

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

**Second Amendment**

THIS AMENDMENT (this “Amendment”) is made as of April 1, 2023, in San Francisco, California, by and between **Bayview Hunters Point Foundation** (“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 performance period, increase the contract amount, and update standard contractual clauses; and

WHEREAS, this Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through RFP 26-2016 a Request for Proposal (“RFP”) issued on September 27, 2016, in which City selected Contractor as the highest qualified scorer pursuant to the RFP; and

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

WHEREAS, the City’s Board of Supervisors approved this Agreement by [insert resolution number] on [insert date of Commission or Board action].

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

**Article 1 Definitions**

The following definitions shall apply to this Amendment:

1.1 **Agreement.** The term “Agreement” shall mean the Agreement dated 07/01/17 between Contractor and City, as amended by the:

First Amendment, dated 07/01/22, and

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

**Article 2 Modifications to the Agreement.**

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

2.1 The Term of this Agreement shall commence on July 1, 2017 and expire on June 30, 2023, unless earlier terminated as otherwise provided herein.

The City has 1 option to renew the Agreement for a period of 4 years. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

Option 1: 7/1/2023-6/30/27

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

2.1 The Term of this Agreement shall commence on July 1, 2017 and expire on June 30, 2025, unless earlier terminated as otherwise provided herein.

The City has 1 option to renew the Agreement for a period of 4 years. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

Option 1: 7/1/2025-6/30/27

2.2 Payment. Section 3.3.1 Payment of the Agreement currently read as follows:

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed Nine Million Five Hundred Twenty Thousand Four Hundred Seventy Two Dollars (\$9,520,472). The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

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

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed Fourteen Million Three Hundred Thirty Two Thousand Four Hundred Ninety Eight Dollars (\$14,332,498). The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

- 2.3 **Appendices A-1 and A-2.** Appendices A-1 and A-2 are hereby replaced in its entirety by Appendices A-1 and A-2 (for Fiscal Year 22-23), attached to this Amendment and fully incorporated within the Agreement.
- 2.4 **Appendix B.** Appendix B is replaced in its entirety by Appendix B (dated: 04/01/23), attached to this Amendment and fully incorporated within the Agreement.
- 2.5 **Appendices B-1 and B-2.** Appendices B-1 and B-2 are hereby attached in its entirety by Appendices B-1 and B-2 (For Fiscal Year: 22-23), attached to this Amendment and fully incorporated within the Agreement.

### **Article 3 Effective Date**

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

### **Article 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

Recommended by:

CONTRACTOR

Bayview Hunters Point Foundation

\_\_\_\_\_  
Grant Colfax, MD                      date  
Director of Health  
Department of Public Health

                      4.6.23  
\_\_\_\_\_  
James Bouquin                                      date  
Executive Director

Approved as to Form:

David Chiu  
City Attorney

City Supplier number: 0000024522

By: \_\_\_\_\_  
Henry Lifton                      date  
Deputy City Attorney

Approved:

Sailaja Kurella  
Director of the Office of Contract  
Administration, and Purchaser

By: \_\_\_\_\_  
[name of Purchaser or  
"Name: \_\_\_\_\_"]

**Contractor Name:** Bayview Hunters Point Foundation (BVHPFCI)

**Program Name:** Methadone Maintenance

Appendix A-1

FY 22-23

**1. Identifiers:**

Program Name: Methadone Maintenance

Program Address: 1625 Carroll Avenue, San Francisco, CA 94124

Telephone: (415) 822-8200 / Fax: (415) 822-6822

Website Address: [www.bayviewci.org](http://www.bayviewci.org)

Contractor Name: Bayview Hunters Point Foundation for Community Improvement (BVHPFCI)

Contractors Address: 1925 Carroll Avenue, San Francisco, CA 94124

Executive Director: James Bouquin

(415) 822-8200

[james.bouquin@bayviewci.org](mailto:james.bouquin@bayviewci.org)

Program Director: Trevor Roberson

(415) 822-8200 x12

[trevor.roberson@bayviewci.org](mailto:trevor.roberson@bayviewci.org)

Program Code(s): 38164 & 38163

**2. Nature of Document:**

Original       Contract Amendment       Revision to Program Budgets (RPB)

**3. Goal Statement:**

To support clients in the development of a productive and independent life through the provision of appropriate medical, psychological, and case management treatment services to improve clients' quality of life and support successful rehabilitation.

