/Program Name	CARE Lodestar Residential	SFGH Residential	Satellite ONPD Residential	Social Detox Residential	Transgender Residential	WHITS Residential	Women's Hope Residential
Provider Number	383805	383805, 383806, 383834	383805, 383807	383806	383805, 383806	383806	388910
Program Code	3805LC-RES	3805SW-RES, 3806SG-RES, 3834G-RES	87067, 88077	88062	3805TG-RES, 3806TD-RES	3806WT-RES	89102
FUNDING TERM	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
FUNDING USES							
Salaries & Employee Benefits	120,392	272,946	174,153	453,652	228,088	191,328	443,447
Operating Expenses	63,910	137,287	144,105	259,316	106,186	100,343	159,250
Capital Expenses	-	-	-	-	-	-	-
Subtotal Direct Expenses	184,302	410,233	318,258	712,968	334,274	291,671	602,697
Indirect Expenses	22,117	49,228	38,190	85,555	40,112	35,001	72,323
Indirect %	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%
TOTAL FUNDING USES	206,419	459,461	356,448	798,523	374,386	326,672	675,020
BHS MENTAL HEALTH FUNDING SOURCES							
	CFDA	FAMIS					
MH FED - SDMC Regular FFP (50%)	-	HMHMCC730515	-	-	-	-	-
MH Realignment	-	HMHMCC730515	-	-	-	-	-
MH COUNTY - General Fund	-	HMHMCC730515	-	-	-	-	-
MH PROJECT - MHA	-	PHMS63-1505	-	-	-	-	-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES							
BHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA	FAMIS					
SA FED - SAPT Fed Discretionary	93.959	HMHS CCRES227	-	-	-	-	633,519
SA FED - Drug Medi-Cal	93.778	HMHS CCRES227	-	-	-	-	-
SA STATE - PSR Drug Medi-Cal	-	HMHS CCRES227	-	-	-	-	-
SA STATE - PSR Non Drug Medi-Cal	-	HMHS CCRES227	-	-	-	-	-
SA COUNTY - General Fund	-	HMHS CCRES227	196,919	440,461	313,448	798,523	359,702
SA COUNTY - General Fund - WO CODEB	-	HMHS CCRES227	-	-	-	-	-
SA GRANT - Fed SAMHA SHOP	93.243	HCSA03-14	-	-	-	-	-
SA GRANT - Fed DOJ Second Chance	16.812	HCSA02-14	-	-	-	-	-
SA WORK ORDER - HSA FSET	10.561	HMHS CCADM377	-	-	-	-	-
SA WORK ORDER - APD CJ Realignment (AB109)	-	HMHS109CMGWO	-	-	-	-	-
SA GRANT - State CDCR ISMIP	-	HMAD01-15	-	-	-	-	-
SA WORK ORDER - OEWD	-	HMHS MYOEWDWO	-	-	-	-	-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			196,919	440,461	313,448	798,523	359,702
OTHER DPH FUNDING SOURCES							
TOTAL OTHER DPH FUNDING SOURCES							
TOTAL DPH FUNDING SOURCES			196,919	440,461	313,448	798,523	359,702
NON DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees			9,500	19,000	43,000	14,684	3,000
TOTAL NON-DPH FUNDING SOURCES			9,500	19,000	43,000	14,684	3,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			206,419	459,461	356,448	798,523	374,386

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number		00348		Prepared By/Phone #: Paul Kroeger (415) 912-1820			Fiscal Year: 14-15								
Contractor Name		HealthRIGHT 360			Document Date: 7/1/15										
Appendix Number		B-15		B-16		B-17		B-18		B-19		B-20		B-21	
Provider/Program Name		Adult Outpatient		African American Family Healing Outpatient		Bridges Outpatient		Buprenorphine Medical Monitoring Outpatient		Family Strength Outpatient		SHOP		Representative Payee Program	
Provider Number		383820		383873		383835		383820		383820		383873		383835	
Program Code		38201, 3820OP		87301		85351		88201		38731		85731		88359	
FUNDING TERM		7/1/15-6/30/16		7/1/15-6/30/16		7/1/15-6/30/16		7/1/15-6/30/16		7/1/15-6/30/16		9/30/14-9/29/15		7/1/15-6/30/16	
FUNDING USES															
Salaries & Employee Benefits		873,770		209,929		324,830		46,271		181,921		243,377		104,114	
Operating Expenses		268,049		76,447		99,136		166		10,668		45,521		50,378	
Capital Expenses		-		-		-		-		-		-		-	
Subtotal Direct Expenses		1,141,819		286,376		423,966		46,437		192,589		288,898		154,492	
Indirect Expenses		137,019		34,368		50,876		5,571		23,110		34,667		18,538	
Indirect %		12.00%		12.00%		12.00%		12.00%		12.00%		12.00%		12.00%	
TOTAL FUNDING USES		1,278,838		320,744		474,842		52,008		215,699		323,565		173,030	
BHS MENTAL HEALTH FUNDING SOURCES															
		GFDA		FAMIS											
MH FED - SDMC Regular FFP (50%)		-		HMHMCC730515		-		-		-		-		-	
MH Realignment		-		HMHMCC730515		-		-		-		-		-	
MH COUNTY - General Fund		-		HMHMCC730515		-		-		-		-		-	
MH PROJECT - MHSA		-		PHMS63-1505		-		-		-		-		-	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		-		-		-		-		-		-		-	
BHS SUBSTANCE ABUSE FUNDING SOURCES															
		GFDA		FAMIS											
SA FED - SAPT Fed Discretionary		93,959		HMHSACCRES227		285,645		-		-		-		-	
SA FED - Drug Medi-Cal		93,778		HMHSACCRES227		15,000		-		-		-		-	
SA STATE - PSR Drug Medi-Cal		-		HMHSACCRES227		15,000		-		-		-		-	
SA STATE - PSR Non Drug Medi-Cal		-		HMHSACCRES227		132,552		-		-		-		-	
SA COUNTY - General Fund		-		HMHSACCRES227		830,641		320,744		52,008		206,699		80,030	
SA COUNTY - General Fund - WO CODB		-		HMHSACCRES227		-		-		-		-		-	
SA GRANT - Fed SAMHSA SHOP		93,243		HCSA03-14		-		-		-		323,565		-	
SA GRANT - Fed DOJ Second Chance		16,812		HCSA02-14		-		-		-		-		-	
SA WORK ORDER - HSA FSET		10,561		HMHSACCADM377		-		-		-		-		-	
SA WORK ORDER - APD CJ Realignment (AB109)		-		HMHS109CMGW0		-		-		-		-		-	
SA GRANT - State CDCR ISMP		-		HMAD01-15		-		474,842		-		-		-	
SA WORK ORDER - OEWD		-		HMHSMYOEWDWO		-		-		-		-		-	
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		1,278,838		320,744		474,842		52,008		206,699		323,565		80,030	
OTHER DPH FUNDING SOURCES															
TOTAL OTHER DPH FUNDING SOURCES		-		-		-		-		-		-		-	
TOTAL DPH FUNDING SOURCES		1,278,838		320,744		474,842		52,008		206,699		323,565		80,030	
NON-DPH FUNDING SOURCES															
NON DPH - Patient/Client Fees		-		-		-		-		9,000		-		93,000	
TOTAL NON-DPH FUNDING SOURCES		-		-		-		-		9,000		-		93,000	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,278,838		320,744		474,842		52,008		215,699		323,565		173,030	

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number	00348				Prepared By/Phone #: Paul Kroeger (415) 912-1820	Fiscal Year:	14-15
Contractor Name	HealthRIGHT 360					Document Date:	7/1/15
Appendix Number	B-22	B-23	B-24	B-25		Appendix B	Page 7
Provider/Program Name	Second Chances	IPO Healthy Changes	Adult Mental Health Medi-Cal	WRAPS			
Provider Number	383835	383873	38CC	38IT			TOTAL
Program Code	3835SC-ANS	N/A	38CC3	38IT3			
FUNDING TERM	10/1/14-4/30/15	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16			7/1/14-9/30/15
FUNDING USES							
Salaries & Employee Benefits	145,376	115,280	274,314	54,803			8,222,909
Operating Expenses	101,894	18,648	31,237	23,402			3,495,271
Capital Expenses	-	-	-	-			-
Subtotal Direct Expenses	247,270	133,928	305,551	78,205			11,718,180
Indirect Expenses	29,671	16,072	36,668	9,384			1,406,177
Indirect %	12.00%	12.00%	12.00%	12.00%			12.00%
TOTAL FUNDING USES	276,941	150,000	342,219	87,589			13,124,357
						Employee Fringe Benefits %:	31.00%
BHS MENTAL HEALTH FUNDING SOURCES							
	CFDA	FAMIS					
MH FED - SDMC Regular FFP (50%)	-	HMHMCC730515	-	-	74,773	-	74,773
MH Realignment	-	HMHMCC730515	-	-	224,810	-	224,810
MH COUNTY - General Fund	-	HMHMCC730515	-	-	42,636	-	42,636
MH PROJECT - MHSA	-	PHMS63-1505	-	-	-	86,589	86,589
TOTAL BHS MENTAL HEALTH FUNDING SOURCES					342,219	86,589	428,808
BHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA	FAMIS					
SA FED - SAPT Fed Discretionary	93.959	HMHSCCRES227	-	-	-	-	1,869,601
SA FED - Drug Medi-Cal	93.778	HMHSCCRES227	-	-	-	-	15,000
SA STATE - PSR Drug Medi-Cal	-	HMHSCCRES227	-	-	-	-	15,000
SA STATE - PSR Non Drug Medi-Cal	-	HMHSCCRES227	-	-	-	-	132,552
SA COUNTY - General Fund	-	HMHSCCRES227	-	-	-	-	6,745,828
SA COUNTY - General Fund - WO CODB	-	HMHSCCRES227	-	-	-	-	12,752
SA GRANT - Fed SAMHSA SHOP	93.243	HCSA03-14	-	-	-	-	323,565
SA GRANT - Fed DOJ Second Chance	16.812	HCSA02-14	276,941	-	-	-	276,941
SA WORK ORDER - HSA FSET	10.561	HMHSCCADM377	-	-	-	-	850,106
SA WORK ORDER - APD CJ Realignment (AB109)	-	HMHS109CMGWO	-	-	-	-	1,111,167
SA GRANT - State CDCR ISMP	-	HMAD01-15	-	-	-	-	593,553
SA WORK ORDER - OEWD	-	HMHSMYOEWDWO	-	150,000	-	-	150,000
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			276,941	150,000	-	-	12,096,065
OTHER DPH FUNDING SOURCES							
TOTAL OTHER DPH FUNDING SOURCES							
TOTAL DPH FUNDING SOURCES			276,941	150,000	342,219	86,589	12,524,873
NON-DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees						1,000	599,484
TOTAL NON-DPH FUNDING SOURCES						1,000	599,484
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			276,941	150,000	342,219	87,589	13,124,357

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

Contractor Name: HealthRIGHT 360			Appendix #: B-1 page 1				
Provider/Program Name: Adult Residential			Document Date: 7/1/15				
Provider Number: 383805, 383806, 383834			Fiscal Year: 15-16				
Program Name	Adult Residential	Adult Residential					
Program Code	3805WR-RSD, 38062, 38342	3805WR-RSD, 38062, 38342					
Mode/SFC (MH) or Modality (SA)	Res-51	Res-51					
Service Description	SA-Res Recov Long Term (over 30 days)	SA-Res Recov Long Term (over 30 days)					
FUNDING TERM	7/1/15-6/30/16	7/1/15-6/30/16					TOTAL 7/1/15-6/30/16
FUNDING USES							
Salaries & Employee Benefits Expense	1,992,834	602,355					2,595,189
Operating Expense	852,870	235,046					1,087,916
Capital Expense	-	-					-
Subtotal Direct Expense	2,845,704	837,401	-	-	-	-	3,683,105
Indirect Expense	341,484	100,487					441,971
TOTAL FUNDING USES	3,187,188	937,888	-	-	-	-	4,125,076
BHS MENTAL HEALTH FUNDING SOURCES							
							-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES			-	-	-	-	-
BHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA	FAMIS					
SA FED - SAPT Fed Discretionary	93.959	HMHSCCRES227	950,437				950,437
SA COUNTY - General Fund	-	HMHSCCRES227	1,981,781				1,981,781
SA COUNTY - General Fund - WO CODB	-	HMHSCCRES227		12,752			12,752
SA WORK ORDER - HSA FSET	10.561	HMHSCCADM377		850,106			850,106
							-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			2,932,218	862,858	-	-	3,795,076
OTHER DPH FUNDING SOURCES							
							-
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-
TOTAL DPH FUNDING SOURCES			2,932,218	862,858	-	-	3,795,076
NON-DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees			254,970	75,030			330,000
							-
TOTAL NON-DPH FUNDING SOURCES			254,970	75,030	-	-	330,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			3,187,188	937,888	-	-	4,125,076
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)			98	29			
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)			FFS	FFS			
Units of Service			32,537	9,575			
Unit Type			Bed Days	Bed Days			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)			90.12	90.12			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)			97.96	97.96			
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)			343	101			Total UDC: 444

DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: Adult Residential

Appendix #: B-1 page 2
 Document Date: 7/1/15

Position Title	TOTAL		SAPT Fed Discretionary, General Fund & Non-DPH Funding Sources		HSA FSET Work Order, Work Order CODB & Non-DPH Funding Sources							
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.298	44,638	0.230	33,489	0.068	11,149						
Program Director	1.750	105,000	1.352	80,127	0.398	24,873						
Clinical Coordinator	0.500	20,000	0.386	14,453	0.114	5,547						
Director of QA & Compliance	0.460	45,996	0.355	34,538	0.105	11,458						
Manager of Licensing & Certification	0.570	28,671	0.440	22,152	0.130	6,519						
Care Coordinators	14.000	444,780	10.817	341,654	3.183	103,126						
Overnight Monitor	3.000	90,000	2.318	69,537	0.682	20,463						
Weekend Coordinator	0.556	19,455	0.430	15,032	0.126	4,423						
T.C. Admin. Assistant (Nexus)	1.439	51,656	1.112	38,911	0.327	12,745						
Director Of Facility Operations	0.268	22,108	0.207	17,081	0.061	5,027						
Maintenance Worker	0.853	32,209	0.659	23,886	0.194	8,323						
Transportation & Facility Manager	0.472	30,320	0.365	23,426	0.107	6,894						
Warehouse Coordinator	0.564	25,009	0.436	19,323	0.128	5,686						
Driver	2.278	70,652	1.760	53,588	0.518	17,064						
Cook/Food Service	3.296	121,134	2.547	93,593	0.749	27,541						
Director of Food Services	0.358	28,678	0.277	22,158	0.081	6,520						
Client Services Manager	0.539	26,940	0.416	20,815	0.123	6,125						
Client Services Support	1.585	44,380	1.225	34,290	0.360	10,090						
Family Services Coordinator	0.35	19,903	0.270	15,378	0.079	4,525						
Medical Services Director	0.58	47,712	0.447	36,864	0.132	10,848						
Medical Services Support	1.95	63,242	1.506	48,470	0.443	14,772						
Physician	0.01	1,425	0.011	1,101	0.003	324						
V.P. of Mental Health Services	0.38	47,855	0.297	36,975	0.087	10,880						
Mental Health Training Director	0.43	28,141	0.335	21,743	0.098	6,398						
Administrative Assistant	0.41	13,070	0.315	10,098	0.093	2,972						
Therapist	3.48	166,368	2.685	128,542	0.790	37,826						
Mental Health Manager	0.72	51,442	0.559	39,746	0.165	11,696						
Director of Workforce Development	0.54	46,836	0.415	36,187	0.122	10,649						
Education Coordinator	0.40	16,131	0.311	12,463	0.092	3,668						
Computer Lab Tech	0.48	15,076	0.367	11,648	0.108	3,428						
Housing & Community Service	0.60	21,122	0.467	16,320	0.137	4,802						
Employment Counselor	1.53	47,483	1.183	36,687	0.348	10,796						
IT Specialist - Data Control	0.51	20,235	0.396	15,634	0.116	4,601						
Psychiatrist	0.87	99,421	0.668	76,816	0.197	22,605						
Psychologist	0.37	23,972	0.286	18,522	0.084	5,450						
Totals:	46.398	1,981,060	35.850	1,521,247	10.55	459,813	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	614,129	31.00%	471,587	31.00%	142,542						
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TOTAL SALARIES & BENEFITS

2,595,189

1,992,834

602,355

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DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Appendix #: B-1 page 3

Provider/Program Name: Adult Residential

Document Date: 7/1/15

Expenditure Category	TOTAL	SAPT Fed Discretionary, General Fund & Non-DPH Funding Sources	HSA FSET Work Order, Work Order CODB & Non-DPH Funding Sources			
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:
Occupancy	-	-	-			
Rent	252,000	196,665	55,335			
Utilities (Telephone, Electricity, Water, Gas)	232,426	169,350	63,076			
Building Repair/Maintenance	130,106	109,024	21,082			
Materials & Supplies	-	-	-			
Office Supplies	12,101	9,350	2,751			
Photocopying	-	-	-			
Printing	2,663	2,058	605			
Program Supplies	229,111	185,346	43,765			
Computer Hardware/Software	4,000	3,000	1,000			
General Operating	-	-	-			
Training/Staff Development	2,000	1,500	500			
Insurance	41,156	33,388	7,768			
Professional License	15,270	11,798	3,472			
Permits	-	-	-			
Equipment Lease & Maintenance	29,000	24,000	5,000			
Staff Travel	-	-	-			
Local Travel	2,668	2,311	357			
Out-of-Town Travel	-	-	-			
Field Expenses	-	-	-			
Consultant/Subcontractor	-	-	-			
	-	-	-			
	-	-	-			
Other	-	-	-			
Client Transportation	80,000	62,080	17,920			
Taxes & Licenses	55,415	43,000	12,415			
	-	-	-			