**4. Priority Population:**

San Francisco residents 18 and over with substance use disorders or at-risk for addiction to heroin and suffer from its attendant mental health and physical health disorders, who are unable to cease the use of heroin without medical assistance. While Bayview Hunters Point Foundation for Community Improvement welcomes and services all ethnicities and populations from all communities throughout San Francisco, services are also designed to meet the cultural and linguistic needs of the African American population primarily residing in the Southeast sector of Bayview Hunters Point and Sunnydale communities of San Francisco.

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

Please see Appendix B-1 CRDC Page

## 6. Methodology:

### Program Description/Philosophy

Substance Use Disorder Services embraces the San Francisco Department of Public Health's principles of Harm Reduction and Cultural Competency to provide the highest quality treatment services for clients.

BVHPFCI operates an Opioid Treatment Program (OTP) model (formerly called Narcotic Treatment Program of NTP) that directly administers methadone medication on a daily basis. We meet federal admission, discharge, and continued service criteria under 42 CFR 8.12 and California law. The OTP has previously focused on methadone maintenance to address opioid addiction. To reflect new substance, use disorder treatment services requirements under the Drug Medi-Cal Organized Delivery System (DMC-ODS) pilot, BVHPFCI proposes to add an Office-Based Opioid Treatment (OBOT) component with enhanced ambulatory addiction treatment services for patients with an opioid and/or alcohol use disorder, with a focus on the provision of Medication Assisted Treatment (MAT). The program will utilize several new therapies available to meet different levels of needs (including buprenorphine, suboxone, naloxone and disulfiram). BVHPFCI will also extend MAT therapy to patients who are solely trying to address addiction to alcohol.

Each client entering the Methadone Maintenance Program receives an intake assessment, ASAM multidimensional assessment, medical examination, and a mental health status examination. No more than five percent of clients are on a detoxification regimen designed to facilitate their transition to methadone maintenance treatment. Additionally, clients participate with counselors in developing and regularly reviewing their individualized treatment plans, which identify quantifiable quarterly and annual goals. In the ongoing phases of treatment, clients are required to participate in individual and group counseling sessions. Support groups, structured educational experiences, and recovery activities are available on a voluntary basis for interested clients. All clients will come to the clinic daily for their methadone dosing except in pandemics, epidemics, and other unforeseen crisis phenomenon which in such cases guidelines by SFDPH and/or the CDC will be adhered to as directed. All clients will have access to mental health therapy provided by the Bayview Hunters Point Foundation Mental Health Department. Staff from both programs will hold regular case conferences to determine clients' needs, the best methodology for psychological support towards recovery and monitor client progress.

In response to many inquiries from community members, residents, and phone calls from other providers, community partners, walk-ins etc. expressing the need for services to those with drug and alcohol addictions, the Bayview Hunters Point Foundation Methadone Maintenance Program has expanded our services to offer Outpatient Substance Use Disorder Treatment onsite at "The Ernest Mitchell Jr. Outpatient Services".

The Ernest Mitchell Jr. Outpatient Services provide Outpatient services to individuals with drug and alcohol addictions (alcohol, cocaine, methamphetamine, etc.) All clients enrolled in The Ernest Mitchell Jr. Outpatient services are assessed for a Substance Use Disorder Diagnosis to determine medical necessity using the Diagnostic and Statistical Manual of Mental Disorders “DSM-V”.

Outreach and referral priority is for Jelani Family Step-Down Program, Bayview Hunters Point Foundation Behavioral Health Services, Bayview SAFE Navigation Center, Bayshore Navigation Center, Bayview Hill Gardens, The Arlington Hotel, and any of the Foundation’s departments providing services servicing individual adults. Outreach services to other community partners include United Council of Human Services, Bayview Senior Services, Southeast Health Clinic, Third Street Clinic, Drug Court, San Francisco Sheriff Department, and collaboration with all partners in the Bayview community at large. We will also accept self-referrals. Each Outpatient client enrolled in the program will receive an intake assessment and health screening. Clients will be assigned a counselor to develop individualized treatment plans. The development and review of the treatment plan will allow clients to establish goals with their counselor to address needs and barriers towards recovery and maintaining sobriety. Outpatient clients will participate in individual and group counseling as part of the treatment plan. BVHPFCI SUDS will encourage clients to engage in additional outside support groups, structured educational projects, and recovery activities i.e. (Narcotic Anonymous, Alcohol Anonymous groups and Harm Reduction).

Additional Medication Assisted Treatment (MAT)

- Antabuse-Disulfiram (for Alcohol Use Disorder)
- Naloxone (Narcan)
- Naltrexone

Buprenorphine/Naloxone-Combo MAT services will include:

- Orientation appointment in which induction procedures are reviewed
- Preliminary evaluation is completed
- Baseline lab work is drawn at this visit (physical)
- Consent forms are reviewed and signed
- 2<sup>nd</sup> appointment for client presents in withdrawal to begin induction

Buprenorphine and other therapies will be available on-site for clients.

Admission Criteria

Clients seeking admission for Methadone Maintenance treatment must meet the following minimum criteria, which is entered in their individual treatment records upon acceptance into the program:

- Confirmed and documented history of at least two-years addiction to opiates
- Confirmed history of two or more unsuccessful attempts in withdrawal treatment with subsequent relapse to illicit opiate use
- A minimum age of 18 year
- Certification by the physician of fitness for replacement narcotic therapy based upon physical examination, medical history, and indicated laboratory findings
- Evidence of observed signs of physical dependence

Clients seeking admission to the Outpatient Treatment Services, must meet the following minimum criteria, which will also be entered in their individual treatment records upon acceptance into the program:

- Identified primary alcohol, cocaine, methamphetamine, and other drug-related problem
- Demonstrated willingness to participate in ongoing counseling services and program activities
- A minimum age of 18 years

#### Intended and Average Length of Stay

The intended length of stay for new clients admitted to the Methadone Maintenance Program is two (2) years. The current average length of stay is (3+) years. The goal is to taper the client off methadone as the client makes progress towards recovery. However, clients in consultation with his/her counselor, therapist, and physician, may choose to remain on methadone if the methadone benefits the clients. Extended treatment can be provided based upon approved treatment plans and client involvement.

The intended length of stay for new clients admitted to the Outpatient Program will be 12 months. The average length of stay will be six months. The 12-month length of stay projection for Outpatient clients is based on the anticipated client need and treatment planning. If it is established between the client and counselor that additional time is needed before discharge, the program will review and modify treatment accordingly.

Extended treatment will be provided based on approved treatment plans and client involvement.

#### Criteria for Successful Participation

1. Continued presence at the clinic for daily dosing and counseling sessions with primary counselor
2. Adherence to self-developed treatment goals
3. Adherence to daily presence at clinic for dosing and counseling sessions

#### Criteria for Successful Completion

Successful completion of the program is on a continuum. It begins at the start of treatment and is recognized by the adherence to daily visits to the clinic and progresses to a client who is clean and sober, who no longer needs methadone treatment to remain heroin-free and who could be, based on client objectives, employable, connected to family, remaining arrest-free and with no visits to the Emergency Department at the hospital for substance use sickness or injury. The program uses client established treatment plan goals to define the place on the continuum where the client starts and ends.

Clients enrolled in The Ernest Mitchell Jr. Outpatient Services, will be screened for non-use of alcohol, cocaine, methamphetamine, and other drugs for at least six months. There must be regular and active participation in the therapeutic milieu of the program.

With the regular and active participation in the therapeutic milieu, the client(s) will have demonstrated a behavioral change and have an increased role of responsibility and leadership in treatment.

#### Strategies

The Methadone Maintenance Program's Administrative Staff manages a list of interested persons who are awaiting methadone maintenance services. The Medical Director and Methadone Program Coordinator have responsibility for holding regularly scheduled individual and group supervision sessions with the counseling staff. The dual purpose of these sessions is to both oversee the counseling staff's ongoing clinical work and to provide them with in-service training to help develop skills for the continued operation of a client-directed and rehabilitation-oriented therapeutic milieu.