TOTAL OPERATING EXPENSE

1,087,916

852,870

235,046

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

Contractor Name: HealthRIGHT 360				Appendix #: B-2 page 1			
Provider/Program Name: Bridges Residential				Document Date: 7/1/15			
Provider Number: 383806				Fiscal Year: 14-15			
Program Name	Bridges Residential						
Program Code	3806BR-RES						
Mode/SFC (MH) or Modality (SA)	Res-51						
Service Description	SA-Res Recov Long Term (over 30 days)						TOTAL
FUNDING TERM	7/1/15-6/30/16						7/1/15-6/30/16
FUNDING USES							
Salaries & Employee Benefits Expense	80,841						80,841
Operating Expense	25,151						25,151
Capital Expense	-						-
Subtotal Direct Expense	105,992	-	-	-	-	-	105,992
Indirect Expense	12,719						12,719
TOTAL FUNDING USES	118,711	-	-	-	-	-	118,711
BHS MENTAL HEALTH FUNDING SOURCES							
							-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	-	-
BHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA	FAMIS					
SA GRANT - State CDCR ISMP	-	HMAD01-15	118,711				118,711
							-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			118,711	-	-	-	118,711
OTHER DPH FUNDING SOURCES							
							-
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-
TOTAL DPH FUNDING SOURCES			118,711	-	-	-	118,711
NON-DPH FUNDING SOURCES							
							-
TOTAL NON-DPH FUNDING SOURCES			-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			118,711	-	-	-	118,711
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)	2						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS						
Units of Service	1,099						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	108.00						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	108.00						
Published Rate (Medi-Cal Providers Only)							Total UDC:
Unduplicated Clients (UDC)	30						30

DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: Bridges Residential

Appendix #: B-2 page 2
 Document Date: 7/1/15

Position Title	TOTAL		CDCR ISMIP Grant									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.010	1,500	0.010	1,500								
Program Director	0.040	2,640	0.040	2,640								
V.P. of QA & Compliance	0.010	1,000	0.010	1,000								
Manager of Licensing & Certification	0.020	1,005	0.020	1,005								
Managing Director of Clinical Services	0.010	1,100	0.010	1,100								
Supervising Care Coordinators	0.010	420	0.010	420								
Care Coordinators	0.300	10,800	0.300	10,800								
HIV/AIDS Clinical Manager	0.200	7,800	0.200	7,800								
Overnight Monitor	0.100	3,000	0.100	3,000								
Weekend Coordinator	0.100	3,500	0.100	3,500								
T.C. Admin. Assistant (Nexus)	0.031	1,086	0.031	1,086								
Director Of Facility Operations	0.003	228	0.003	228								
Maintenance Worker	0.013	417	0.013	417								
Transportation & Facility Manager	0.009	590	0.009	590								
Warehouse Coordinator	0.013	582	0.013	582								
Driver	0.040	1,240	0.040	1,240								
Cook/Food Service	0.100	3,100	0.100	3,100								
Director of Food Services	0.012	926	0.012	926								
Client Services Manager	0.050	2,531	0.050	2,531								
Client Services Support	0.034	1,028	0.034	1,028								
Family Services Coordinator	0.003	194	0.003	194								
Medical Services Director	0.010	830	0.010	830								
Medical Services Support	0.150	6,809	0.150	6,809								
Physician	0.000	34	0.000	34								
V.P. of Mental Health Services	0.008	938	0.008	938								
Mental Health Training Director	0.005	379	0.005	379								
Director of Mental Health Services	0.007	410	0.007	410								
Mental Health Care Coordinators	0.006	193	0.006	193								
Therapist	0.090	4,500	0.090	4,500								
Mental Health Manager	0.018	1,077	0.018	1,077								
Director of Workforce Development	0.001	40	0.001	40								
Housing & Community Service	0.008	309	0.008	309								
IT Specialist - Data Control	0.011	435	0.011	435								
Psychologist	0.017	1,070	0.017	1,070								
Totals:	1.439	61,711	1.439	61,711	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	19,130	31.00%	19,130	-	-	-	-	-	-	-	-
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TOTAL SALARIES & BENEFITS

80,841	80,841	-	-	-	-
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DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Provider/Program Name: Bridges Residential

Appendix #: B-2 page 3

Document Date: 7/1/15

Expenditure Category	TOTAL	CDCR ISMIP Grant				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	2,686	2,686				
Utilities (Telephone, Electricity, Water, Gas)	4,469	4,469				
Building Repair/Maintenance	2,246	2,246				
Materials & Supplies	-	-				
Office Supplies	250	250				
Photocopying	-	-				
Printing	50	50				
Program Supplies	7,500	7,500				
Computer Hardware/Software	500	500				
General Operating	-	-				
Training/Staff Development	-	-				
Insurance	1,050	1,050				
Professional License	650	650				
Permits	-	-				
Equipment Lease & Maintenance	650	650				
Staff Travel	-	-				
Local Travel	150	150				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	2,000	2,000				
Food	2,950	2,950				
	-	-				
TOTAL OPERATING EXPENSE	25,151	25,151				

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

Contractor Name: HealthRIGHT 360		Appendix #: B-3 page 1					
Provider/Program Name: AB109 Residential		Document Date: 7/1/15					
Provider Number:	383834					Fiscal Year:	15-16
Program Name	AB109 Residential	AB109 Reentry Pod Counseling					
Program Code	87342	N/A					
Mode/SFC (MH) or Modality (SA)	Res-51	Anc-68					
Service Description	SA-Res Recov Long Term (over 30 days)	SA-Ancillary Svcs Case Mgmt					TOTAL
FUNDING TERM	7/1/15-6/30/16	7/1/15-6/30/16					7/1/15-6/30/16
FUNDING USES							
Salaries & Employee Benefits Expense	452,580	45,850					498,430
Operating Expense	279,242	-					279,242
Capital Expense	-	-					-
Subtotal Direct Expense	731,822	45,850	-	-	-	-	777,672
Indirect Expense	87,818	5,502					93,320
TOTAL FUNDING USES	819,640	51,352	-	-	-	-	870,992
BHS MENTAL HEALTH FUNDING SOURCES							
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-	-
BHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA	FAMIS					
SA WORK ORDER - APD CJ Realignment (AB109)	-	HMHS109CMGWO	779,640	51,352			830,992
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			779,640	51,352	-	-	830,992
OTHER DPH FUNDING SOURCES							
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-
TOTAL DPH FUNDING SOURCES			779,640	51,352	-	-	830,992
NON-DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees			40,000				40,000
TOTAL NON-DPH FUNDING SOURCES			40,000	-	-	-	40,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			819,640	51,352	-	-	870,992
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)			23				
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)		FFS		CR			
Units of Service			8,213	920			
Unit Type		Bed Days		Staff Hour			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)			94.93	55.82			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)			99.80	55.82			
Published Rate (Medi-Cal Providers Only)							Total UDC:
Unduplicated Clients (UDC)			30	16			46

DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: AB109 Residential

Appendix #: B-3 page 2
 Document Date: 7/1/15

Position Title	TOTAL		APD CJ Realignment Work Order & Non-DPH Funding Sources		APD CJ Realignment Work Order							
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.060	7,500	0.060	7,500	-	-						
Program Director	0.400	26,000	0.400	26,000	-	-						
V.P. of QA & Compliance	0.050	5,000	0.050	5,000	-	-						
Manager of Licensing & Certification	0.120	5,026	0.120	5,026	-	-						
Managing Director of Clinical Services	0.020	2,200	0.020	2,200	-	-						
Supervising Care Coordinators	0.400	14,800	0.400	14,800	-	-						
Care Coordinators	1.500	54,000	1.500	54,000	-	-						
HIV/AIDS Clinical Manager	0.030	1,170	0.030	1,170	-	-						
Overnight Monitor	0.500	15,000	0.500	15,000	-	-						
Weekend Coordinator	0.200	6,800	0.200	6,800	-	-						
T.C. Admin. Assistant (Nexus)	0.250	8,750	0.250	8,750	-	-						
Director Of Facility Operations	0.050	3,500	0.050	3,500	-	-						
Maintenance Worker	0.200	7,000	0.200	7,000	-	-						
Transportation & Facility Manager	0.020	3,209	0.020	3,209	-	-						
Warehouse Coordinator	0.100	4,429	0.100	4,429	-	-						
Driver	0.438	13,482	0.438	13,482	-	-						
Cook/Food Service	0.690	21,344	0.690	21,344	-	-						
Director of Food Services	0.090	6,893	0.090	6,893	-	-						
Client Services Manager	0.110	5,374	0.110	5,374	-	-						
Client Services Support	0.300	9,099	0.300	9,099	-	-						
Family Services Coordinator	0.070	4,254	0.070	4,254	-	-						
Medical Services Director	0.120	9,523	0.120	9,523	-	-						
Medical Services Support	0.340	10,891	0.340	10,891	-	-						
Physician	0.003	334	0.003	334	-	-						
V.P. of Mental Health Services	0.070	9,072	0.070	9,072	-	-						
Mental Health Training Director	0.060	4,426	0.060	4,426	-	-						
Director of Mental Health Services	0.050	2,962	0.050	2,962	-	-						
Mental Health Care Coordinators	0.190	6,132	0.190	6,132	-	-						
Therapist	0.320	15,823	0.320	15,823	-	-						
Mental Health Manager	0.070	4,045	0.070	4,045	-	-						
Director of Workforce Development	0.160	8,118	0.160	8,118	-	-						
Education Coordinator	0.079	3,143	0.079	3,143	-	-						
Computer Lab Tech	0.140	4,575	0.140	4,575	-	-						
Housing & Community Service	0.120	4,689	0.120	4,689	-	-						
Employment Counselor	0.370	11,606	0.370	11,606	-	-						
IT Specialist - Data Control	0.100	4,124	0.100	4,124	-	-						
Psychiatrist	0.160	17,988	0.160	17,988	-	-						
Psychologist	0.050	3,200	0.050	3,200	-	-						
Reentry Pod Counselor	1.000	35,000	-	-	1.000	35,000						
Totals:	9.000	380,481	8.000	345,481	1.000	35,000	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	117,949	31.00%	107,099	31.00%	10,850						
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TOTAL SALARIES & BENEFITS

498,430

452,580

45,850

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DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: AB109 Residential

Appendix #: B-3 page 3
 Document Date: 7/1/15

Expenditure Category	TOTAL	APD CJ Realignment Work Order & Non-DPH Funding Sources	APD CJ Realignment Work Order			
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:
Occupancy	-	-				
Rent	58,324	58,324				
Utilities (Telephone, Electricity, Water, Gas)	50,562	50,562				
Building Repair/Maintenance	25,263	25,263				
Materials & Supplies	-	-				
Office Supplies	3,234	3,234				
Photocopying	-	-				
Printing	673	673				
Program Supplies	67,998	67,998				
Computer Hardware/Software	1,986	1,986				
General Operating	-	-				
Training/Staff Development	837	837				
Insurance	10,292	10,292				
Professional License	3,166	3,166				
Permits	-	-				
Equipment Lease & Maintenance	7,137	7,137				
Staff Travel	-	-				
Local Travel	390	390				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	16,381	16,381				
Food	32,999	32,999				
	-	-				
TOTAL OPERATING EXPENSE	279,242	279,242				

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

Contractor Name: HealthRIGHT 360		Appendix #: B-4 page 1					
Provider/Program Name: AB109 ONPD Residential		Document Date: 7/1/15					
Provider Number: 383807		Fiscal Year: 15-16					
Program Name	AB109 ONPD Residential						
Program Code	86077						
Mode/SFC (MH) or Modality (SA)	Res-51						
Service Description	SA-Res Recov Long Term (over 30 days)						TOTAL
FUNDING TERM	7/1/15-6/30/16						7/1/15-6/30/16
FUNDING USES							
Salaries & Employee Benefits Expense	99,639						99,639
Operating Expense	150,518						150,518
Capital Expense	-						-
Subtotal Direct Expense	250,157	-	-	-	-	-	250,157
Indirect Expense	30,018						30,018
TOTAL FUNDING USES	280,175	-	-	-	-	-	280,175
BHS MENTAL HEALTH FUNDING SOURCES							
							-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	-	-
BHS SUBSTANCE ABUSE FUNDING SOURCES							
	CPDA	FAMIS					
SA WORK ORDER - APD CJ Realignment (AB109)	-	HMHS109CMGWO	280,175				280,175
							-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			280,175	-	-	-	280,175
OTHER DPH FUNDING SOURCES							
							-
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-
TOTAL DPH FUNDING SOURCES			280,175	-	-	-	280,175
NON-DPH FUNDING SOURCES							
							-
TOTAL NON-DPH FUNDING SOURCES			-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			280,175	-	-	-	280,175
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)	21						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS						
Units of Service	6,805						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	41.17						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	41.17						
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)	53						Total UDC: 53

DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: AB109 ONPD Residential

Appendix #: B-4 page 2
 Document Date: 7/1/15

Position Title	TOTAL		APD CJ Realignment Work Order									
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.007	1,019	0.007	1,019								
Program Director	0.050	3,250	0.050	3,250								
V.P. of QA & Compliance	0.011	1,080	0.011	1,080								
Manager of Licensing & Certification	0.012	601	0.012	601								
Managing Director of Clinical Services	0.025	2,425	0.025	2,425								
Supervising Care Coordinators	0.104	3,964	0.104	3,964								
Care Coordinators	0.250	9,000	0.250	9,000								
Overnight Monitor	0.100	3,000	0.100	3,000								
T.C. Admin. Assistant (Nexus)	0.030	2,050	0.030	2,050								
Director Of Facility Operations	0.033	2,751	0.033	2,751								
Maintenance Worker	0.236	7,313	0.236	7,313								
Transportation & Facility Manager	0.029	1,869	0.029	1,869								
Warehouse Coordinator	0.011	499	0.011	499								
Driver	0.165	5,102	0.165	5,102								
Cook/Food Service	0.080	2,480	0.080	2,480								
Director of Food Services	0.098	7,811	0.098	7,811								
Client Services Manager	0.009	464	0.009	464								
Client Services Support	0.031	927	0.031	927								
Family Services Coordinator	0.017	989	0.017	989								
Medical Services Director	0.017	1,370	0.017	1,370								
Medical Services Support	0.058	1,897	0.058	1,897								
Physician	0.000	37	0.000	37								
V.P. of Mental Health Services	0.010	1,250	0.010	1,250								
Mental Health Training Director	0.004	310	0.004	310								
Director of Mental Health Services	0.011	601	0.011	601								
Mental Health Care Coordinators	0.060	1,945	0.060	1,945								
Mental Health Manager	0.019	1,118	0.019	1,118								
Director of Workforce Development	0.056	2,794	0.056	2,794								
Education Coordinator	0.030	1,216	0.030	1,216								
Computer Lab Tech	0.045	1,494	0.045	1,494								
Housing & Community Service	0.066	2,520	0.066	2,520								
Employment Counselor	0.046	1,428	0.046	1,428								
Psychiatrist	0.009	1,013	0.009	1,013								
Psychologist	0.007	473	0.007	473								
Totals:	1.736	76,060	1.736	76,060	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	23,579	31.00%	23,579	-	-	-	-	-	-	-	-
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TOTAL SALARIES & BENEFITS

99,639	99,639	-	-	-	-
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DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: AB109 ONPD Residential

Appendix #: B-4 page 3
 Document Date: 7/1/15

Expenditure Category	TOTAL	APD CJ Realignment Work Order				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	17,848	17,848				
Utilities (Telephone, Electricity, Water, Gas)	53,345	53,345				
Building Repair/Maintenance	8,507	8,507				
Materials & Supplies	-	-				
Office Supplies	709	709				
Photocopying	-	-				
Printing	120	120				
Program Supplies	45,121	45,121				
Computer Hardware/Software	444	444				
General Operating	-	-				
Training/Staff Development	165	165				
Insurance	7,451	7,451				
Professional License	2,845	2,845				
Permits	-	-				
Equipment Lease & Maintenance	7,419	7,419				
Staff Travel	-	-				
Local Travel	357	357				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	2,231	2,231				
Food	3,956	3,956				
	-	-				
TOTAL OPERATING EXPENSE	150,518	150,518				

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

Contractor Name: HealthRIGHT 360			Appendix #: B-5 page 1				
Provider/Program Name: CARE MDSP Residential			Document Date: 7/1/15				
Provider Number: 383806			Fiscal Year: 15-16				
Program Name	CARE MDSP Residential						
Program Code	3806CM-RES						
Mode/SFC (MH) or Modality (SA)	Res-51						
Service Description	SA-Res Recov Long Term (over 30 days)						
FUNDING TERM	7/1/15-6/30/16						TOTAL 7/1/15-6/30/16
FUNDING USES							
Salaries & Employee Benefits Expense	208,422						208,422
Operating Expense	127,717						127,717
Capital Expense	-						-
Subtotal Direct Expense	336,139	-	-	-	-	-	336,139
Indirect Expense	40,338						40,338
TOTAL FUNDING USES	376,477	-	-	-	-	-	376,477
BHS MENTAL HEALTH FUNDING SOURCES							
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	-	-
BHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA	FAMIS					
SA COUNTY - General Fund	-	HMHSCRES227	366,477				366,477
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			366,477	-	-	-	366,477
OTHER DPH FUNDING SOURCES							
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-
TOTAL DPH FUNDING SOURCES			366,477	-	-	-	366,477
NON-DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees			10,000				10,000
TOTAL NON-DPH FUNDING SOURCES			10,000	-	-	-	10,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			376,477	-	-	-	376,477
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)			6				
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)		FFS					
Units of Service			1,863				
Unit Type		Bed Days					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)			196.76				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)			202.13				
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)			49				Total UDC: 49

DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: CARE MDSP Residential

Appendix #: B-5 page 2
 Document Date: 7/1/15

Position Title	TOTAL		General Fund & Non-DPH Funding Sources									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.020	3,000	0.020	3,000								
Program Director	0.100	6,500	0.100	6,500								
V.P. of QA & Compliance	0.040	4,000	0.040	4,000								
Manager of Licensing & Certification	0.050	2,513	0.050	2,513								
Managing Director of Clinical Services	0.010	1,100	0.010	1,100								
Supervising Care Coordinators	0.030	1,110	0.030	1,110								
Care Coordinators	1.050	37,800	1.050	37,800								
HIV/AIDS Clinical Manager	0.100	3,900	0.100	3,900								
Overnight Monitor	0.150	4,500	0.150	4,500								
Weekend Coordinator	0.020	980	0.020	980								
T.C. Admin. Assistant (Nexus)	0.100	3,500	0.100	3,500								
Director Of Facility Operations	0.010	799	0.010	799								
Maintenance Worker	0.060	1,800	0.060	1,800								
Transportation & Facility Manager	0.030	1,925	0.030	1,925								
Warehouse Coordinator	0.050	2,220	0.050	2,220								
Driver	0.150	4,654	0.150	4,654								
Cook/Food Service	0.350	10,855	0.350	10,855								
Director of Food Services	0.030	2,383	0.030	2,383								
Client Services Manager	0.050	2,511	0.050	2,511								
Client Services Support	0.100	2,990	0.100	2,990								
Family Services Coordinator	0.011	632	0.011	632								
Medical Services Director	0.040	3,296	0.040	3,296								
Medical Services Support	0.100	3,247	0.100	3,247								
Physician	0.002	161	0.002	161								
V.P. of Mental Health Services	0.030	3,810	0.030	3,810								
Mental Health Training Director	0.020	1,506	0.020	1,506								
Director of Mental Health Services	0.030	1,643	0.030	1,643								
Mental Health Care Coordinators	0.028	907	0.028	907								
Therapist	0.380	19,003	0.380	19,003								
Mental Health Manager	0.082	4,855	0.082	4,855								
Director of Workforce Development	0.016	788	0.016	788								
Education Coordinator	0.001	42	0.001	42								
Computer Lab Tech	0.002	98	0.002	98								
Housing & Community Service	0.006	216	0.006	216								
Employment Counselor	0.017	519	0.017	519								
IT Specialist - Data Control	0.051	2,053	0.051	2,053								
Psychiatrist	0.106	12,220	0.106	12,220								
Psychologist	0.079	5,065	0.079	5,065								
	-	-	-	-								
Totals:	3.501	159,101	3.501	159,101	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	49,321	31.00%	49,321	-	-	-	-	-	-	-	-
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TOTAL SALARIES & BENEFITS