This milieu program will include the following levels of client participation:



- Intake and orientation
- Program operation
- Transition
- Aftercare

Upon admission, the clients work directly with his/her primary counselor to develop and complete an initial needs assessment and treatment plan. These documents become effective when the client's primary counselor signs them.

The Ernest Mitchell Jr. Outpatient Services will work in conjunction with the Methadone Maintenance Program to create a treatment milieu utilizing a bio-psychosocial therapeutic treatment approach. As the client directed treatment milieu evolves, clients in the Outpatient Services who are interested in furthering their recovery goals will be incorporated into ongoing program activities. This client directed treatment milieu will utilize a harm reduction philosophy from a culturally competent perspective and will include the following levels of client participation:

- Assessment and Intake
- Program Orientation
- Treatment Process
- Counseling Services
- Community Socialization
- Discharge Planning/Aftercare

The levels of participation in the Outpatient Treatment program will allow clients to develop the necessary skills to identify triggers for relapse, develop coping skills to combat triggers and build a support network to maintain sobriety. This will allow clients the ability to function productively in the community. Clients will be required to carry out a basic level of mandatory responsibility beginning early in their treatment within the program i.e., intake and orientation. Once clients successfully complete the intake and orientation level, they will begin the treatment process. The treatment process will consist of development of an individualized treatment plan, individual and group counseling, establishing support groups and other activities. The graduation level will coincide with the treatment level once clients demonstrate the ability to maintain sobriety i.e., behavior change "impulsivity", increased engagement with services, finding or maintaining housing, and finding or maintaining employment. These demonstrations will have earned the right to a successful discharge from the Outpatient Treatment Program. The aftercare level will consist of providing the clients with case management services for continuity of care. This will allow the clients to continue to be linked to services in the community. The program will be structured to reward clients to reinforce positive behaviors; personal growth being displayed increases continued successful functioning in the levels of participation.

The structure of the program will be an ongoing continuum of counseling services, skills building activities and other weekly services. The program structure will consist of a mixture of various counseling and treatment planning interventions along with a mix of educational, pre-vocational and artistic activities. The focus of these activities and interventions will be on assisting the clients in meeting the goals of their treatment plans, increasing their level of self-esteem, and increasing their ability to function productively in the community. It is projected that within 15 calendar days from the client's admission to the program, he or she will work directly with a counselor.

#### Needs Assessment

The needs assessment process for all Methadone Maintenance and Outpatient Services clients includes:

- a. A summary of the client's psychological and sociological background, including specific educational and vocational experiences, skills (technical, vocational, artistic, etc.) and interests.

The client's strengths, needs, abilities, and preferences which are documented in the client's own words:

- a. An assessment of the client's needs for:
- b. Dental, Vision, Health, Mental Health, and Complimentary Care
- c. HIV, Hepatitis C and Sexually Transmitted Disease/Infectious Disease screening
- d. Educational, economic, and legal services
- e. Vocational habilitation and or rehabilitation

Treatment Plan

- a. Quantifiable short-term (requires 90 days or less to achieve) and long-term (requires over 90 days to achieve) goals to be achieved by the client that are based on identified needs with estimated target dates for their attainment
- b. Specific behavioral tasks the client must accomplish to achieve each treatment plan goal within the time period of the estimated target dates
- c. A description of the type, purpose and frequency of counseling and program activities the client will be participating in
- d. Clients' Primary Counselors will formally evaluate and update the needs assessments and treatment plans every three months (or sooner if indicated) from the date of clients' signed admission to the program.

A twice a year review will also occur at joint mental health case conferences. This review process will be documented and includes:

- a. An evaluation of the results stemming from the monthly progress notes
- b. A summary of the client's progress or lack thereof towards achieving each of the identified goals in their previous treatment plan. Changes, adjustments, and additions to the client needs assessment.
- c. New goals and behavioral tasks for any newly identified needs, and related changes in the type and frequency of the counseling
- d. Services being provided to the client as well as their level of participation in the program.
- e. The completed, updated treatment plan becoming effective on the day the primary counselor signs it.