208,422

208,422

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DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: CARE MDSP Residential

Appendix #: B-5 page 3
 Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund & Non-DPH Funding Sources				
			Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:
Occupancy	-	-				
Rent	11,893	11,893				
Utilities (Telephone, Electricity, Water, Gas)	27,226	27,226				
Building Repair/Maintenance	11,294	11,294				
Materials & Supplies	-	-				
Office Supplies	710	710				
Photocopying	-	-				
Printing	210	210				
Program Supplies	42,228	42,228				
Computer Hardware/Software	474	474				
General Operating	-	-				
Training/Staff Development	72	72				
Insurance	5,714	5,714				
Professional License	1,154	1,154				
Permits	-	-				
Equipment Lease & Maintenance	2,638	2,638				
Staff Travel	-	-				
Local Travel	116	116				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	7,198	7,198				
Food	16,790	16,790				
	-	-				

TOTAL OPERATING EXPENSE

127,717

127,717

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

Contractor Name: HealthRIGHT 360				Appendix #: B-6 page 1			
Provider/Program Name: CARE Detox Residential				Document Date: 7/1/15			
Provider Number: 383806				Fiscal Year: 15-16			
Program Name	CARE Detox Residential						
Program Code	3806CX-RSD						
Mode/SFC (MH) or Modality (SA)	Res-50						
Service Description	SA-Res Free Standing Res Detox						TOTAL
FUNDING TERM	7/1/15-6/30/16						7/1/15-6/30/16
FUNDING USES							
Salaries & Employee Benefits Expense	143,081						143,081
Operating Expense	60,874						60,874
Capital Expense	-						-
Subtotal Direct Expense	203,955	-	-	-	-	-	203,955
Indirect Expense	24,474						24,474
TOTAL FUNDING USES	228,429	-	-	-	-	-	228,429
BHS MENTAL HEALTH FUNDING SOURCES							
							-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES							-
BHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA	FAMIS					
SA COUNTY - General Fund	-	HMHSCCRES227	218,429				218,429
							-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			218,429	-	-	-	218,429
OTHER DPH FUNDING SOURCES							
							-
TOTAL OTHER DPH FUNDING SOURCES							-
TOTAL DPH FUNDING SOURCES			218,429	-	-	-	218,429
NON-DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees			10,000				10,000
							-
TOTAL NON-DPH FUNDING SOURCES			10,000	-	-	-	10,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			228,429	-	-	-	228,429
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)			4				
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)		FFS					
Units of Service			1,524				
Unit Type		Bed Days					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)			143.28				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)			149.84				
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)			24				Total UDC:
							24

DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: CARE Detox Residential

Appendix #: B-6 page 2
 Document Date: 7/1/15

Position Title	TOTAL		General Fund									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.015	2,209	0.015	2,209								
Program Director	0.090	5,854	0.090	5,854								
V.P. of QA & Compliance	0.025	2,474	0.025	2,474								
Manager of Licensing & Certification	0.050	2,480	0.050	2,480								
Managing Director of Clinical Services	0.010	983	0.010	983								
Supervising Care Coordinators	0.030	1,261	0.030	1,261								
Care Coordinators	0.600	21,600	0.600	21,600								
HIV/AIDS Clinical Manager	0.060	2,534	0.060	2,534								
Overnight Monitor	0.150	4,500	0.150	4,500								
Weekend Coordinator	0.023	816	0.023	816								
T.C. Admin. Assistant (Nexus)	0.074	2,565	0.074	2,565								
Director Of Facility Operations	0.010	839	0.010	839								
Maintenance Worker	0.041	1,271	0.041	1,271								
Transportation & Facility Manager	0.019	1,245	0.019	1,245								
Warehouse Coordinator	0.031	1,369	0.031	1,369								
Driver	0.086	2,671	0.086	2,671								
Cook/Food Service	0.213	6,608	0.213	6,608								
Director of Food Services	0.022	1,736	0.022	1,736								
Client Services Manager	0.034	1,714	0.034	1,714								
Client Services Support	0.078	2,338	0.078	2,338								
Family Services Coordinator	0.009	513	0.009	513								
Medical Services Director	0.026	2,166	0.026	2,166								
Medical Services Support	0.082	2,670	0.082	2,670								
Physician	0.001	88	0.001	88								
V.P. of Mental Health Services	0.018	2,211	0.018	2,211								
Mental Health Training Director	0.014	1,028	0.014	1,028								
Director of Mental Health Services	0.016	893	0.016	893								
Mental Health Care Coordinators	0.019	608	0.019	608								
Therapist	0.300	15,029	0.300	15,029								
Mental Health Manager	0.052	3,080	0.052	3,080								
Director of Workforce Development	0.008	389	0.008	389								
Housing & Community Service	0.006	217	0.006	217								
Employment Counselor	0.009	278	0.009	278								
IT Specialist - Data Control	0.025	1,003	0.025	1,003								
Psychiatrist	0.060	6,901	0.060	6,901								
Psychologist	0.080	5,101	0.080	5,101								
	-	-	-	-								
Totals:	2,386	109,222	2,386	109,222	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	33,859	31.00%	33,859	-	-	-	-	-	-	-	-
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TOTAL SALARIES & BENEFITS

143,081

143,081

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DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: CARE Detox Residential

Appendix #: B-6 page 3
 Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	5,868	5,868				
Utilities (Telephone, Electricity, Water, Gas)	12,004	12,004				
Building Repair/Maintenance	4,715	4,715				
Materials & Supplies	-	-				
Office Supplies	334	334				
Photocopying	-	-				
Printing	103	103				
Program Supplies	21,491	21,491				
Computer Hardware/Software	267	267				
General Operating	-	-				
Training/Staff Development	45	45				
Insurance	2,624	2,624				
Professional License	548	548				
Permits	-	-				
Equipment Lease & Maintenance	1,202	1,202				
Staff Travel	-	-				
Local Travel	67	67				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	3,425	3,425				
Food	8,181	8,181				
	-	-				

TOTAL OPERATING EXPENSE

60,874

60,874

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

Contractor Name: HealthRIGHT 360		Appendix #: B-7 page 1					
Provider/Program Name: CARE Variable Length Residential		Document Date: 7/1/15					
Provider Number: 383834		Fiscal Year: 15-16					
Program Name	CARE Variable Length Residential						
Program Code	3834CV-RES						
Mode/SFC (MH) or Modality (SA)	Res-51						
Service Description	SA-Res Recov Long Term (over 30 days)						
FUNDING TERM	7/1/15-6/30/16						TOTAL
							7/1/15-6/30/16
FUNDING USES							
Salaries & Employee Benefits Expense	139,316						139,316
Operating Expense	67,910						67,910
Capital Expense	-						-
Subtotal Direct Expense	207,226	-	-	-	-	-	207,226
Indirect Expense	24,867						24,867
TOTAL FUNDING USES	232,093	-	-	-	-	-	232,093
BHS MENTAL HEALTH FUNDING SOURCES							
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	-	-
BHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA	FAMIS					
SA COUNTY - General Fund	-	HMHSCRES227	224,093				224,093
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			224,093	-	-	-	224,093
OTHER DPH FUNDING SOURCES							
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-
TOTAL DPH FUNDING SOURCES			224,093	-	-	-	224,093
NON-DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees			8,000				8,000
TOTAL NON-DPH FUNDING SOURCES			8,000	-	-	-	8,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			232,093	-	-	-	232,093
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)			7				
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)		FFS					
Units of Service			2,540				
Unit Type		Bed Days					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)			88.21				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)			91.36				
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)			28				Total UDC:
							28

DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: CARE Variable Length Residential

Appendix #: B-7 page 2
 Document Date: 7/1/15

Position Title	TOTAL		General Fund & Non-DPH Funding Sources									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.015	2,250	0.015	2,250								
Program Director	0.100	6,500	0.100	6,500								
V.P. of QA & Compliance	0.025	2,500	0.025	2,500								
Manager of Licensing & Certification	0.029	1,480	0.029	1,480								
Managing Director of Clinical Services	0.008	792	0.008	792								
Supervising Care Coordinators	0.056	2,140	0.056	2,140								
Care Coordinators	0.500	18,000	0.500	18,000								
HIV/AIDS Clinical Manager	0.025	1,052	0.025	1,052								
Overnight Monitor	0.200	6,000	0.200	6,000								
Weekend Coordinator	0.052	1,834	0.052	1,834								
T.C. Admin. Assistant (Nexus)	0.080	2,812	0.080	2,812								
Director Of Facility Operations	0.017	1,436	0.017	1,436								
Maintenance Worker	0.059	1,836	0.059	1,836								
Transportation & Facility Manager	0.018	1,149	0.018	1,149								
Warehouse Coordinator	0.030	1,321	0.030	1,321								
Driver	0.100	3,100	0.100	3,100								
Cook/Food Service	0.200	6,200	0.200	6,200								
Director of Food Services	0.021	1,678	0.021	1,678								
Client Services Manager	0.030	1,506	0.030	1,506								
Client Services Support	0.078	2,325	0.078	2,325								
Family Services Coordinator	0.011	639	0.011	639								
Medical Services Director	0.026	2,174	0.026	2,174								
Medical Services Support	0.090	2,925	0.090	2,925								
Physician	0.001	83	0.001	83								
V.P. of Mental Health Services	0.017	2,129	0.017	2,129								
Mental Health Training Director	0.015	1,116	0.015	1,116								
Director of Mental Health Services	0.012	687	0.012	687								
Mental Health Care Coordinators	0.050	1,625	0.050	1,625								
Therapist	0.150	7,500	0.150	7,500								
Mental Health Manager	0.030	1,785	0.030	1,785								
Director of Workforce Development	0.074	3,675	0.074	3,675								
Education Coordinator	0.010	395	0.010	395								
Computer Lab Tech	0.043	1,410	0.043	1,410								
Housing & Community Service	0.026	993	0.026	993								
Employment Counselor	0.106	3,290	0.106	3,290								
IT Specialist - Data Control	0.027	1,061	0.027	1,061								
Psychiatrist	0.050	5,750	0.050	5,750								
Psychologist	0.050	3,200	0.050	3,200								
	-	-	-	-								
Totals:	2,431	106,348	2,431	106,348	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	32,968	31.00%	32,968	-	-	-	-
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TOTAL SALARIES & BENEFITS

139,316

139,316

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DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Appendix #: B-7 page 3

Provider/Program Name: CARE Variable Length Residential

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund & Non-DPH Funding Sources				
			Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:
Occupancy	-	-				
Rent	14,581	14,581				
Utilities (Telephone, Electricity, Water, Gas)	13,100	13,100				
Building Repair/Maintenance	6,622	6,622				
Materials & Supplies	-	-				
Office Supplies	757	757				
Photocopying	-	-				
Printing	152	152				
Program Supplies	15,291	15,291				
Computer Hardware/Software	660	660				
General Operating	-	-				
Training/Staff Development	102	102				
Insurance	2,488	2,488				
Professional License	577	577				
Permits	-	-				
Equipment Lease & Maintenance	1,580	1,580				
Staff Travel	-	-				
Local Travel	88	88				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	3,716	3,716				
Food	8,196	8,196				
	-	-				

TOTAL OPERATING EXPENSE

67,910

67,910

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

Contractor Name: HealthRIGHT 360			Appendix #: B-8 page 1				
Provider/Program Name: CARE Lodestar Residential			Document Date: 7/1/15				
Provider Number: 383805			Fiscal Year: 15-16				
Program Name	CARE Lodestar Residential						
Program Code	3805LC-RES						
Mode/SFC (MH) or Modality (SA)	Res-51						
Service Description	SA-Res Recov Long Term (over 30 days)						
FUNDING TERM	7/1/15-6/30/16						TOTAL 7/1/15-6/30/16
FUNDING USES							
Salaries & Employee Benefits Expense	120,392						120,392
Operating Expense	63,910						63,910
Capital Expense	-						-
Subtotal Direct Expense	184,302	-	-	-	-	-	184,302
Indirect Expense	22,117						22,117
TOTAL FUNDING USES	206,419	-	-	-	-	-	206,419
BHS MENTAL HEALTH FUNDING SOURCES							
							-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	-	-
BHS SUBSTANCE ABUSE FUNDING SOURCES							
	GFDA	FAMIS					
SA COUNTY - General Fund	-	HMHSCCRES227	196,919				196,919
							-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			196,919	-	-	-	196,919
OTHER DPH FUNDING SOURCES							
							-
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-
TOTAL DPH FUNDING SOURCES			196,919	-	-	-	196,919
NON-DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees			9,500				9,500
							-
TOTAL NON-DPH FUNDING SOURCES			9,500	-	-	-	9,500
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			206,419	-	-	-	206,419
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)			6				
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)		FFS					
Units of Service			1,863				
Unit Type		Bed Days					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)			105.72				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)			110.82				
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)			24				Total UDC: 24

DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: CARE Lodestar Residential

Appendix #: B-8 pag 2
 Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund & Non-DPH Funding Sources				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	7,322	7,322				
Utilities (Telephone, Electricity, Water, Gas)	15,332	15,332				
Building Repair/Maintenance	5,899	5,899				
Materials & Supplies	-	-				
Office Supplies	602	602				
Photocopying	-	-				
Printing	145	145				
Program Supplies	14,080	14,080				
Computer Hardware/Software	249	249				
General Operating	-	-				
Training/Staff Development	185	185				
Insurance	3,238	3,238				
Professional License	1,435	1,435				
Permits	-	-				
Equipment Lease & Maintenance	1,460	1,460				
Staff Travel	-	-				
Local Travel	108	108				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	4,569	4,569				
Food	9,286	9,286				
	-	-				
TOTAL OPERATING EXPENSE	63,910	63,910	-	-	-	-

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

Contractor Name: HealthRIGHT 360				Appendix #: B-9 page 1			
Provider/Program Name: SFGH Residential				Document Date: 7/1/15			
Provider Number: 383805, 383806, 383834				Fiscal Year: 15-16			
Program Name	SFGH Residential						
Program Code	3805SW-RES, 3806SG-RES, 3834G-RES						
Mode/SFC (MH) or Modality (SA)	Res-51						
Service Description	SA-Res Recov Long Term (over 30 days)						
FUNDING TERM	7/1/15-6/30/16						TOTAL 7/1/15-6/30/16
FUNDING USES							
Salaries & Employee Benefits Expense			272,946				272,946
Operating Expense			137,287				137,287
Capital Expense			-				-
Subtotal Direct Expense			410,233	-	-	-	410,233
Indirect Expense			49,228				49,228
TOTAL FUNDING USES			459,461	-	-	-	459,461
BHS MENTAL HEALTH FUNDING SOURCES							
							-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES			-	-	-	-	-
BHS SUBSTANCE ABUSE FUNDING SOURCES							
	GRDA	FAMIS					
SA COUNTY - General Fund	-	HMHSCCRES227	440,461				440,461
							-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			440,461	-	-	-	440,461
OTHER DPH FUNDING SOURCES							
							-
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-
TOTAL DPH FUNDING SOURCES			440,461	-	-	-	440,461
NON-DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees			19,000				19,000
							-
TOTAL NON-DPH FUNDING SOURCES			19,000	-	-	-	19,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			459,461	-	-	-	459,461
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)			10				
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)			FFS				
Units of Service			3,387				
Unit Type			Bed Days				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)			130.04				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)			135.65				
Published Rate (Medi-Cal Providers Only)							Total UDC:
Unduplicated Clients (UDC)			45				45

DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT.360
 Provider/Program Name: SFGH Residential

Appendix #: B-9 page 2
 Document Date: 7/1/15

Position Title	TOTAL		General Fund & Non-DPH Funding Sources									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.029	4,418	0.029	4,418								
Program Director	0.192	12,456	0.192	12,456								
V.P. of QA & Compliance	0.044	4,399	0.044	4,399								
Manager of Licensing & Certification	0.058	2,914	0.058	2,914								
Managing Director of Clinical Services	0.009	918	0.009	918								
Supervising Care Coordinators	0.221	8,392	0.221	8,392								
Care Coordinators	1.110	39,952	1.110	39,952								
HIV/AIDS Clinical Manager	0.039	1,644	0.039	1,644								
Overnight Monitor	0.295	8,861	0.295	8,861								
Weekend Coordinator	0.067	2,332	0.067	2,332								
T.C. Admin. Assistant (Nexus)	0.139	4,848	0.139	4,848								
Director Of Facility Operations	0.029	2,388	0.029	2,388								
Maintenance Worker	0.112	3,464	0.112	3,464								
Transportation & Facility Manager	0.049	3,155	0.049	3,155								
Warehouse Coordinator	0.058	2,580	0.058	2,580								
Driver	0.274	8,506	0.274	8,506								
Cook/Food Service	0.345	10,700	0.345	10,700								
Director of Food Services	0.042	3,383	0.042	3,383								
Client Services Manager	0.055	2,775	0.055	2,775								
Client Services Support	0.152	4,553	0.152	4,553								
Family Services Coordinator	0.046	2,646	0.046	2,646								
Medical Services Director	0.059	4,864	0.059	4,864								
Medical Services Support	0.193	6,288	0.193	6,288								
Physician	0.002	171	0.002	171								
V.P. of Mental Health Services	0.038	4,812	0.038	4,812								
Mental Health Training Director	0.026	1,972	0.026	1,972								
Director of Mental Health Services	0.030	1,624	0.030	1,624								
Mental Health Care Coordinators	0.106	3,448	0.106	3,448								
Therapist	0.341	17,068	0.341	17,068								
Mental Health Manager	0.059	3,524	0.059	3,524								
Director of Workforce Development	0.101	5,049	0.101	5,049								
Education Coordinator	0.037	1,477	0.037	1,477								
Computer Lab Tech	0.025	828	0.025	828								
Housing & Community Service	0.086	3,253	0.086	3,253								
Employment Counselor	0.143	4,445	0.143	4,445								
IT Specialist - Data Control	0.052	2,064	0.052	2,064								
Psychiatrist	0.086	9,880	0.086	9,880								
Psychologist	0.036	2,305	0.036	2,305								
	-	-	-	-								
Totals:	4.785	208,356	4.785	208,356	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	64,590	31.00%	64,590	-	-	-	-	-	-	-
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TOTAL SALARIES & BENEFITS

272,946

272,946

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DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: SFGH Residential

Appendix #: B-9 page 3
 Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund & Non-DPH Funding Sources				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	22,010	22,010				
Utilities (Telephone, Electricity, Water, Gas)	27,630	27,630				
Building Repair/Maintenance	12,843	12,843				
Materials & Supplies	-	-				
Office Supplies	1,335	1,335				
Photocopying	-	-				
Printing	369	369				
Program Supplies	33,938	33,938				
Computer Hardware/Software	1,013	1,013				
General Operating	-	-				
Training/Staff Development	423	423				
Insurance	5,637	5,637				
Professional License	2,607	2,607				
Permits	-	-				
Equipment Lease & Maintenance	2,987	2,987				
Staff Travel	-	-				
Local Travel	263	263				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	8,668	8,668				
Food	17,564	17,564				
	-	-				

TOTAL OPERATING EXPENSE

137,287

137,287

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

Contractor Name: HealthRIGHT 360						Appendix #: B-10 page 1	
Provider/Program Name: Satellite ONPD Residential						Document Date: 7/1/15	
Provider Number: 383805, 383807						Fiscal Year: 15-16	
Program Name	Satellite ONPD Residential						
Program Code	87067, 88077						
Mode/SFC (MH) or Modality (SA)	Res-51						
Service Description	SA-Res Recov Long Term (over 30 days)						
FUNDING TERM	7/1/15-6/30/16						TOTAL 7/1/15-6/30/16
FUNDING USES							
Salaries & Employee Benefits Expense		174,153					174,153
Operating Expense		144,105					144,105
Capital Expense		-					-
Subtotal Direct Expense		318,258	-	-	-	-	318,258
Indirect Expense		38,190					38,190
TOTAL FUNDING USES		356,448	-	-	-	-	356,448
BHS MENTAL HEALTH FUNDING SOURCES							
							-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES			-	-	-	-	-
BHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA	FAMIS					
SA COUNTY - General Fund	-	HMHSCCRES227	313,448				313,448
							-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			313,448	-	-	-	313,448
OTHER DPH FUNDING SOURCES							
							-
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-
TOTAL DPH FUNDING SOURCES			313,448	-	-	-	313,448
NON-DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees			43,000				43,000
							-
TOTAL NON-DPH FUNDING SOURCES			43,000	-	-	-	43,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			356,448	-	-	-	356,448
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)			21				
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)			FFS				
Units of Service			7,113				
Unit Type			Bed Days				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)			44.07				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)			50.12				
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)			84				Total UDC: 84

DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: Satellite ONPD Residential

Appendix #: B-10 page 2
 Document Date: 7/1/15

Position Title	TOTAL		General Fund & Non-DPH Funding Sources									
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.005	688	0.005	688								
Program Director	0.144	9,348	0.144	9,348								
V.P. of QA & Compliance	0.071	7,120	0.071	7,120								
Manager of Licensing & Certification	0.009	439	0.009	439								
Managing Director of Clinical Services	0.007	653	0.007	653								
Supervising Care Coordinators	0.076	2,899	0.076	2,899								
Care Coordinators	1.040	37,423	1.040	37,423								
Overnight Monitor	0.064	1,923	0.064	1,923								
Weekend Coordinator	0.001	41	0.001	41								
T.C. Admin. Assistant (Nexus)	0.021	726	0.021	726								
Director Of Facility Operations	0.028	2,281	0.028	2,281								
Maintenance Worker	0.182	5,645	0.182	5,645								
Transportation & Facility Manager	0.021	1,343	0.021	1,343								
Warehouse Coordinator	0.009	381	0.009	381								
Driver	0.107	3,313	0.107	3,313								
Cook/Food Service	0.041	1,280	0.041	1,280								
Director of Food Services	0.064	5,086	0.064	5,086								
Client Services Manager	0.008	406	0.008	406								
Client Services Support	0.027	818	0.027	818								
Family Services Coordinator	0.013	763	0.013	763								
Medical Services Director	0.013	1,089	0.013	1,089								
Medical Services Support	0.044	1,416	0.044	1,416								
Physician	0.000	28	0.000	28								
V.P. of Mental Health Services	0.007	1,155	0.007	1,155								
Mental Health Training Director	0.004	265	0.004	265								
Director of Mental Health Services	0.006	325	0.006	325								
Mental Health Care Coordinators	0.036	1,163	0.036	1,163								
Therapist	0.134	6,682	0.134	6,682								
Mental Health Manager	0.010	593	0.010	593								
Director of Workforce Development	0.222	11,122	0.222	11,122								
Education Coordinator	0.063	2,537	0.063	2,537								
Computer Lab Tech	0.134	4,437	0.134	4,437								
Housing & Community Service	0.093	3,550	0.093	3,550								
Employment Counselor	0.270	8,383	0.270	8,383								
IT Specialist - Data Control	0.080	3,184	0.080	3,184								
Psychiatrist	0.037	4,223	0.037	4,223								
Psychologist	0.003	213	0.003	213								
	-	-	-	-								
Totals:	3.094	132,941	3.094	132,941								

Employee Fringe Benefits:	31.00%	41,212	31.00%	41,212								
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TOTAL SALARIES & BENEFITS **174,153** **174,153** - - - -

DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: Satellite ONPD Residential

Appendix #: B-10 page 3
 Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund & Non-DPH Funding Sources				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	29,244	29,244				
Utilities (Telephone, Electricity, Water, Gas)	38,829	38,829				
Building Repair/Maintenance	8,532	8,532				
Materials & Supplies	-	-				
Office Supplies	2,000	2,000				
Photocopying	-	-				
Printing	500	500				
Program Supplies	36,000	36,000				
Computer Hardware/Software	1,500	1,500				
General Operating	-	-				
Training/Staff Development	1,500	1,500				
Insurance	6,000	6,000				
Professional License	2,000	2,000				
Permits	-	-				
Equipment Lease & Maintenance	8,000	8,000				
Staff Travel	-	-				
Local Travel	500	500				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	4,000	4,000				
Food	5,500	5,500				
	-	-				

TOTAL OPERATING EXPENSE

144,105

144,105

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

Contractor Name: HealthRIGHT 360			Appendix #: B-11 page 1				
Provider/Program Name: Social Detox Residential			Document Date: 7/1/15				
Provider Number: 383806			Fiscal Year: 15-16				
Program Name	Social Detox Residential						
Program Code	88062						
Mode/SFC (MH) or Modality (SA)	Res-50						
Service Description	SA-Res Free Standing Res Detox						
FUNDING TERM	7/1/15-6/30/16						TOTAL
							7/1/15-6/30/16
FUNDING USES							
Salaries & Employee Benefits Expense	453,652						453,652
Operating Expense	259,316						259,316
Capital Expense	-						-
Subtotal Direct Expense	712,968		-	-	-	-	712,968
Indirect Expense	85,555						85,555
TOTAL FUNDING USES	798,523		-	-	-	-	798,523
BHS MENTAL HEALTH FUNDING SOURCES							
TOTAL BHS MENTAL HEALTH FUNDING SOURCES							
BHS SUBSTANCE ABUSE FUNDING SOURCES							
	GFDA	FAMIS					
SA COUNTY - General Fund	-	HMHSCRES227	798,523				798,523
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES							
OTHER DPH FUNDING SOURCES							
TOTAL OTHER DPH FUNDING SOURCES							
TOTAL DPH FUNDING SOURCES							
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES							
TOTAL FUNDING SOURCES (DPH AND NON-DPH)							
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)	35						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS						
Units of Service	11,856						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	67.35						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	67.35						
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)	140						Total UDC:
							140

DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: Social Detox Residential

Appendix #: B-11 page 2
 Document Date: 7/1/15

Position Title	TOTAL		General Fund									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.061	9,169	0.061	9,169								
Program Director	0.245	15,903	0.245	15,903								
V.P. of QA & Compliance	0.083	8,292	0.083	8,292								
Manager of Licensing & Certification	0.100	5,043	0.100	5,043								
Managing Director of Clinical Services	0.013	1,259	0.013	1,259								
Care Coordinators	4.251	153,044	4.251	153,044								
HIV/AIDS Clinical Manager	0.261	10,958	0.261	10,958								
Overnight Monitor	0.670	20,102	0.670	20,102								
T.C. Admin. Assistant (Nexus)	0.243	8,458	0.243	8,458								
Director Of Facility Operations	0.022	1,778	0.022	1,778								
Maintenance Worker	0.103	3,195	0.103	3,195								
Transportation & Facility Manager	0.067	4,269	0.067	4,269								
Warehouse Coordinator	0.106	4,689	0.106	4,689								
Driver	0.280	8,691	0.280	8,691								
Cook/Food Service	0.732	22,707	0.732	22,707								
Director of Food Services	0.072	5,782	0.072	5,782								
Family Services Coordinator	0.020	1,135	0.020	1,135								
Medical Services Director	0.083	6,827	0.083	6,827								
Medical Services Support	0.289	9,383	0.289	9,383								
Physician	0.003	294	0.003	294								
V.P. of Mental Health Services	0.061	7,654	0.061	7,654								
Mental Health Training Director	0.040	3,014	0.040	3,014								
Director of Mental Health Services	0.055	3,029	0.055	3,029								
Mental Health Care Coordinators	0.021	677	0.021	677								
Therapist	0.001	60	0.001	60								
Mental Health Manager	0.141	8,401	0.141	8,401								
IT Specialist - Data Control	0.081	3,230	0.081	3,230								
Psychologist	0.029	1,861	0.029	1,861								
Admissions Counselor	0.544	17,395	0.544	17,395								
	-	-	-	-								
Totals:	8.677	346,299	8.677	346,299	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	107,353	31.00%	107,353	-	-	-	-
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TOTAL SALARIES & BENEFITS	453,652	453,652	-	-	-	-
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DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Appendix #: B-11 page 3

Provider/Program Name: Social Detox Residential

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	21,000	21,000				
Utilities (Telephone, Electricity, Water, Gas)	51,000	51,000				
Building Repair/Maintenance	40,000	40,000				
Materials & Supplies	-	-				
Office Supplies	1,500	1,500				
Photocopying	-	-				
Printing	500	500				
Program Supplies	78,000	78,000				
Computer Hardware/Software	700	700				
General Operating	-	-				
Training/Staff Development	200	200				
Insurance	11,000	11,000				
Professional License	2,200	2,200				
Permits	-	-				
Equipment Lease & Maintenance	5,500	5,500				
Staff Travel	-	-				
Local Travel	216	216				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	13,500	13,500				
Food	34,000	34,000				
	-	-				

TOTAL OPERATING EXPENSE

259,316

259,316

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

Contractor Name: HealthRIGHT 360						Appendix #: B-12 page 1	
Provider/Program Name: Transgender Residential						Document Date: 7/1/15	
Provider Number: 383805, 383806						Fiscal Year: 15-16	
Program Name	Transgender Residential						
Program Code	3805TG-RES, 3806TD-RES						
Mode/SFC (MH) or Modality (SA)	Res-51						
Service Description	SA-Res Recov Long Term (over 30 days)						TOTAL
FUNDING TERM	7/1/15-6/30/16						7/1/15-6/30/16
FUNDING USES							
Salaries & Employee Benefits Expense	228,088						228,088
Operating Expense	106,186						106,186
Capital Expense	-						-
Subtotal Direct Expense	334,274	-	-	-	-	-	334,274
Indirect Expense	40,112						40,112
TOTAL FUNDING USES	374,386	-	-	-	-	-	374,386
BHS MENTAL HEALTH FUNDING SOURCES							
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	-	-
BHS SUBSTANCE ABUSE FUNDING SOURCES							
	GFDA	FAMIS					
SA COUNTY - General Fund	-	HMHSCCRES227	359,702				359,702
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			359,702	-	-	-	359,702
OTHER DPH FUNDING SOURCES							
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-
TOTAL DPH FUNDING SOURCES			359,702	-	-	-	359,702
NON-DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees			14,684				14,684
TOTAL NON-DPH FUNDING SOURCES			14,684	-	-	-	14,684
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			374,386	-	-	-	374,386
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)			8				
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)			FFS				
Units of Service			2,709				
Unit Type			Bed Days				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)			132.78				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)			138.20				
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)			36				Total UDC:
							36

DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: Transgender Residential

Appendix #: B-12 page 2
 Document Date: 7/1/15

Position Title	TOTAL		General Fund & Non-DPH Funding Sources									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.022	3,277	0.022	3,277								
Program Director	0.131	8,483	0.131	8,483								
V.P. of QA & Compliance	0.035	3,469	0.035	3,469								
Manager of Licensing & Certification	0.040	2,018	0.040	2,018								
Managing Director of Clinical Services	0.010	923	0.010	923								
Supervising Care Coordinators	0.270	10,277	0.270	10,277								
Care Coordinators	0.815	29,323	0.815	29,323								
HIV/AIDS Clinical Manager	0.026	1,111	0.026	1,111								
Overnight Monitor	0.256	7,669	0.256	7,669								
T.C. Admin. Assistant (Nexus)	0.121	4,248	0.121	4,248								
Director Of Facility Operations	0.014	1,165	0.014	1,165								
Maintenance Worker	0.065	2,001	0.065	2,001								
Transportation & Facility Manager	0.050	3,194	0.050	3,194								
Warehouse Coordinator	0.040	1,759	0.040	1,759								
Driver	0.288	8,935	0.288	8,935								
Cook/Food Service	0.207	6,415	0.207	6,415								
Director of Food Services	0.027	2,186	0.027	2,186								
Client Services Manager	0.035	1,738	0.035	1,738								
Client Services Support	0.099	2,981	0.099	2,981								
Family Services Coordinator	0.051	2,931	0.051	2,931								
Medical Services Director	0.049	4,018	0.049	4,018								
Medical Services Support	0.186	6,060	0.186	6,060								
Physician	0.001	117	0.001	117								
V.P. of Mental Health Services	0.032	3,992	0.032	3,992								
Mental Health Training Director	0.015	1,100	0.015	1,100								
Director of Mental Health Services	0.022	1,208	0.022	1,208								
Mental Health Care Coordinators	0.134	4,360	0.134	4,360								
Therapist	0.474	23,696	0.474	23,696								
Mental Health Manager	0.059	3,509	0.059	3,509								
Director of Workforce Development	0.090	4,517	0.090	4,517								
Education Coordinator	0.038	1,534	0.038	1,534								
Computer Lab Tech	0.064	2,115	0.064	2,115								
Housing & Community Service	0.025	986	0.025	986								
Employment Counselor	0.105	3,249	0.105	3,249								
IT Specialist - Data Control	0.035	1,385	0.035	1,385								
Psychiatrist	0.063	7,203	0.063	7,203								
Psychologist	0.015	961	0.015	961								
Totals:	4.009	174,113	4.009	174,113	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	53,975	31.00%	53,975	-	-	-	-	-	-
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TOTAL SALARIES & BENEFITS

228,088

228,088

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DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Appendix #: B-12 page 3

Provider/Program Name: Transgender Residential

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund & Non-DPH Funding Sources				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	19,348	19,348				
Utilities (Telephone, Electricity, Water, Gas)	25,759	25,759				
Building Repair/Maintenance	10,038	10,038				
Materials & Supplies	-	-				
Office Supplies	1,363	1,363				
Photocopying	-	-				
Printing	314	314				
Program Supplies	18,188	18,188				
Computer Hardware/Software	500	500				
General Operating	-	-				
Training/Staff Development	168	168				
Insurance	5,039	5,039				
Professional License	2,237	2,237				
Permits	-	-				
Equipment Lease & Maintenance	2,197	2,197				
Staff Travel	-	-				
Local Travel	76	76				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	7,012	7,012				
Food	13,947	13,947				
	-	-				
TOTAL OPERATING EXPENSE	106,186	106,186	-	-	-	-

DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: WHITS Residential

Appendix #: B-13 page 2
 Document Date: 7/1/15

Position Title	TOTAL		General Fund									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.022	3,309	0.022	3,309								
Program Director	0.099	6,459	0.099	6,459								
V.P. of QA & Compliance	0.034	3,374	0.034	3,374								
Manager of Licensing & Certification	0.041	2,048	0.041	2,048								
Managing Director of Clinical Services	0.005	480	0.005	480								
Care Coordinators	0.091	32,742	0.091	32,742								
HIV/AIDS Clinical Manager	0.106	4,457	0.106	4,457								
Overnight Monitor	0.140	4,202	0.140	4,202								
T.C. Admin. Assistant (Nexus)	0.098	3,422	0.098	3,422								
Director Of Facility Operations	0.009	706	0.009	706								
Maintenance Worker	0.045	1,395	0.045	1,395								
Transportation & Facility Manager	0.027	1,749	0.027	1,749								
Warehouse Coordinator	0.044	1,937	0.044	1,937								
Driver	0.114	3,544	0.114	3,544								
Cook/Food Service	0.299	9,256	0.299	9,256								
Director of Food Services	0.029	2,296	0.029	2,296								
Client Services Manager	0.052	2,594	0.052	2,594								
Client Services Support	0.109	3,263	0.109	3,263								
Family Services Coordinator	0.025	1,438	0.025	1,438								
Medical Services Director	0.040	3,296	0.040	3,296								
Medical Services Support	0.120	3,900	0.120	3,900								
Physician	0.001	123	0.001	123								
V.P. of Mental Health Services	0.025	3,097	0.025	3,097								
Mental Health Training Director	0.020	1,500	0.020	1,500								
Director of Mental Health Services	0.030	1,650	0.030	1,650								
Mental Health Care Coordinators	0.010	325	0.010	325								
Mental Health Medi-Cal Admin Coord.	0.189	8,772	0.189	8,772								
Therapist	0.450	22,500	0.450	22,500								
Mental Health Manager	0.090	5,355	0.090	5,355								
Director of Workforce Development	0.001	62	0.001	62								
Housing & Community Service	0.006	246	0.006	246								
IT Specialist - Data Control	0.050	2,000	0.050	2,000								
Psychiatrist	0.004	437	0.004	437								
Psychologist	0.064	4,118	0.064	4,118								
	-	-	-	-								
Totals:	2.489	146,052	2.489	146,052	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	45,276	31.00%	45,276	-	-	-	-	-	-
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TOTAL SALARIES & BENEFITS

191,328

191,328

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DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Appendix #: B-13 page 3