The Program Coordinator, Clinical Coordinator and the Medical Director of the Methadone Maintenance and Outpatient Program will review all initial and updated treatment plans and needs assessments within 14 calendar days from the effective dates of the plans. Upon the final review of the plan of care the Medical Director/ LPHA will verify findings and sign individual plans where it is deemed clinically or medically appropriate.

Outreach

The Methadone Maintenance and Outpatient Services outreach efforts are spread throughout the city and county of San Francisco. The primary outreach relationships have been developed with BVHPF, Jelani Family Residential Step-Down Program, Navigation Centers, (Bayview SAFE, Bayshore SAFE, Bayview Hills Garden, United Council, (HOPE SF Alice Griffith Housing Development, Phoenix Project), Project Homeless Connect, Southeast Health Center, and The George Davis Senior Services.

Discharge Criteria for Non-Compliance:

If a client(s) has fourteen (14) consecutive days of no shows for dosing and make threats or display acts of violence against staff or other clients could be grounds for termination. Clients are informed and have the right to access the grievance process if they feel the decision to discharge is unfair.

Schedule:

The schedule for Methadone Maintenance dosing is as follows:

DAYS	TIMES
Monday – Friday	6:15 a.m. – 12:00 p.m.
Saturday – Sunday	7:00 a.m. – 11:00 a.m.
Holidays	6:15 a.m. – 10:00 a.m.

**The Outpatient Schedule of Services are as follows:**

DAYS	TIMES
Monday – Friday	8:00 a.m. – 6:00 p.m.

Linkages

Community resources are regularly utilized for Methadone Maintenance and Outpatient clients through our case management services. Additional resources are i.e., life skills classes, workforce development, mental health therapy, clinical case management and financial education. External linkages outside of BVHPFCI wrap around services include -Young Community Developers, Northern California Service League; San Francisco Homeless Connect; Bayview Mental Health Services, Westside Community Services, SF Department of Human Services.

Staffing

The Methadone Maintenance and Outpatient Program’s medical, clinical, and administrative staff ensures efficient and effective program operations and service delivery. All SUD Counselors are certified and/or registered to meet the State of California requirements. Licenses for all Nurses and Physicians are required and monitored for good standing. Refer to Exhibit B for further information on staffing.

**7. Objectives and Measurements:**

All objectives and descriptions of how objectives will be measured, are contained in the BHS document entitled Performance Objectives, Fiscal Year 2022-2023

**8. Continuous Quality Improvement:**

BVHPFCI Use Disorder - Narcotic Treatment Programs: Methadone Maintenance/Jail Dosing Programs /Outpatient Program CQI activities are designed to enhance, improve and monitor quality of services.

- A. Our Program identifies areas of improvement through chart reviews and case conferences, which are conducted monthly. Avatar and Methasoft reports are also reviewed and reconciled on a monthly basis by the Medical Records Staff. Participants in the case conference meetings include the Medical Director, Staff Physician, Program Coordinator, Clinical Coordinator and Counselors. Our counselors receive monthly supervision from the Clinical Coordinator/Supervisor where they are advised on client cases such as treatment planning, continued care and discharge status.
- B. To ensure continuous monitoring, a list of contract performance objectives is provided to all staff. Outcomes are reviewed, analyzed, and reconciled for accuracy with the Avatar reports. An annual performance assessment and improvement plan is used to track outcomes of mandatory objectives and reviewed on a quarterly basis.
- C. Our Program monitors documentation quality by reviewing case files through periodic reviews. The review process is conducted based on guidelines set forth by the Department of Public Health (DPH) and Community Behavior Health Services (BHS), with standards and practices defined by Department

of Health Care Services (DHCS) and Commission of Accredited Rehabilitative Facilities (CARF). To ensure compliance with documentation of treatment plans, case notes and timely signatures, monthly chart reviews are conducted by Medical Records Staff and Counselors, then discussed with the Program Coordinator/Supervisor for follow-up issues.