Provider/Program Name: WHITS Residential

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	11,000	11,000				
Utilities (Telephone, Electricity, Water, Gas)	24,000	24,000				
Building Repair/Maintenance	10,000	10,000				
Materials & Supplies	-	-				
Office Supplies	1,000	1,000				
Photocopying	-	-				
Printing	193	193				
Program Supplies	32,000	32,000				
Computer Hardware/Software	500	500				
General Operating	-	-				
Training/Staff Development	100	100				
Insurance	1,000	1,000				
Professional License	1,000	1,000				
Permits	-	-				
Equipment Lease & Maintenance	2,400	2,400				
Staff Travel	-	-				
Local Travel	150	150				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	2,500	2,500				
Food	14,500	14,500				
	-	-				

TOTAL OPERATING EXPENSE

100,343

100,343

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

Contractor Name: HealthRIGHT 360				Appendix #: B-14 page 1			
Provider/Program Name: Women's Hope Residential				Document Date: 7/1/15			
Provider Number: 388910				Fiscal Year: 15-16			
Program Name	Women's Hope Residential						
Program Code	89102						
Mode/SFC (MH) or Modality (SA)	Res-51						
Service Description	SA-Res Recov Long Term (over 30 days)						
FUNDING TERM	7/1/15-6/30/16						TOTAL 7/1/15-6/30/16
FUNDING USES							
Salaries & Employee Benefits Expense	443,447						443,447
Operating Expense	159,250						159,250
Capital Expense	-						-
Subtotal Direct Expense	602,697	-	-	-	-	-	602,697
Indirect Expense	72,323						72,323
TOTAL FUNDING USES	675,020	-	-	-	-	-	675,020
BHS MENTAL HEALTH FUNDING SOURCES							
							-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	-	-
BHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA	FAMIS					
SA FED - SAPT Fed Discretionary	93,959	HMHSCCRES227	633,519				633,519
SA COUNTY - General Fund	-	HMHSCCRES227	32,201				32,201
							-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			665,720	-	-	-	665,720
OTHER DPH FUNDING SOURCES							
							-
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-
TOTAL DPH FUNDING SOURCES			665,720	-	-	-	665,720
NON-DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees			9,300				9,300
							-
TOTAL NON-DPH FUNDING SOURCES			9,300	-	-	-	9,300
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			675,020	-	-	-	675,020
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)			16				
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)		FFS					
Units of Service			5,418				
Unit Type		Bed Days					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)			122.87				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)			124.59				
Published Rate (Medi-Cal Providers Only)							Total UDC:
Unduplicated Clients (UDC)			35				35

DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360

Provider/Program Name: Women's Hope Residential

Appendix #: B-14 page 2

Document Date: 7/1/15

Position Title	TOTAL		SAPT Fed Discretionary, General Fund & Non-DPH Funding Sources									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.359	23,322	0.359	23,322								
Managing Director of Clinical Services	0.064	6,210	0.064	6,210								
Supervising Care Coordinators	0.800	30,400	0.800	30,400								
Care Coordinators	1.772	63,803	1.772	63,803								
Clinical Coordinator	0.171	6,320	0.171	6,320								
Overnight Monitor	0.347	10,409	0.347	10,409								
Weekend Coordinator	1.112	38,937	1.112	38,937								
T.C. Admin. Assistant (Nexus)	0.446	13,376	0.446	13,376								
Director Of Facility Operations	0.001	47	0.001	47								
Maintenance Worker	0.095	2,934	0.095	2,934								
Transportation & Facility Manager	0.004	284	0.004	284								
Driver	0.030	940	0.030	940								
Cook/Food Service	0.400	12,401	0.400	12,401								
Director of Food Services	0.031	2,504	0.031	2,504								
Parenting Counselor	1.840	55,337	1.840	55,337								
Medical Services Director	0.032	2,613	0.032	2,613								
Therapist	1.181	59,059	1.181	59,059								
Mental Health Manager	0.002	146	0.002	146								
Director of Workforce Development	0.029	1,430	0.029	1,430								
Education Coordinator	0.009	349	0.009	349								
Computer Lab Tech	0.014	455	0.014	455								
Housing & Community Service	0.040	1,515	0.040	1,515								
Employment Counselor	0.060	1,865	0.060	1,865								
IT Specialist - Data Control	0.058	2,303	0.058	2,303								
Psychiatrist	0.014	1,550	0.014	1,550								
Totals:	8.911	338,509	8.911	338,509	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	104,938	31.00%	104,938	-	-	-	-	-	-
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TOTAL SALARIES & BENEFITS

443,447

443,447

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DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Appendix #: B-14 page 3

Provider/Program Name: Women's Hope Residential

Document Date: 7/1/15

Expenditure Category	TOTAL	SAPT Fed Discretionary, General Fund & Non-DPH Funding Sources				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	5,500	5,500				
Utilities (Telephone, Electricity, Water, Gas)	42,000	42,000				
Building Repair/Maintenance	17,500	17,500				
Materials & Supplies	-	-				
Office Supplies	4,500	4,500				
Photocopying	-	-				
Printing	350	350				
Program Supplies	27,500	27,500				
Computer Hardware/Software	700	700				
General Operating	-	-				
Training/Staff Development	500	500				
Insurance	4,500	4,500				
Professional License	2,000	2,000				
Permits	-	-				
Equipment Lease & Maintenance	12,000	12,000				
Staff Travel	-	-				
Local Travel	200	200				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	12,000	12,000				
Food	30,000	30,000				
	-	-				

TOTAL OPERATING EXPENSE

159,250

159,250

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

Contractor Name: HealthRIGHT 360

Appendix #: B-15 page 1

Provider/Program Name: Adult Outpatient

Document Date: 7/1/15

Provider Number: 383820

Fiscal Year: 15-16

Program Name	Adult Outpatient	Adult Outpatient						
Program Code	DMC: 38201 Non-DMC: 3820OP	DMC: 38201 Non-DMC: 3820OP						
Mode/SFC (MH) or Modality (SA)	Nonres-33	Nonres-34						
Service Description	SA-Nonresidntl ODF Grp	SA-Nonresidntl ODF Indv						TOTAL
FUNDING TERM	7/1/15-6/30/16	7/1/15-6/30/16						7/1/15-6/30/16
FUNDING USES								
Salaries & Employee Benefits Expense	771,206	102,564						873,770
Operating Expense	236,585	31,464						268,049
Capital Expense	-	-						-
Subtotal Direct Expense	1,007,791	134,028	-	-	-	-	-	1,141,819
Indirect Expense	120,936	16,083						137,019
TOTAL FUNDING USES	1,128,727	150,111	-	-	-	-	-	1,278,838
BHS MENTAL HEALTH FUNDING SOURCES								
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-	-	-
BHS SUBSTANCE ABUSE FUNDING SOURCES								
	GFDA	FAMIS						
SA FED - SAPT Fed Discretionary	93,959	HMHSCCRES227	252,116	33,529				285,645
SA FED - Drug Medi-Cal	93,778	HMHSCCRES227	13,239	1,761				15,000
SA STATE - PSR Drug Medi-Cal	-	HMHSCCRES227	13,239	1,761				15,000
SA STATE - PSR Non Drug Medi-Cal	-	HMHSCCRES227	116,993	15,559				132,552
SA COUNTY - General Fund	-	HMHSCCRES227	733,140	97,501				830,641
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			1,128,727	150,111	-	-	-	1,278,838
OTHER DPH FUNDING SOURCES								
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES			1,128,727	150,111	-	-	-	1,278,838
NON-DPH FUNDING SOURCES								
TOTAL NON-DPH FUNDING SOURCES			-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			1,128,727	150,111	-	-	-	1,278,838
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)	1,017							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS	FFS						
Units of Service	12,417	1,651						
Unit Type	Staff Hour	Staff Hour						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	90.90	90.90						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	90.90	90.90						
Published Rate (Medi-Cal Providers Only)								Total UDC:
Unduplicated Clients (UDC)	364	43						407

DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: Adult Outpatient

Appendix #: B-15 page 2
 Document Date: 7/1/15

Position Title	TOTAL		SAPT Fed Discretionary, Fed Drug Medi-Cal, State PSR DMC & General Fund									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	1.157	63,641	1.157	63,641								
V.P. of QA & Compliance	0.071	7,106	0.071	7,106								
Managing Director of Clinical Services	0.088	8,562	0.088	8,562								
Case Managers	9.298	334,745	9.298	334,745								
Clinical Coordinator	1.898	69,379	1.898	69,379								
Admin. Assistant	0.859	30,369	0.859	30,369								
Director Of Facility Operations	0.047	3,840	0.047	3,840								
Maintenance Worker	0.483	14,986	0.483	14,986								
Transportation & Facility Manager	0.155	9,947	0.155	9,947								
Driver	0.546	16,915	0.546	16,915								
Cook/Food Service	0.056	1,731	0.056	1,731								
Family Services Coordinator	0.165	9,386	0.165	9,386								
V.P. of Mental Health Services	0.027	3,318	0.027	3,318								
Mental Health Training Director	0.188	14,084	0.188	14,084								
Director of Mental Health Services	0.019	1,036	0.019	1,036								
Mental Health Manager	0.137	8,156	0.137	8,156								
IT Specialist - Data Control	0.115	4,580	0.115	4,580								
Psychologist	0.045	2,906	0.045	2,906								
LCSW	1.140	62,313	1.140	62,313								
	-	-	-	-								
Totals:	16.494	667,000	16.494	667,000	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	206,770	31.00%	206,770	-	-	-	-	-	-
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TOTAL SALARIES & BENEFITS	873,770	873,770	-	-	-	-
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DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Appendix #: B-15 page 3

Provider/Program Name: Adult Outpatient

Document Date: 7/1/15

Expenditure Category	TOTAL	SAPT Fed Discretionary, Fed Drug Medi-Cal, State PSR DMC & General Fund				
			Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:
Occupancy	-	-				
Rent	152,000	152,000				
Utilities (Telephone, Electricity, Water, Gas)	35,000	35,000				
Building Repair/Maintenance	6,000	6,000				
Materials & Supplies	-	-				
Office Supplies	3,000	3,000				
Photocopying	-	-				
Printing	2,055	2,055				
Program Supplies	17,000	17,000				
Computer Hardware/Software	4,867	4,867				
General Operating	-	-				
Training/Staff Development	1,035	1,035				
Insurance	6,000	6,000				
Professional License	3,047	3,047				
Permits	-	-				
Equipment Lease & Maintenance	10,000	10,000				
Staff Travel	-	-				
Local Travel	200	200				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	12,600	12,600				
Food	15,245	15,245				
	-	-				

TOTAL OPERATING EXPENSE

268,049

268,049

- - - - -

DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Appendix #: B-16 page 3

Provider/Program Name: African American Family Healing Outpatient

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	39,000	39,000				
Utilities (Telephone, Electricity, Water, Gas)	13,000	13,000				
Building Repair/Maintenance	1,000	1,000				
Materials & Supplies	-	-				
Office Supplies	700	700				
Photocopying	-	-				
Printing	401	401				
Program Supplies	8,971	8,971				
Computer Hardware/Software	1,861	1,861				
General Operating	-	-				
Training/Staff Development	100	100				
Insurance	2,000	2,000				
Professional License	-	-				
Permits	1,714	1,714				
Equipment Lease & Maintenance	2,100	2,100				
Staff Travel	-	-				
Local Travel	200	200				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	4,100	4,100				
Food	1,300	1,300				
	-	-				
TOTAL OPERATING EXPENSE	76,447	76,447	-	-	-	-

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

Contractor Name: HealthRIGHT 360			Appendix #: B-17 page 1			
Provider/Program Name: Bridges Outpatient			Document Date: 7/1/15			
Provider Number: 383835			Fiscal Year: 15-16			
Program Name	Bridges Outpatient	Bridges Outpatient	Bridges Outpatient			
Program Code	85351	85351	85351			
Mode/SFC (MH) or Modality (SA)	Nonres-33	Nonres-34	Anc-68			
Service Description	SA-Nonresidntl ODF Grp	SA-Nonresidntl ODF Indv	SA-Ancillary Svcs Case Mgmt			TOTAL
FUNDING TERM	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16			7/1/15-6/30/16
FUNDING USES						
Salaries & Employee Benefits Expense	161,086	15,816	147,928			324,830
Operating Expense	49,162	4,827	45,147			99,136
Capital Expense	-					-
Subtotal Direct Expense	210,248	20,643	193,075	-	-	423,966
Indirect Expense	25,229	2,478	23,169			50,876
TOTAL FUNDING USES	235,477	23,121	216,244	-	-	474,842
BHS MENTAL HEALTH FUNDING SOURCES						
TOTAL BHS MENTAL HEALTH FUNDING SOURCES						
BHS SUBSTANCE ABUSE FUNDING SOURCES						
	GFDA	FAMIS				
SA GRANT - State CDCR ISMIP	-	HMAD01-15	235,477	23,121	216,244	474,842
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES						
OTHER DPH FUNDING SOURCES						
TOTAL OTHER DPH FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES						
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES						
TOTAL FUNDING SOURCES (DPH AND NON-DPH)						
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)		331				
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS)						
Units of Service	FFS	FFS	FFS			
Unit Type	Staff Hour	Staff Hour	Staff Hour			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	1,866	183	1,713			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)						
Published Rate (Medi-Cal Providers Only)	126.22	126.22	126.22			
Unduplicated Clients (UDC)	126.22	126.22	126.22			
						Total UDC:
	40	40	40			40

DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: Bridges Outpatient

Appendix #: B-17 page 3
 Document Date: 7/1/15

Expenditure Category	TOTAL	CDCR ISMIP Grant				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	50,000	50,000				
Utilities (Telephone, Electricity, Water, Gas)	1,500	1,500				
Building Repair/Maintenance	7,000	7,000				
Materials & Supplies	-	-				
Office Supplies	1,250	1,250				
Photocopying	-	-				
Printing	300	300				
Program Supplies	7,615	7,615				
Computer Hardware/Software	4,441	4,441				
General Operating	-	-				
Training/Staff Development	300	300				
Insurance	1,600	1,600				
Professional License	250	250				
Permits	-	-				
Equipment Lease & Maintenance	3,830	3,830				
Staff Travel	-	-				
Local Travel	50	50				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	12,000	12,000				
Food	9,000	9,000				
	-	-				

TOTAL OPERATING EXPENSE

99,136

99,136

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

Contractor Name: HealthRIGHT 360						Appendix #: B-18 page 1	
Provider/Program Name: Buprenorphine Medical Monitoring Outpatient						Document Date: 7/1/15	
Provider Number: 383820						Fiscal Year: 15-16	
Program Name	Buprenorphine Medical Monitoring Outpatient						
Program Code	88201						
Mode/SFC (MH) or Modality (SA)	NTP-44						
Service Description	Prog Rehab/Amb Detox (other than Methadone)						TOTAL
FUNDING TERM	7/1/15-6/30/16						7/1/15-6/30/16
FUNDING USES							
Salaries & Employee Benefits Expense	46,271						46,271
Operating Expense	166						166
Capital Expense	-						-
Subtotal Direct Expense	46,437	-	-	-	-	-	46,437
Indirect Expense	5,571						5,571
TOTAL FUNDING USES	52,008	-	-	-	-	-	52,008
BHS: MENTAL HEALTH FUNDING SOURCES							
TOTAL BHS MENTAL HEALTH FUNDING SOURCES							
BHS: SUBSTANCE ABUSE FUNDING SOURCES							
SA COUNTY - General Fund		CFDA	FAMIS				
	-	HMHSCRES227	52,008				52,008
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES							
OTHER DPH FUNDING SOURCES							
TOTAL OTHER DPH FUNDING SOURCES							
TOTAL DPH FUNDING SOURCES							
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES							
TOTAL FUNDING SOURCES (DPH AND NON-DPH)							
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR						
Units of Service	482						
Unit Type	Slot Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	107.87						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	107.87						
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)	60						Total UDC: 60

DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: Buprenorphine Medical Monitoring Outpatient

Appendix #: B-18 page 3
 Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	-	-				
Utilities (Telephone, Electricity, Water, Gas)	-	-				
Building Repair/Maintenance	-	-				
Materials & Supplies	-	-				
Office Supplies	-	-				
Photocopying	-	-				
Printing	-	-				
Program Supplies	71	71				
Computer Hardware/Software	-	-				
General Operating	-	-				
Training/Staff Development	-	-				
Insurance	95	95				
Professional License	-	-				
Permits	-	-				
Equipment Lease & Maintenance	-	-				
Staff Travel	-	-				
Local Travel	-	-				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
	-	-				
	-	-				
	-	-				
TOTAL OPERATING EXPENSE	166	166	-	-	-	-

Contractor Name: HealthRIGHT 360				Appendix #: B-19 page 1			
Provider/Program Name: Family Strength Outpatient				Document Date: 7/1/15			
Provider Number: 383820				Fiscal Year: 14-15			
Program Name	Family Strength Outpatient	Family Strength Outpatient	Family Strength Outpatient				
Program Code	38731	38731	38731				
Mode/SFC (MH) or Modality (SA)	Nonres-33	Nonres-34	Anc-68				
Service Description	SA-Nonresidntl ODF Grp	SA-Nonresidntl ODF Indv	SA-Ancillary Svcs Case Mgmt				TOTAL
FUNDING TERM	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16				7/1/15-6/30/16
FUNDING USES							
Salaries & Employee Benefits Expense	120,068	45,480	16,373				181,921
Operating Expense	7,041	2,667	960				10,668
Capital Expense	-						-
Subtotal Direct Expense	127,109	48,147	17,333	-	-	-	192,589
Indirect Expense	15,253	5,778	2,079				23,110
TOTAL FUNDING USES	142,362	53,925	19,412	-	-	-	215,699
BHS MENTAL HEALTH FUNDING SOURCES							
TOTAL BHS MENTAL HEALTH FUNDING SOURCES							
BHS SUBSTANCE ABUSE FUNDING SOURCES							
	GFDA	FAMIS					
SA COUNTY - General Fund	-	HMHSCCRES227	136,421	51,675	18,603		206,699
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES							
OTHER DPH FUNDING SOURCES							
TOTAL OTHER DPH FUNDING SOURCES							
TOTAL DPH FUNDING SOURCES							
NON-DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees			5,941	2,250	809		9,000
TOTAL NON-DPH FUNDING SOURCES							
TOTAL FUNDING SOURCES (DPH AND NON-DPH)							
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)							
Units of Service							
Unit Type							
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)							
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)							
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)							
			76	29	10		Total UDC: 115

DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Appendix #: B-19 page 3

Provider/Program Name: Family Strength Outpatient

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	5,000	5,000				
Utilities (Telephone, Electricity, Water, Gas)	2,000	2,000				
Building Repair/Maintenance	-	-				
Materials & Supplies	-	-				
Office Supplies	500	500				
Photocopying	-	-				
Printing	168	168				
Program Supplies	1,500	1,500				
Computer Hardware/Software	-	-				
General Operating	-	-				
Training/Staff Development	500	500				
Insurance	1,000	1,000				
Professional License	-	-				
Permits	-	-				
Equipment Lease & Maintenance	-	-				
Staff Travel	-	-				
Local Travel	-	-				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
	-	-				
	-	-				
	-	-				

TOTAL OPERATING EXPENSE

10,668

10,668

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

Contractor Name: HealthRIGHT 360		Appendix #: B-20 page 1					
Provider/Program Name: SHOP		Document Date: 7/1/15					
Provider Number: 383873		Fiscal Year: 15-16					
Program Name	SHOP	SHOP					
Program Code	85731	85731					
Mode/SFC (MH) or Modality (SA)	Nonres-33	Nonres-34					
Service Description	SA-Nonresidntl ODF Grp	SA-Nonresidntl ODF Indv					TOTAL
FUNDING TERM	9/30/14-9/29/15	9/30/14-9/29/15					9/30/14-9/29/15
FUNDING USES							
Salaries & Employee Benefits Expense	190,078	53,299					243,377
Operating Expense	35,552	9,969					45,521
Capital Expense	-	-					-
Subtotal Direct Expense	225,630	63,268	-	-	-	-	288,898
Indirect Expense	27,075	7,592					34,667
TOTAL FUNDING USES	252,705	70,860	-	-	-	-	323,565
BHS MENTAL HEALTH FUNDING SOURCES							
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-	-
BHS SUBSTANCE ABUSE FUNDING SOURCES							
	GFDA	FAMIS					
SA GRANT - Fed SAMHSA SHOP	93.243	HCSA03-14	252,705	70,860			323,565
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			252,705	70,860	-	-	323,565
OTHER DPH FUNDING SOURCES							
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES			252,705	70,860	-	-	323,565
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			252,705	70,860	-	-	323,565
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)	586						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR	CR					
Units of Service	4,032	1,131					
Unit Type	Staff Hour	Staff Hour					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	62.68	62.68					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	62.68	62.68					
Published Rate (Medi-Cal Providers Only)							Total UDC:
Unduplicated Clients (UDC)	70	-					70

DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: SHOP

Appendix #: B-20 page 2
 Document Date: 7/1/15

Position Title	TOTAL		SAMHSA SHOP Grant									
	Term: 9/30/14-9/29/15		Term: 9/30/14-9/29/15		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of QA & Compliance	0.010	1,000	0.010	1,000								
Supervising Case Manager	1.000	50,000	1.000	50,000								
Subst. Abuse/HIV Case Manager	1.000	36,370	1.000	36,370								
HIV Testing Coordinator	1.000	45,760	1.000	45,760								
Outreach Workers	1.000	33,000	1.000	33,000								
Intern	0.500	15,024	0.500	15,024								
Epidemiologist	0.200	4,630	0.200	4,630								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
Totals:	4.710	185,784	4.710	185,784	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	57,593	31.00%	57,593		-		-		-		-
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TOTAL SALARIES & BENEFITS **243,377** **243,377** - - - -

DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: SHOP

Appendix #: B-20 page 3
 Document Date: 7/1/15

Expenditure Category	TOTAL	SAMHSA SHOP Grant				
	Term: 9/30/14-9/29/15	Term: 9/30/14-9/29/15	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	25,681	25,681				
Utilities (Telephone, Electricity, Water, Gas)	9,911	9,911				
Building Repair/Maintenance	546	546				
Materials & Supplies	-	-				
Office Supplies	755	755				
Photocopying	-	-				
Printing	195	195				
Program Supplies	1,500	1,500				
Computer Hardware/Software	-	-				
General Operating	-	-				
Training/Staff Development	550	550				
Insurance	1,467	1,467				
Professional License	725	725				
Permits	-	-				
Equipment Lease & Maintenance	-	-				
Staff Travel	-	-				
Local Travel	980	980				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	1,900	1,900				
Food	1,311	1,311				
	-	-				

TOTAL OPERATING EXPENSE

45,521

45,521

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

Contractor Name: HealthRIGHT 360			Appendix #: B-21 page 1				
Provider/Program Name: Representative Payee Program			Document Date: 7/1/15				
Provider Number: 383835			Fiscal Year: 15-16				
Program Name	Representative Payee Program						
Program Code	88359						
Mode/SFC (MH) or Modality (SA)	Anc-68						
Service Description	SA-Ancillary Svcs Case Mgmt						
FUNDING TERM	7/1/15-6/30/16						TOTAL 7/1/15-6/30/16
FUNDING USES							
Salaries & Employee Benefits Expense	104,114						104,114
Operating Expense	50,378						50,378
Capital Expense	-						-
Subtotal Direct Expense	154,492		-	-	-	-	154,492
Indirect Expense	18,538						18,538
TOTAL FUNDING USES	173,030		-	-	-	-	173,030
BHS MENTAL HEALTH FUNDING SOURCES							
TOTAL BHS MENTAL HEALTH FUNDING SOURCES							
BHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA	FAMIS					
SA COUNTY - General Fund	-	HMHSCCRES227	80,030				80,030
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES							
OTHER DPH FUNDING SOURCES							
TOTAL OTHER DPH FUNDING SOURCES							
TOTAL DPH FUNDING SOURCES							
NON-DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees			93,000				93,000
TOTAL NON-DPH FUNDING SOURCES							
TOTAL FUNDING SOURCES (DPH AND NON-DPH)							
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)							
		FFS					
		Units of Service	977				
		Unit Type	Staff Hour				
		Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	81.88				
		Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	177.03				
		Published Rate (Medi-Cal Providers Only)					Total UDC:
		Unduplicated Clients (UDC)	100				100

DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: Representative Payee Program

Appendix #: B-21 page 3
 Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund & Non-DPH Funding Sources				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	21,000	21,000				
Utilities (Telephone, Electricity, Water, Gas)	9,628	9,628				
Building Repair/Maintenance	6,000	6,000				
Materials & Supplies	-	-				
Office Supplies	1,030	1,030				
Photocopying	-	-				
Printing	4,570	4,570				
Program Supplies	3,311	3,311				
Computer Hardware/Software	1,453	1,453				
General Operating	-	-				
Training/Staff Development	-	-				
Insurance	574	574				
Professional License	103	103				
Permits	-	-				
Equipment Lease & Maintenance	2,338	2,338				
Staff Travel	-	-				
Local Travel	28	28				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	343	343				
	-	-				
	-	-				

TOTAL OPERATING EXPENSE

50,378

50,378

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

Contractor Name: HealthRIGHT 360						Appendix #: B-22 page 1	
Provider/Program Name: Second Chances						Document Date: 7/1/15	
Provider Number: 383835						Fiscal Year: 15-16	
Program Name	Second Chances						
Program Code	3835SC-ANS						
Mode/SFC (MH) or Modality (SA)	Anc-68						
Service Description	SA-Ancillary Svcs Case Mgmt						
FUNDING TERM	10/1/14-4/30/15						
							TOTAL
							10/1/14-4/30/15
FUNDING USES							
Salaries & Employee Benefits Expense	145,376						145,376
Operating Expense	101,894						101,894
Capital Expense	-						-
Subtotal Direct Expense	247,270	-	-	-	-	-	247,270
Indirect Expense	29,671						29,671
TOTAL FUNDING USES	276,941	-	-	-	-	-	276,941
BHS MENTAL HEALTH FUNDING SOURCES							
							-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES							-
BHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA	FAMIS					
SA GRANT - Fed DOJ Second Chance	16.812	HCSA02-14	276,941				276,941
							-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			276,941	-	-	-	276,941
OTHER DPH FUNDING SOURCES							
							-
TOTAL OTHER DPH FUNDING SOURCES							-
TOTAL DPH FUNDING SOURCES			276,941	-	-	-	276,941
NON-DPH FUNDING SOURCES							
							-
TOTAL NON-DPH FUNDING SOURCES							-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			276,941	-	-	-	276,941
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR						
Units of Service	4,601						
Unit Type	Staff Hour						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	60.19						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	60.19						
Published Rate (Medi-Cal Providers Only)							Total UDC:
Unduplicated Clients (UDC)	86						86

DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: Second Chances

Appendix #: B-22 page 3
 Document Date: 7/1/15

Expenditure Category	TOTAL	DOJ Second Chance Grant				
	Term: 10/1/14-4/30/15	Term: 10/1/14-4/30/15	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	3,553	3,553				
Utilities (Telephone, Electricity, Water, Gas)	5,849	5,849				
Building Repair/Maintenance	1,913	1,913				
Materials & Supplies	-	-				
Office Supplies	273	273				
Photocopying	137	137				
Printing	137	137				
Program Supplies	-	-				
Computer Hardware/Software	-	-				
General Operating	-	-				
Training/Staff Development	407	407				
Insurance	875	875				
Professional License	137	137				
Permits	137	137				
Equipment Lease & Maintenance	1,367	1,367				
Staff Travel	-	-				
Local Travel	10,518	10,518				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
Homeless Prenatal Program	30,001	30,001				
Iris Center	30,001	30,001				
Other	-	-				
Client Expenses	4,346	4,346				
Evaluation Incentives	12,243	12,243				
	-	-				
TOTAL OPERATING EXPENSE	101,894	101,894				

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

Contractor Name: HealthRIGHT 360				Appendix #: B-23 page 1			
Provider/Program Name: IPO Healthy Changes				Document Date: 7/1/15			
Provider Number: 383873				15-16			
Program Name		IPO Healthy Changes					
Program Code		N/A					
Mode/SFC (MH) or Modality (SA)		SecPrev-19					
Service Description		SA-Sec Prev Outreach					
FUNDING TERM		7/1/15-6/30/16				TOTAL 7/1/15-6/30/16	
FUNDING USES							
Salaries & Employee Benefits Expense		115,280				115,280	
Operating Expense		18,648				18,648	
Capital Expense						-	
Subtotal Direct Expense		133,928		-		133,928	
Indirect Expense		16,072				16,072	
TOTAL FUNDING USES		150,000		-		150,000	
BHS MENTAL HEALTH FUNDING SOURCES							
TOTAL BHS MENTAL HEALTH FUNDING SOURCES - - - - -							
BHS SUBSTANCE ABUSE FUNDING SOURCES							
		CFDA		FAMIS			
SA WORK ORDER - OEWD		-		HMHSMYOEWDWO		150,000	
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		150,000		-		150,000	
OTHER DPH FUNDING SOURCES							
TOTAL OTHER DPH FUNDING SOURCES - - - - -							
TOTAL DPH FUNDING SOURCES		150,000		-		150,000	
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES - - - - -							
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		150,000		-		150,000	
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)		CR					
Units of Service		2,829					
Unit Type		Staff Hour					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		53.02					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		53.02					
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)		25				Total UDC: 25	

DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360

Appendix #: B-23 page 3

Provider/Program Name: IPO Healthy Changes

Document Date: 7/1/15

Expenditure Category	TOTAL	OEWD Work Order				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
Occupancy	-					
Rent	15,773	15,773				
Utilities (Telephone, Electricity, Water, Gas)	817	817				
Building Repair/Maintenance	547	547				
Materials & Supplies	-					
Office Supplies	500	500				
Photocopying	-	-				
Printing	-	-				
Program Supplies	547	547				
Computer Hardware/Software	-	-				
General Operating	-					
Training/Staff Development	-	-				
Insurance	191	191				
Professional License	-	-				
Permits	-	-				
Equipment Lease & Maintenance	-	-				
Staff Travel	-					
Local Travel	273	273				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-					
	-	-				
Other	-					
Client Transportation	-	-				
Client Food	-	-				
	-					

DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360

Appendix #: B-24 page 2

Provider/Program Name: Adult Mental Health Medi-Cal

Document Date: 7/1/15

Position Title	TOTAL		SDMC Regular FFP, MH Realignment & General Fund (HMHMCC730515)									
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Mental Health Services	0.300	37,500	0.300	37,500								
V.P. of QA & Compliance	0.100	10,000	0.100	10,000								
Case Managers	0.100	4,500	0.100	4,500								
Director Of Facility Operations	0.100	6,450	0.100	6,450								
Maintenance Worker	0.050	1,550	0.050	1,550								
Driver	0.030	900	0.030	900								
MH Medi-Cal Admin Coordinator	1.000	54,000	1.000	54,000								
Director of Mental Health Services	0.300	19,500	0.300	19,500								
Therapist	1.000	56,000	1.000	56,000								
LCSW	0.100	6,000	0.100	6,000								
Psychologist	0.200	13,000	0.200	13,000								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
Totals:	2.980	209,400	2.980	209,400	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	64,914	31.00%	64,914		-		-		-		-
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TOTAL SALARIES & BENEFITS **274,314** **274,314** - - - -

DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: Adult Mental Health Medi-Cal

Appendix #: B-24 page 3
 Document Date: 7/1/15

Expenditure Category	TOTAL	SDMC Regular FFP, MH Realignment & General Fund (HMHMCC730515)				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	8,000	8,000				
Utilities (Telephone, Electricity, Water, Gas)	3,000	3,000				
Building Repair/Maintenance	2,000	2,000				
Materials & Supplies	-	-				
Office Supplies	787	787				
Photocopying	-	-				
Printing	350	350				
Program Supplies	4,000	4,000				
Computer Hardware/Software	1,000	1,000				
General Operating	-	-				
Training/Staff Development	1,000	1,000				
Insurance	3,500	3,500				
Professional License	1,000	1,000				
Permits	-	-				
Equipment Lease & Maintenance	600	600				
Staff Travel	-	-				
Local Travel	-	-				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	3,000	3,000				
Food	3,000	3,000				
	-	-				

TOTAL OPERATING EXPENSE

31,237

31,237

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

Contractor Name: HealthRIGHT 360						Appendix #: page 1
Provider/Program Name: WRAPS						Document Date: 7/1/15
Provider Number: 38IT						Fiscal Year: 15-16
Program Name	WRAPS					
Program Code	38IT3					
Mode/SFC (MH) or Modality (SA)	05/60-64					
Service Description	Residential Other					TOTAL
FUNDING TERM	7/1/15-6/30/16					7/1/15-6/30/16
FUNDING USES						
Salaries & Employee Benefits Expense	54,803					54,803
Operating Expense	23,402					23,402
Capital Expense	-					-
Subtotal Direct Expense	78,205	-	-	-	-	78,205
Indirect Expense	9,384					9,384
TOTAL FUNDING USES	87,589	-	-	-	-	87,589
BHS MENTAL HEALTH FUNDING SOURCES						
	CFDA	FAMIS				
MH PROJECT - MHSA CSS	-	PHMS63-1505	86,589			86,589
TOTAL BHS MENTAL HEALTH FUNDING SOURCES			86,589	-	-	86,589
BHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			-	-	-	-
OTHER DPH FUNDING SOURCES						
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-
TOTAL DPH FUNDING SOURCES			86,589	-	-	86,589
NON-DPH FUNDING SOURCES						
NON DPH - Patient/Client Fees			1,000			1,000
TOTAL NON-DPH FUNDING SOURCES			1,000	-	-	1,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			87,589	-	-	87,589
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)			2			
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS)			FFS			
Units of Service			752			
Unit Type			Client Day			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)			115.12			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)			116.45			
Published Rate (Medi-Cal Providers Only)						
Unduplicated Clients (UDC)			9			Total UDC: 9

DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360
 Provider/Program Name: WRAPS

Appendix #: B-25 page 3
 Document Date: 7/1/15

Expenditure Category	TOTAL	MHSA CSS (PHMS63-1405) & Non-DPH Funding Sources				
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	1,978	1,978				
Utilities (Telephone, Electricity, Water, Gas)	4,753	4,753				
Building Repair/Maintenance	2,253	2,253				
Materials & Supplies	-	-				
Office Supplies	137	137				
Photocopying	-	-				
Printing	40	40				
Program Supplies	7,668	7,668				
Computer Hardware/Software	69	69				
General Operating	-	-				
Training/Staff Development	100	100				
Insurance	1,045	1,045				
Professional License	205	205				
Permits	-	-				
Equipment Lease & Maintenance	484	484				
Staff Travel	-	-				
Local Travel	24	24				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	1,520	1,520				
Food	3,126	3,126				
	-	-				

TOTAL OPERATING EXPENSE

23,402

23,402

- - - - -

DPH 6: Contract-Wide Indirect Detail

Contractor Name: HealthRIGHT 360

Appendix B page 9

Document Date: 7/1/15

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
Chief Executive Officer	0.345	72,303
Chief Financial Officer	0.382	65,273
Chief Information Officer	0.382	51,883
Chief Operating Officer	0.191	13,055
VP of Quality and Compliance	0.363	19,082
VP of Development	0.254	16,736
Research and Evaluation Director	0.241	16,880
Workforce Development Director	0.031	2,337
Controller	0.382	37,940
Grants Director	0.382	26,109
Budget Manager	0.164	12,953
Fiscal Projects Director	0.382	20,084
Budget/Fiscal Analyst	0.355	19,183
Payroll Manager	0.382	24,703
Budget Coordinator	0.382	16,736
General Ledger Accountant	0.074	3,583
Accounts Payable	0.756	33,416
Billing Specialist	0.382	20,084
Billing Assistant	0.382	13,517
Human Resources Director	0.187	11,509
Human Resources Analyst	0.382	16,736
Human Resources Coordinator	0.382	13,535
Electronic Medical Records Manager	0.378	16,570
EMR OPs Software Development Director	0.382	30,126
EMR Training and Data Analyst	0.265	9,298
Client Programmer II	0.096	5,602
IT Manager - Data Control	0.382	17,928
Senior IT Systems Analyst	0.211	10,711
IT Analyst	0.382	16,234
PC Support Analyst	0.382	16,234
IT Specialist - Data Specialist	0.418	12,169
IT Specialist - Data Entry	0.382	11,064
IT Specialist - Data Control	0.382	11,064
IT Data Analyst	0.132	4,059
Donations Manager	0.382	18,409
Travel Coordinator	0.191	8,964
Administrative Assistant	0.312	8,570
Procurement Manager	0.382	16,736
Driver/Procurement Assistant	0.073	2,054
Facility Operations Director	0.022	1,617
Transportation and Facility Manager	0.018	1,010
Maintenance Staff	0.088	2,456
		-
EMPLOYEE FRINGE BENEFITS		232,037
TOTAL SALARIES & BENEFITS		980,549

2. OPERATING COSTS

Expenditure Category	Amount
Rent	63,684
Utilities (Telephone, Electricity, Water, Gas)	22,890
Building Repair/Maintenance	1,934
Office Supplies	15,662
Insurance	29,812
Training/Staff Development	6,019
Staff Travel (Local & Out of Town)	24,546
Rental of Equipment	19,476
Professional Services	131,595
Payroll Service	6,051
IT Licenses	18,922
Program Licenses	44,663
Property Taxes	40,374
	-
TOTAL OPERATING COSTS	425,628

TOTAL INDIRECT COSTS

(Salaries & Benefits + Operating Costs)

1,406,177

1. PROTECTED HEALTH INFORMATION AND BAA

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is required to comply with the HIPAA Privacy Rule governing the access, transmission, and storage of health information.