- D. All staff participates in an annual documentation training provided internally and by Behavioral Health Services. Staff meetings are on a biweekly/monthly basis as a venue where staff can discuss administrative and clinical issues.
- E. All program staff participates in an annual Cultural Competency/Law, Ethics and Boundaries Training-g geared towards providing an understanding and acceptance of beliefs, values, ethics of others and skills that are necessary to work with and serve diverse populations. Staff also participates in Cultural Competency Trainings sponsored by Department of Public Health (DPH) and Behavior Health Services (BHS). A list of other staff trainings includes Privacy and Compliance, Blood Borne Pathogens, Sexual Orientation & Gender Identity, Active Shooter, CPR/First Aid, Sexual Harassment, Code of Conduct, Documentation Review and Corporate Compliance.
- F. BVHPFCI values client opinions and suggestions for program improvements. Clients are provided an opportunity to express their views through annual Focus Groups and Client Satisfaction Surveys administered on an annual basis. Client's suggestions from Focus Groups are documented and then discussed with the multi-disciplinary staff. Changes that improve the efficacy, quality or outcomes of program services are prioritized for implementation. Results of the focus groups are posted throughout the facility that encourages clients to give additional feedback. We also provide a suggestion box for clients and staff. BHS client satisfaction results are reviewed and discussed with staff and clients. The Jail Methadone Courtesy Dosing Program is an ancillary program that is jail-based; therefore, the client satisfaction surveys objective is waived.
- G. Continuous quality improvement assures that program will remain licensed by the State Department of Health Care Services (DHCS), comply with its licensing regulation, maintain accreditation as required through the Substance Abuse and Mental Health Services Administration (SAMSHA) under new federal regulations, and maintain CARF certification under guided regulations. The Foundation will work with Behavior Health Services (BHS) to meet and comply with all state and Drug Medi-Cal Waiver requirements to continue to offer Opioid Treatment and Outpatient Services.
- H. The Narcotic Treatment Programs: Methadone Maintenance/Detoxification, Jail Dosing and Outpatient Programs will comply with San Francisco Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Health Insurance Portability Accountability Act (HIPAA), and Cultural Competency.

**9. Required Language:**

NA

**10. Subcontractors & Consultants (for Fiscal Intermediary/Program Management ONLY):**

NA

**1. Agency and Program Information:**

Bayview Hunters Point Foundation for Community Improvement (BVHPFCI)

Program Name: Jail Methadone Courtesy Dosing

1625 Carroll Street

Ph. (415) 822-8200

San Francisco, CA 94124 Fax: (415) 822-6822

[www.bayviewci.org](http://www.bayviewci.org)

Trevor Roberson, Program Director, Substance Use Disorder Services

Ph. (415) 822-8200

[trevor.roberson@bayviewci.org](mailto:trevor.roberson@bayviewci.org)

Program Code: 38164

**2. Nature of Document:**

Check one  Original  Contract Amendment  Revision to Program Budgets (RPB)

**3. Goal Statement:**

To provide daily doses of methadone to incarcerated clients as provided in community-based Narcotic Treatment Programs (whether Methadone Maintenance or Detoxification) to facilitate transition back to the community Narcotic Treatment Program once the client is released.

**4. Target Population:**

San Francisco residents who are using, addicted to, or at-risk for substance use addiction that include incarcerated adult males, females and transgender heroin users, who are unable to cease the use of heroin without medical assistance, currently registered in a Narcotic Treatment Program and are incarcerated in the San Francisco City and County jails. While BVHPFCI welcomes and Services all ethnicities and populations, services are also designed to meet the cultural and linguistic needs of the African-American population in the Bayview Hunters Point and Sunnydale neighborhoods of San Francisco.

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

See Appendix B CRDC page

## 6. Methodology

### **Program Description/Philosophy:**

The Jail Methadone Maintenance and Detoxification Programs provide methadone maintenance or detoxification dosing services to eligible incarcerated clients, who come from San Francisco neighborhoods that include Bayview Hunters Point and Sunnydale.

The staff Dispensing Nurses for this program, after obtaining the appropriate documentation and medical orders from the treating physicians of the incarcerated clients at their home clinics, provide daily methadone maintenance or detoxification dosing services as prescribed by the clients' clinic physicians.