The parties acknowledge that CONTRACTOR is one of the following:

- CONTRACTOR will render services under this contract that include possession or knowledge of identifiable Protected Health Information (PHI), such as health status, health care history, or payment for health care history obtained from CITY. Specifically, CONTRACTOR will:

- Create PHI
- Receive PHI
- Maintain PHI
- Transmit PHI and/or
- Access PHI

The Business Associate Agreement (BAA) in Appendix E is required. Please note that BAA requires attachments to be completed.

- CONTRACTOR will not have knowledge of, create, receive, maintain, transmit, or have access to any Protected Health Information (PHI), such as health status, health care history, or payment for health care history obtained from CITY.

The Business Associate Agreement is not required.

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.



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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

In order to access SFDPH Systems, BA must have their employees/agents sign and retain in their files the *User Agreement for Confidentiality, Data Security and Electronic Signature* form located at <https://www.sfdph.org/dph/files/HIPAAdocs/2015Revisions/ConfSecElecSigAgr.pdf>

During the term of this contract, the BA will be required to complete the *SFDPH Privacy, Data Security and Compliance Attestations* located at <https://www.sfdph.org/dph/files/HIPAAdocs/PDSCAttestations.pdf> and the *Data Trading Partner Request [to Access SFDPH Systems]* located at <https://www.sfdph.org/dph/files/HIPAAdocs/DTPAuthorization.pdf>

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 there under by the U.S. Department of Health and Human Services (the “HIPAA Regulations”) and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the “California Regulations”).
- 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(a) and (e) and 164.504(e) of the Code of Federal Regulations (“C.F.R.”) and contained in this Agreement.
- D. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this Agreement to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the HIPAA Regulations.

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

1. Definitions.

- a. **Breach** means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section



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San Francisco Department of Public Health
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17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

- b. **Breach Notification Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.
- c. **Business Associate** is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- d. **Covered Entity** means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- e. **Data Aggregation** means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- f. **Designated Record Set** means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- g. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this Agreement, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.
- h. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
- i. **Health Care Operations** means any of the following activities: i) conducting quality assessment and improvement activities; ii) reviewing the competence or qualifications of health care professionals; iii) underwriting, enrollment, premium rating, and other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits; iv) conducting or arranging for medical review, legal services, and auditing functions; v) business planning development; vi) business management and general administrative activities of the entity. This shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- j. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
- k. **Protected Health Information or PHI** means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

and 164.501. For the purposes of this Agreement, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

- l. **Protected Information** shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.
- m. **Security Incident** means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.
- n. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
- o. **Unsecured PHI** means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. Obligations of Business Associate.

- a. **Permitted Uses.** BA may use, access, and/or disclose PHI only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the Contract [MOU] and Agreement, or as required by law. Further, BA shall not use PHI in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2), and 164.504(e)(4)(i)].
- b. **Permitted Disclosures.** BA shall disclose Protected Information only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the Contract [MOU] and Agreement, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Agreement and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2. k. of the Agreement, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains



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satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

- c. **Prohibited Uses and Disclosures.** BA shall not use or disclose PHI other than as permitted or required by the Contract and Agreement, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
- d. **Appropriate Safeguards.** BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Contract or this Agreement, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314, 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).
- e. **Business Associate's Subcontractors and Agents.** BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.d. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.
- f. **Accounting of Disclosures.** Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least 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. 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



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- (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.
- g. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.
- h. **Amendment of Protected Information.** Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].
- i. **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- j. **Minimum Necessary.** BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary" to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.
- k. **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- l. **Notification of Breach.** BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the Agreement; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been,



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

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

3. Termination.

- a. **Material Breach.** A breach by BA of any provision of this Agreement, as determined by CE, shall constitute a material breach of the CONTRACT and this Agreement and shall provide grounds for immediate termination of the CONTRACT and this Agreement, 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 and this Agreement, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.
- c. **Effect of Termination.** Upon termination of the CONTRACT and this Agreement for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this Agreement to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.



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San Francisco Department of Public Health
Business Associate Agreement

- d. **Civil and Criminal Penalties.** BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure of Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).
- e. **Disclaimer.** CE makes no warranty or representation that compliance by BA with this Agreement, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

4. Amendment to Comply with Law.

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

5. Reimbursement for Fines or Penalties.

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

Attachments (links)

- **Privacy, Data Security, and Compliance Attestations** located at <https://www.sfdph.org/dph/files/HIPAAdocs/PDSCAttestations.pdf>
- **Data Trading Partner Request to Access SFDPH Systems and Notice of Authorizer** located at <https://www.sfdph.org/dph/files/HIPAAdocs/DTPAuthorization.pdf>
- **User Agreement for Confidentiality, Data Security and Electronic Signature Form** located at <https://www.sfdph.org/dph/files/HIPAAdocs/2015Revisions/ConfSecElecSigAgr.pdf>



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San Francisco Department of Public Health
Business Associate Agreement

Office of Compliance and Privacy Affairs
San Francisco Department of Public Health
101 Grove Street, Room 330, San Francisco, CA 94102
Office email: compliance.privacy@sfdph.org
Office telephone: 415-554-2787
Confidential Privacy Hotline (Toll-Free): 1-855-729-6040
Confidential Compliance Hotline: 415-642-5790

Appendix F

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

Appendix F
PAGE A

Control Number

Contractor: HealthRIGHT 360

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

Tel. No.: (415) 746-1916

Fax No.: (415)

Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

CBHS

INVOICE NUMBER: S01 JL 14

CLBlanket No.: BPHM TBD

CL PO No.: POHM TBD

Fund Source: General Fund - HMSCRES227

Invoice Period: July 2014

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

DELIVERABLES Program Name/Replg. Unit Modality/Mode # - Svc Func (Mk 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 PC# - 3805WR-RSD38062, 38342 & 38572	32,537				\$ 90.12	\$ -	0,000		0.00%		32,537,000	
Res-51 SA-Res Recov Long Term (over 30 days)		1,693			\$ 191.18	\$ -	0,000		0.00%		1,693,000	
B-9 SFGH Residential PC# - 3805SW-RES, 3806SG-RES, 3834G-RES	3,397				\$ 130.04	\$ -	0,000		0.00%		3,397,000	
Res-51 SA-Res Recov Long Term (over 30 days)		11,856			\$ 67.35	\$ -	0,000		0.00%		11,856,000	
B-11 Social Detox Residential PC# - 89062	2,709				\$ 132.78	\$ -	0,000		0.00%		2,709,000	
Res-51 SA-Res Recov Long Term (over 30 days)		977			\$ 81.88	\$ -	0,000		0.00%		977,000	
B-12 Transgender Residential PC# - 3805TG-RES, 3806TD-RES	1,883				\$ 105.72	\$ -	0,000		0.00%		1,883,000	
Res-51 SA-Res Recov Long Term (over 30 days)		7,113			\$ 44.07	\$ -	0,000		0.00%		7,113,000	
B-21 Representative Payee Program PC# - 86359	5,418				\$ 122.87	\$ -	0,000		0.00%		5,418,000	
Anc-68 Ancillary Svcs Case Mgmt	12,417				\$ 90.90	\$ -	0,000		0.00%		12,417,000	
B-8 CARE Lodestar Residential PC# - 3805LC-RES		1,651			\$ 90.90	\$ -	0,000		0.00%		1,651,000	
Res-51 SA-Res Recov Long Term (over 30 days)		2,176			\$ 62.68	\$ -	0,000		0.00%		2,176,000	
B-10 Satellite ONPD Residential PC# - 87067, 88077	824				\$ 62.68	\$ -	0,000		0.00%		824,000	
Res-51 SA-Res Recov Long Term (over 30 days)		297			\$ 62.68	\$ -	0,000		0.00%		297,000	
B-14 Women's Hope Residential PC# - 89102	3,182				\$ 84.47	\$ -	0,000		0.00%		3,182,000	
Res-51 SA-Res Recov Long Term (over 30 days)		615			\$ 84.47	\$ -	0,000		0.00%		615,000	
B-15 Adult Outpatient Non-DMC PC# - 3820OP, 3820 OP												
Nonres-33 SA-Nonresdntl ODF Grp PC# - 3820OP												
Nonres-34 SA-Nonresdntl ODF Ind PC# - 3820OP												
B-19 Family Strength Outpatient PC# - 38731												
Nonres-33 SA-Nonresdntl ODF Grp												
Nonres-34 SA-Nonresdntl ODF Ind												
Anc-68 SA-Ancillary Svcs Case Mgmt												
B-16 African American Family Healing Outpatient PC# 87301												
Nonres-33 SA-Non Resdntl ODF Grp												
Nonres-34 SA-Non Resdntl ODF Individual												
TOTAL	88,715		0,000				0,000		0.00%		88,715,000	
Budget Amount					\$ 7,916,974.00		\$ -		0.00%		\$ 7,916,974.00	

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

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

Signature: _____ Date: _____
Title: _____

Send to:
Community Programs Budget/ Invoice Analyst
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: HealthRIGHT 360

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

Tel. No.: (415) 746-1916

Fax No.: (415)

CBHS

Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S08 JL 14

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: General Fund

Invoice Period: July 2014

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 Buprenorphine Medical Monitoring Outpatient PC# - 88201												
NTP-44 Prog Rehab/Amb Detox (other than Methadone)	482	60			-	-	0%	0%	482	60	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 35,321.00	\$ -	\$ -	0.00%	\$ 35,321.00
Fringe Benefits	\$ 10,950.00	\$ -	\$ -	0.00%	\$ 10,950.00
Total Personnel Expenses	\$ 46,271.00	\$ -	\$ -	0.00%	\$ 46,271.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 71.00	\$ -	\$ -	0.00%	\$ 71.00
General Operating	\$ 95.00	\$ -	\$ -	0.00%	\$ 95.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Related	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 166.00	\$ -	\$ -	0.00%	\$ 166.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 46,437.00	\$ -	\$ -	0.00%	\$ 46,437.00
Indirect Expenses	\$ 5,571.00	\$ -	\$ -	0.00%	\$ 5,571.00
TOTAL EXPENSES	\$ 52,008.00	\$ -	\$ -	0.00%	\$ 52,008.00
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:

Community Programs Budget/ Invoice Analyst
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

<p align="center">Control Number <input style="width:200px; height:15px;" type="text"/></p> <p>Contractor: HealthRIGHT 360</p> <p>Address: 1735 Mission St., San Francisco, CA 94103</p> <p>Tel. No.: (415) 746-1916 Fax No.: (415)</p> <p>Funding Term: 09/30/2014 - 09/29/2015</p> <p>PHP Division: Community Behavioral Health Services</p>	<p>INVOICE NUMBER: <input style="width:150px;" type="text" value="S11 SE 14"/></p> <p>Ct. Blanket No.: BPHM <input style="width:150px;" type="text" value="TBD"/></p> <p align="right">User Cd</p> <p>Ct. PO No.: POHM <input style="width:150px;" type="text" value="TBD"/></p> <p>Funding Source: <input style="width:150px;" type="text" value="SA Grant - Fed SAMHSA SHOP"/></p> <p>Invoice Period: <input style="width:150px;" type="text" value="September 2014"/></p> <p>Final Invoice: <input style="width:150px;" type="text"/> (Check if Yes)</p> <p>Ace Control Number: <input style="width:150px;" type="text"/></p>
---	--

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-20 SHOP PC# - 85731 - HCSA03-14												
Nonres-33 SA-Nonresidntl ODF Grp	4,032	70			-	-	0%	0%	4,032	70	100%	100%
Nonres-34 SA-Nonresidntl ODF Indv	1,131				-	-	0%	#DIV/0!	1,131	-	100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 185,784.00	\$ -	\$ -	0.00%	\$ 185,784.00
Fringe Benefits	\$ 57,593.00	\$ -	\$ -	0.00%	\$ 57,593.00
Total Personnel Expenses	\$ 243,377.00	\$ -	\$ -	0.00%	\$ 243,377.00
Operating Expenses:					
Occupancy	\$ 36,138.00	\$ -	\$ -	0.00%	\$ 36,138.00
Material and Supplies	\$ 2,450.00	\$ -	\$ -	0.00%	\$ 2,450.00
General Operating	\$ 2,742.00	\$ -	\$ -	0.00%	\$ 2,742.00
Staff Travel	\$ 980.00	\$ -	\$ -	0.00%	\$ 980.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Transportation, Food'	\$ 3,211.00	\$ -	\$ -	0.00%	\$ 3,211.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 45,521.00	\$ -	\$ -	0.00%	\$ 45,521.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 288,898.00	\$ -	\$ -	0.00%	\$ 288,898.00
Indirect Expenses	\$ 34,667.00	\$ -	\$ -	0.00%	\$ 34,667.00
TOTAL EXPENSES	\$ 323,565.00	\$ -	\$ -	0.00%	\$ 323,565.00
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:

Community Programs Budget/ Invoice Analyst
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: HealthRIGHT360

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

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

Funding Term: 10/01/2014 - 04/30/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: **S12 OC 14**

Ct. Blanket No.: BPHM **TBD**

Ct. PO No.: POHM **TBD**

Funding Source: **Grant - Fed DOJ Second Chance**

Invoice Period: **October 2014**

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-22 Second Chances PC# - 3835SC-ANS - HCSA02-14												
Anc-68 SA-Ancillary Svcs Case Mgmt	4,601	86			-	-	0%	0%	4,601	86	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 110,974.00	\$ -	\$ -	0.00%	\$ 110,974.00
Fringe Benefits	\$ 34,402.00	\$ -	\$ -	0.00%	\$ 34,402.00
Total Personnel Expenses	\$ 145,376.00	\$ -	\$ -	0.00%	\$ 145,376.00
Operating Expenses:					
Occupancy	\$ 11,315.00	\$ -	\$ -	0.00%	\$ 11,315.00
Material and Supplies	\$ 547.00	\$ -	\$ -	0.00%	\$ 547.00
General Operating	\$ 2,923.00	\$ -	\$ -	0.00%	\$ 2,923.00
Staff Travel	\$ 10,518.00	\$ -	\$ -	0.00%	\$ 10,518.00
Consultant/ Subcontractor	\$ 60,002.00	\$ -	\$ -	0.00%	\$ 60,002.00
Other: Client Expenses, Evaluation Incentives	\$ 16,589.00	\$ -	\$ -	0.00%	\$ 16,589.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 101,894.00	\$ -	\$ -	0.00%	\$ 101,894.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 247,270.00	\$ -	\$ -	0.00%	\$ 247,270.00
Indirect Expenses	\$ 29,671.00	\$ -	\$ -	0.00%	\$ 29,671.00
TOTAL EXPENSES	\$ 276,941.00	\$ -	\$ -	0.00%	\$ 276,941.00
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:

Community Programs Budget/ Invoice Analyst
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: HealthRIGHT360

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

Tel. No.: (415) 746-1916

Fax No.: (415)

Funding Term : 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

CBHS

INVOICE NUMBER: S28 JL 14

Ct.Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: APD CJ Realignment (AB109) Work Order

Invoice Period : July 2014

Final Invoice: (Check if Yes)

ACE Control Number:

HMSSCADM367	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
Unduplicated Clients for Exhibit:					

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-3 AB109 Residential PC# - 87342 - HMHS109CMGWO												
Res-51 SA-Res Recov Long Term (over 30 day)	8,213				\$ 94.93	\$ -	0,000		0.00%		8,213,000	\$ 779,660.09
B-4 AB109 ONPD Residential PC# - 86077												
Res-51 SA-Res Recov Long Term (over 30 day)	6,805				\$ 41.17	\$ -	0,000		0.00%		6,805,000	\$ 280,161.85
TOTAL	15,018		0,000				0,000		0.00%		15,018,000	
Budget Amount					\$ 1,059,815.00		Expenses To Date		% of Budget		Remaining Budget	\$ 1,059,821.94
							\$ -		0.00%		\$ 1,059,815.00	

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

NOTES:

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

Signature: _____

Date: _____

Title: _____

Send to:
Community Program Budget/ Invoice Analyst
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: HealthRIGHT 360

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

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

Fax No.: (415 Fax No.: (415)

Funding Term: 07/01/2014 - 06/30/2015

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S30 JL 14

Ct. Blanket No.: BPHM TBD
User Cd _____

Ct. PO No.: POHM TBD

Fund Source: APD CJ Realignment (AB109) Work Order

Invoice Period: July 2013

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3 AB109 Reentry Pod Counseling - HMHS109CMGWO												
Anc-68 SA-Ancillary Svcs Case Mgmt	920	16			-	-	0%	0%	920	16	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 35,000.00	\$ -	\$ -	0.00%	\$ 35,000.00
Fringe Benefits	\$ 10,850.00	\$ -	\$ -	0.00%	\$ 10,850.00
Total Personnel Expenses	\$ 45,850.00	\$ -	\$ -	0.00%	\$ 45,850.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Food Supplies/ Incentives	\$ -	\$ -	\$ -	0.00%	\$ -
License	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 45,850.00	\$ -	\$ -	0.00%	\$ 45,850.00
Indirect Expenses	\$ 5,502.00	\$ -	\$ -	0.00%	\$ 5,502.00
TOTAL EXPENSES	\$ 51,352.00	\$ -	\$ -	0.00%	\$ 51,352.00
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:

Community Programs Budget/ Invoice Analyst
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: S34 JL 14

Contractor: HealthRIGHT360

Ct. Blanket No.: BPHM TBD

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

Ct. PO No.: POHM TBD User Cd

Tel. No.: (415) 746-1916

Fax No.: (415)



Funding Source: SA Work Order - OEWD

Invoice Period: July 2014

Funding Term: 07/01/2014 - 06/30/2015

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-23 IPO healthy Changes - HMHSMYOEW DWO												
SecPrev-19 SA-Sec Prev Outreach	2,829	25			-	-	0%	0%	2,829	25	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 88,000.00	\$ -	\$ -	0.00%	\$ 88,000.00
Fringe Benefits	\$ 27,280.00	\$ -	\$ -	0.00%	\$ 27,280.00
Total Personnel Expenses	\$ 115,280.00	\$ -	\$ -	0.00%	\$ 115,280.00
Operating Expenses:					
Occupancy	\$ 17,137.00	\$ -	\$ -	0.00%	\$ 17,137.00
Materials and Supplies	\$ 1,047.00	\$ -	\$ -	0.00%	\$ 1,047.00
General Operating	\$ 191.00	\$ -	\$ -	0.00%	\$ 191.00
Staff Travel	\$ 273.00	\$ -	\$ -	0.00%	\$ 273.00
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 18,648.00	\$ -	\$ -	0.00%	\$ 18,648.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 133,928.00	\$ -	\$ -	0.00%	\$ 133,928.00
Indirect Expenses	\$ 16,072.00	\$ -	\$ -	0.00%	\$ 16,072.00
TOTAL EXPENSES	\$ 150,000.00	\$ -	\$ -	0.00%	\$ 150,000.00
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:
Community Program Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory _____
Date

Appendix J

THE DECLARATION OF COMPLIANCE

Each Fiscal Year, CONTRACTOR attests with a Declaration of Compliance that each program site has an Administrative Binder that contains all of the forms, policies, statements, and documentation required by Community Behavioral Health Services (CBHS). The Declaration of Compliance also lists requirements for site postings of public and client information, and client chart compliance if client charts are maintained. CONTRACTOR understands that the Community Programs Business Office of Contract Compliance may visit a program site at any time to ensure compliance with all items of the Declaration of Compliance.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Insured Person(s) or Organization(s)
City & County of San Francisco and Community Behaviour Abuse Services
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SOCIAL SERVICES PREMIER GENERAL LIABILITY ENHANCEMENT ENDORSEMENT

It is understood and agreed that the following extensions only apply in the event that no other specific coverage for the indicated loss exposures are provided under this policy. If such specific coverage applies, the terms, conditions, and limits of that coverage are the sole and exclusive coverage applicable under this policy.