The Jail Methadone Dosing Program embraces the San Francisco Department of Public Health's principles of Harm Reduction and Cultural Competency to provide the highest quality treatment service resources for clients. Adherence to these principles facilitates efforts by clients to return to successful community living in a productive and independent lifestyle as possible. (All Group activity will be placed on hold during the Pandemic, and will resume when it is safe.)

### **Admission Criteria:**

Clients who become incarcerated while enrolled in a San Francisco County funded Narcotic Treatment Program.

### **Intended and Average Length of Stay:**

The intended length of stay is less than 30 days. However, clients may receive jail dosing for more than 30 days based on the treating physician's orders and the Jail Health Services recommendation.

### **Strategies:**

The Dispensing Nurses in this service unit identify on a daily basis, incarcerated clients in the San Francisco County Jails who are currently active on the rolls of a county funded Methadone Treatment Program. After receiving signed orders from clients' treating physicians in their respective Methadone Treatment Programs, the prescribed dose of methadone is prepared and delivered to the jails where the eligible clients are currently residing. Dispensing Nurses maintain all appropriate documentation regarding the dosing. The counseling requirement is waived for incarcerated clients.

### **Discharge Criteria for Non-Compliance:**

The discharge standards for non-compliance are those which are applicable to and required by the client's home clinic. If clients are tapered off methadone while in jail, they cannot receive methadone after being tapered off. If clients are transferred to state prison, their participation in the program will be terminated as state prisons do not provide methadone dosing.

**Schedule:**

Dispensing Nurses deliver doses of methadone to San Francisco County Jails to eligible clients Mondays through Fridays. Methadone doses for weekends and holidays are prepared on Fridays and signed over to Jail Health Services staff to be administered.

**Progression:**

The treating physician in the community Narcotic Treatment Program establishes the progression of treatment for clients.

**Linkages:**

BHPFCI Substance Use Disorder Services maintains linkages with Jail Health Services and other San Francisco County funded Narcotic Treatment Programs (BAART-Geary/FACET, BAART-Market, San Francisco General Hospital OTOP, OBOT, Fort Help and Westside). These programs are in the process of developing a unified Memorandum of Understanding to guide the Jail Methadone Dosing process.

**Staffing:**

The Jail Methadone Maintenance and Detoxification Program's medical, clinical and administrative staff ensures efficient and effective program operation and service delivery. Refer to Exhibit B for further information on staffing.

**7. Objectives and Measurements**

There are no assigned objectives for FY 22-23 per System of Care Program Manager

**8. Continuous Quality Improvement**

- A. Our Program identifies areas of improvement through chart reviews and case conferences which are conducted monthly. Avatar reports are reviewed and reconciled on a monthly basis by the Medical Record's Staff. Participants in the case conference meetings include Medical Director/Staff Physician, Unit Coordinator/Supervisor and counselors. Our Counselors receives monthly supervision from the Unit Coordinator/Supervisor where they are advised on client cases such as treatment planning, continued care and discharge status.

To ensure continuous monitoring, a list of contract performance objectives is provided to all staff. Outcomes are reviewed, analyzed and reconciled for accuracy with the Avatar reports. An annual performance assessment and improvement plan is used to track outcomes of mandatory objectives and reviewed on a quarterly basis.

- B. Our Program monitors documentation quality by reviewing case files through periodic chart reviews. The review process is conducted based on guidelines set forth by the Department of Public Health (DPH) and Behavior Health Services (BHS), with standards and practices defined by Department of Health Care Services (DHCS) and Commission of Accredited

Rehabilitative Facilities (CARF). To ensure compliance with documentation of treatment plans, case notes and timely signatures, monthly chart reviews are conducted by Medical Records Staff and Counselors; then discussed with Unit Coordinator/Supervisor for follow-up issues. All staff participates in annual documentation trainings provided internally and by Behavioral Health Services (BHS). Staff meetings are also held on a monthly basis as a venue where staff can discuss administrative and clinical issues.

C. All program staff participates in an annual Cultural Competency/

Law, Ethics and Boundaries Training- geared towards providing an understanding and acceptance of beliefs, values, ethics of others and skills that are necessary to work with and serve diverse populations. Staff also participates in Cultural Competency Trainings sponsored by Department of Public Health (DPH) and Behavior Health Services (BHS).