Throughout this endorsement the words "you" and "your" refer to the "Named Insured" shown in the Declarations. The words "we", "us", and "our" refer to the "Company" providing this insurance.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The following is a summary of the Limits of Insurance and Additional Coverage provided by this endorsement. For complete details on specific coverage's, consult the policy contract wording.

- A) Medical Payment – Limit increased to \$20,000
- B) Supplementary Payments – Bail bonds increased to \$3,000 / Loss of Earnings increased to \$1,000 each day
- C) Damage to Premises Rented to You – Fire, Lightning, Explosion, Smoke and Leaks from Fire Protective Sprinklers limit increased to \$1,000,000
- D) Broadened definition of Who is an Insured
- E) Knowledge or Notice of Occurrence
- F) Broadened definition of Advertising Injury includes televised, videotaped, or internet-based publication
- G) Amended definition of Bodily Injury to include mental anguish
- H) Amended Unintentional Failure to Disclose Hazards
- I) Amended Liberalization Clause
- J) Property Damage – Removal of exclusion for "Property Damage" resulting from the use of reasonable force to protect persons or property
- K) Premises Sold or Abandoned by You
- L) Added Blanket Additional Insured - Funding sources
- M) Added Blanket Additional Insured - Managers or lessors of premises
- N) Additional Insured – By Contract, Agreement or Permit
- O) General Aggregate Limit Per Location
- P) Blanket Special Events and Fund Raising Events Coverage
- Q) Non-Owned Watercraft Coverage - Length is increased to 65 feet
- R) Blanket Waiver of Subrogation
- S) Waiver of Immunity
- T) Violation of Rights of Residents Coverage (Patient's Rights)
- U) Liquor Liability Exception to Exclusion
- V) Employee Criminal Defense Coverage - \$25,000 limit

A) MEDICAL PAYMENTS

If Medical Payments Coverage (Coverage C) is not otherwise excluded from this Coverage Part:

- 1) The Medical Expense Limit is increased, subject to all the terms of Limits of Insurance (Section III) to \$20,000
- 2) The requirement in the Insuring Agreement of Coverage C, that expenses must be incurred and reported to us within "one year" of the accident date is changed to "three years."

B) SUPPLEMENTARY PAYMENTS

Coverage A. and B. provisions:

- 1) The limit for the cost of bail bonds is changed from \$250 to \$3,000.
- 2) The limit for loss of earnings is changed from \$250 per day to \$1,000 per day.

C) DAMAGE TO PREMISES RENTED TO YOU

If damage by fire to premises rented to you is not otherwise excluded from this Coverage Part, the word "fire" and the words "fire insurance" are changed to "fire, lightning, explosion, smoke, or leakage from fire protective sprinklers" where it appears in:

- 1) The last paragraph of Section I – Coverages, Coverage A Bodily Injury And Property Damage Liability, subsection 2. Exclusions;
- 2) Section III – Limits Of Insurance, paragraph 6.;
- 3) Section V – Definitions, paragraph 9.a.
- 4) Section IV – Commercial General Liability Conditions, subsection 4. Other Insurance, paragraph b. Excess Insurance

The Damage to Premises Rented to You Limit section of the Declarations is amended to \$1,000,000.

This is the most we will pay for all damage proximately caused by the same event, whether such damage results from fire, lightning, explosion, smoke or leakage from fire protective sprinklers or any combination thereof.

D) WHO IS AN INSURED

Paragraph 2. of Section II – Who Is An Insured is deleted and replaced by the following:

2. Each of the following is also an insured: but only while working within the scope of their duties for the insured:
 - a.
 - (i) "Employees";
 - (ii) "Volunteer Workers";
 - (iii) Independent Contractors

However, no "employees", "volunteer workers" or independent contractors are insureds for:

(1) "Bodily injury" or "personal and advertising injury":

- (a) To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), to a co-"employee" while in the course of his or her employment or performing duties related to the conduct of your business, or to your other "volunteer workers" while performing duties related to the conduct of your business;
- (b) To the spouse, child, parent, brother or sister of that co-"employee" or "volunteer worker" as a consequence of Paragraph (1)(a) above;
- (c) For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in Paragraphs (1)(a) or (b) above; or
- (d) Arising out of his or her providing or failing to provide professional health care services.

(2) "Property damage" to property:

- (a) Owned, occupied or used by,
 - (b) Rented to, in the care, custody or control of, or over which physical control is being exercised for any purpose by you, any of your "employees", "volunteer workers", any partner or member (if you are a partnership or joint venture), or any member (if you are a limited liability company).
- b. Medical directors and administrators, including professional persons, are also insureds;
 - c. If you are an organization other than a partnership or joint venture, your managers and supervisors are also insureds;
 - d. If you are a limited liability company your members are insureds, but only with respect to their duties related to the conduct of your business;
 - e. Any organization and subsidiary thereof which you control and actively manage on the effective date of this endorsement;

- f. Any person or organization that has financial control of you or owns, maintains or controls premises occupied by you and requires you to name them as an additional insured but only with respect to their liability arising out of:

- (1) Their financial control of you; or
- (2) Premises they own maintain or control while you lease or occupy these premises.

This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

- g. Any state or political subdivision subject to the following provision:

This insurance applies only with respect to the following hazards for which the state or political subdivision has issued a permit in connection with premises you own, rent, or control and to which this insurance applies:

- (1) The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners, or decorations and similar exposures; or
- (2) The construction, erection, or removal of elevators; or
- (3) The ownership, maintenance, or use of any elevators covered by this insurance.

However, the insurance afforded for any organization and subsidiary thereof not named in the Declarations as a Named Insured, does not apply to injury or damage with respect to which an insured under this endorsement is also an insured under another policy, or would be an insured under such policy but for its termination or the exhaustion of its limits of insurance.

- h. Students in training, but not for "bodily injury" or "property damage" arising out of his or her rendering or failure to render professional services to patients;
- i. Your members but only with respect to their liability for your activities or activities they perform on your behalf;
- j. Your trustees or members of the board of governors while acting within the scope of their duties as such on your behalf;
- k. Any entity you are required in a written contract (hereinafter called Additional Insured) to name as an insured is an insured but only with respect to liability arising out of your premises, "your work" for the Additional Insured, or acts or omissions of the Additional Insured in connection with the general supervision of "your work" to the extent set forth below:

Insurance does not apply to "bodily injury," "property damage" or "personal and advertising injury" arising out of the rendering or failure to render any professional services by or for you, including but not limited to:

- (1) The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, or drawings and specifications; and
- (2) Supervisors, inspection, or engineering services.

Any coverage provided under this provision shall be excess over any other valid and collectible insurance available to the Additional Insured(s) whether primary, excess, contingent or on any other basis unless a contract specifically requires that this insurance be primary or you request that it apply on a primary basis.

Paragraph 3a. of Section II – Who Is An Insured is deleted and replaced by the following:

- a. Coverage under this provision is, subject to (1) and (2) below:
 - (1) Effective on the acquisition or formation date; and
 - (2) Afforded only until the end of the policy period.

E) KNOWLEDGE OR NOTICE OF OCCURRENCE

1) As respects any loss reporting requirements under this policy, it is understood and agreed that knowledge of an "occurrence" by an agent, servant or employee of yours or any other person shall not in itself constitute knowledge by you, unless a corporate officer of yours shall have received notice from said agent, servant, employee or any other person.

2) Your failure to give first report of an "occurrence" to us shall not invalidate coverage under this policy if the loss was inadvertently reported to another insurer. However, you shall report any such "occurrence" to us within a reasonable time once you become aware of such error.

F) ADVERTISING INJURY – TELEVISED, VIDEOTAPED, OR INTERNET-BASED PUBLICATION

- 1) The definition of "Personal and Advertising Injury" item 14. is changed to read:
"Personal and Advertising Injury" means injury arising out of one or more of the following offenses:
 - d) Oral, written, televised, videotaped, or internet-based publication of material that slanders or libels a person or organization or disparages a person's or organization's goods, products, or services;
 - e) Oral, written, televised, videotaped, or internet-based publication of material that violates a person's right of privacy;
 - f) Misappropriation of advertising ideas or style of doing business; or
 - g) Infringement of copyright, title, or slogan.

- 2) Exclusions b. and c. of Coverage B., Personal and Advertising Injury Liability, are changed to read:
 - a) (2) Arising out of oral, written, televised, videotaped, or internet-based publication of material, if done by or at the direction of the insured with knowledge of its falsity;
 - b) (3) Arising out of oral, written, televised, videotaped, or internet-based publication of material whose first publication took place before the beginning of the policy period.

G) BODILY INJURY – MENTAL ANGUISH

The definition of "bodily injury" is changed to read:

"Bodily injury":

- a) Bodily injury, sickness, or disease sustained by a person, and includes mental anguish resulting from any of these; and
- b) Except for mental anguish, includes death resulting from the foregoing (item a. above) at any time.

H) UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS

It is agreed that, based on our reliance on your representations as to existing hazards, if you should unintentionally fail to disclose all such hazards prior to the beginning of the policy period of this Coverage Part, we shall not deny coverage under this Coverage Part because of such failure.

I) LIBERALIZATION

If we adopt a change in our forms or rules which would broaden your coverage without an additional premium charge, your policy will automatically provide the additional coverage(s) as of the date the revision is effective in your state.

J) EXTENDED "PROPERTY DAMAGE"

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE 2.

Exclusions a. is deleted and replaced by the following:

- 1) Expected or Intended Injury;
"Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

K) PREMISES SOLD OR ABANDONED BY YOU

SECTION I -COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE 2.

Exclusions, Exclusion j. is amended as follows:

Paragraph (2) is replaced by the following:

- (2) Premises you sell, give away, or abandon, if the "property damage" arises out of any part of those premises and occurred from hazards that were known by you or should have reasonably been known by you, at the time the property was transferred or abandoned.

L) ADDITIONAL INSURED – FUNDING SOURCE

Under SECTION II – WHO IS AN INSURED the following is added:

- 2) Any person or organization with respect to their liability arising out of:
 - a) Their financial control of you; or
 - b) Premises they own, maintain, or control while you lease or occupy these premises.

This insurance does not apply to structural alterations, new construction, and demolition operations performed by or for that person or organization.

M) ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES

Under SECTION II – WHO IS AN INSURED the following is added:

- 1.f. Any person or organization with respect to their liability arising out of the ownership, maintenance, or use of that part of the premises leased to you, subject to the following additional exclusions:

This insurance does not apply to:

- a) Any "occurrence" which takes place after you cease to be a tenant in that premises.
- b) Structural alteration, new construction, or demolition operations performed by or on behalf of that person or organization.

N) ADDITIONAL INSUREDS - BY CONTRACT, AGREEMENT OR PERMIT

- 1) Any person or organization is an insured with whom you are required to add as an additional insured to this policy by a written contract or written agreement, or permit that is:
 - a) currently in effect or becoming effective during the term of this policy; and
 - b) executed prior to the "bodily injury," "property damage," "personal and advertising injury".

- 2) This insurance provided to the additional insured by this endorsement applies as follows:

- a) That person or organization is only an additional insured with respect to liability caused by your negligent acts or omissions at or from:
 - (1) Premises you own, rent, lease, or occupy, or
 - (2) Your ongoing operations performed for the additional insured at the job indicated by written contract or written agreement.
- b) The limits of insurance applicable to the additional insured are those specified in the written contract or written agreement or in the Declarations of this policy whichever is less. These limits of insurance are inclusive of and not in addition to the limits of insurance shown in the Declarations.

- 3) With respect to the insurance afforded these additional insured's, the following additional exclusions apply:

- a) This insurance does not apply to "Bodily injury" or "property damage" occurring after:
 - (1) all work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
 - (2) that portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations on or at the same project.
- b) This insurance does not apply to "bodily injury," "property damage," "personal and advertising injury" caused by the rendering of or failure to render any professional services.

- 4) Regardless of whether other insurance is available to an additional insured on a primary basis, this insurance will be primary and noncontributory if a written contract between you and the additional insured specifically requires that this insurance be primary.

O) GENERAL AGGREGATE LIMIT PER LOCATION

SECTION III – LIMITS OF INSURANCE, is amended as follows:

2. The General Aggregate Limit is the most we will pay for the sum of:
 - a. Medical expenses under Coverage C;
 - b. Damages under Coverage A, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard, and
 - c. Damages under Coverage B.

A separate Location General Aggregate Limit applies to each "location" and that limit is equal to the amount of the General Aggregate Limit shown in the Declarations.

SECTION V - DEFINITIONS is amended by adding the following:

23. "Location" means premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad.

P) BLANKET SPECIAL EVENTS AND FUND RAISING EVENTS

- 1) This insurance applies to your legal liability for "bodily injury," "property damage," and "personal and advertising injury" arising out of all your managed, operated or sponsored special events WITH THE FOLLOWING EXCEPTIONS:
 - a) Events involving aircraft
 - b) Events involving automobile or motorcycle races or rallies
 - c) Events involving fireworks
 - d) Events involving firearms
 - e) Events involving live animals, excluding domestic pets
 - f) Carnivals and fairs with mechanical rides
 - g) Any event lasting more than three (3) days (including otherwise acceptable events)
 - h) Any event with greater than 1,000 people in attendance (including otherwise acceptable events)

Coverage may be provided by endorsement issued by us and made part of this Coverage Part, and subject to an additional premium charge.

Q) NON-OWNED WATERCRAFT

SECTION I – COVERAGE A BODILY INJURY AND PROPERTY DAMAGE 2. Exclusions, paragraph g.(2) is amended to read as follows:

- (2) A watercraft you do not own that is:
 - a) Less than 65 feet long, and
 - b) Not being used to carry persons or property for a charge;

This provision applies to any person, who with your consent, either uses or is responsible for the use of a watercraft.

This insurance is excess over any other valid and collectible insurance available to the insured whether primary, excess, or contingent.

R) WAIVER OF SUBROGATION

We will waive our right of subrogation in the event of a loss. We must be advised in writing, prior to the loss, of your intention to waive subrogation. We also must know whom subrogation will be waived against. If your request meets our underwriting criteria regarding such waivers, we will waive our right. However, we reserve the right to charge additional premium or to limit the terms and conditions of such waiver.

S) WAIVER OF IMMUNITY

We will waive, both in the adjustment of claims and in defense of "suits" against the insured, any charitable or governmental immunity of the insured, unless the insured requests, in writing, that we not do so.

Waiver of immunity, as a defense, will not subject us to liability for any portion of a claim or judgment, in excess, of the applicable limit of insurance.

T) VIOLATION OF RIGHTS OF RESIDENTS (PATIENT'S RIGHTS)

- 1) The following is added to SECTION 1 – COVERAGES COVERAGE A BODILY INJURY AND PROPERTY DAMAGE – paragraph 1. Insuring Agreement:
"Bodily Injury" damages arising out of the violation of "Rights of Residents," shall be deemed an "occurrence."
- 2) As respects the coverage provided in paragraph A.1. of this endorsement, the following exclusions are added to SECTION 1 – COVERAGES COVERAGE A BODILY INJURY AND PROPERTY DAMAGE – 2. Exclusions:
This insurance does not apply to:
 - a) Liability arising out of the willful or intentional violation of "Rights of Residents."
 - b) Fines or penalties assessed by a court or regulatory authority.
 - c) Liability arising out of any act or omission in the furnishing, or failure to furnish, professional services in the medical treatment of residents.
- 3) As respects the violation of "Rights of Residents" Coverage, the following definition is added to SECTION V - DEFINITIONS:
 24. "Rights of Residents" means:
 - a. Any right granted to a resident under any state law regulating your business as a health care facility.
 - b. The "Rights of Residents" as included in the United States Department of Health and Welfare regulations governing participation of Intermediate Care Facilities and Skilled Nursing Facilities, regardless of whether your facility is subject to those regulations.

U. LIQUOR LIABILITY EXCLUSION – EXCEPTION FOR SPECIAL EVENTS OR FUNDRAISING EVENTS

SECTION 1. COVERAGES COVERAGE A BODILY INJURY AND PROPERTY DAMAGE 2.

Exclusions c. is amended by adding the following subparagraph:

This exclusion does not apply to "bodily injury" or "property damage" arising out of the selling, serving or furnishing of alcoholic beverages at any special events or fundraising events related to the insured's business.

V. EMPLOYEE CRIMINAL DEFENSE COVERAGE

Under SUPPLEMENTARY PAYMENTS – COVERAGES A AND B, the following is added:

3. We will pay, on your behalf, defense costs incurred by an "employee" in a criminal proceeding.

The alleged criminal act must arise out of the "employee's" work performed on your behalf.

The most we will pay for any "employee" who is alleged to be directly involved in a criminal proceeding is \$25,000 regardless of the number of "employees", claims or "suits" brought or persons or organizations making claims or bringing "suits".

All other terms and conditions of this Policy remain unchanged.

Endorsement Number:

Policy Number: NTPKG0068204

Named Insured: HealthRIGHT360

This endorsement is effective on the inception date of this Policy unless otherwise stated herein:

Endorsement Effective Date: 7/01/2015