BHS does not prepare a report for the Jail Methadone Courtesy Dosing Program, as units of service for this program are not entered into Avatar. However, this program will prepare in-house reports for BHS as required, which will include units of service and the unduplicated client count.

D. BVHPFCI values client opinions and suggestions for program improvements. Clients are provided an opportunity to express their views through annual focus groups and client satisfaction surveys. The annual focus groups and client satisfaction surveys are administered on an annual basis. Client's suggestions from focus groups are documented and then discussed with the multidisciplinary staff. Changes that improve the efficacy, quality or outcomes of program services are prioritized for implementation. Results of the focus groups are posted throughout the facility which encourages clients to give additional feedback. We also provide a suggestion box for clients and staff. BHS client satisfaction results are reviewed and discussed with staff and clients.

Continuous quality improvement assures that program will remain licensed by the State Department of Health Care Services (DHCS), be in compliance with its licensing regulation and maintain accreditation as required through the Substance Abuse and Mental Health Services Administration (SAMSHA) under new federal regulations.

The Narcotic Treatment Programs: Methadone Maintenance/Detoxification, Jail Dosing Programs will comply with San Francisco Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Health Insurance Portability Accountability Act (HIPAA), and Cultural Competency. The Jail Methadone Courtesy Dosing Program is an ancillary program that is jail-based; therefore the client satisfaction surveys objective is waived.

9. Required Language: N/A



## **Appendix B Calculation of Charges**

### **1. Method of Payment**

A. 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. Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner

(1) For contracted services reimbursable by Fee for Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

(2) For contracted services reimbursable by Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) calendar day of each month for reimbursement of the actual costs for SERVICES of the preceding month. All costs associated with the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

B. Final Closing Invoice

(1) For contracted services reimbursable by 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) For contracted services reimbursable by 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. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY.

D. Upon the effective date of this Agreement, and contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and Mental Health Service Act (Prop 63) portions 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:

- B-1: Methadone Maintenance
- B-2: Jail Methadone Courtesy Dosing Program

B. CONTRACTOR understands that, of this maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$772,727** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement as specified in Section 3.7 Contract Amendments; Budgeting Revisions. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

C. 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.

D. The amount for each fiscal year, 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.

CONTRACTOR understands that the CITY may need to adjust funding sources and funding allocations and agrees that these needed adjustments will be executed in accordance with Section 3.7 of this Agreement. In event that such funding source or funding allocation 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 Section 3.7 section of this Agreement.

(1). Estimated Funding Allocations

<b>Contract Term</b>	<b>Estimated Funding Allocation</b>
July 1, 2017 - June 30, 2018	\$ 288,836
July 1, 2018 - June 30, 2019	\$ 1,460,625
July 1, 2019 - June 30, 2020	\$ 1,758,132
July 1, 2020 - June 30, 2021	\$ 1,758,132
21-22 CODB/ MCO	\$ 55,404
July 1, 2021 - June 30, 2022	\$ 1,879,802
July 1, 2022 - June 30, 2023	\$ 2,037,045
July 1, 2023 - June 30, 2024	\$ 2,118,527
July 1, 2024 - June 30, 2025	<u>\$ 2,203,268</u>
total	\$ 13,559,771
contingency	<u>\$ 772,727</u>
total	\$ 14,332,498

**3. Services of Attorneys**

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

**4. State or Federal Medi-Cal Revenues**

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

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

**5. Reports and Services**

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

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

DHCS Legal Entity Number <u>00341</u>		Appendix B, Page 1			
Legal Entity Name/Contractor Name <u>Bayview Hunters Point Foundation</u>		Fiscal Year <u>2022-2023</u>			
Contract ID Number <u>1000008696</u>		Funding Notification Date <u>08/19/22</u>			
Appendix Number	B-1	B-2			
Provider Number	383816	383816			
Program Name	Methadone Maintenance	Jail Methadone Courtesy Dosing			
Program Code	38164 3816OP	89163			
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23			
<b>FUNDING USES</b>					<b>TOTAL</b>
Salaries	\$ 723,525	\$ 222,440			\$ 945,965
Employee Benefits	\$ 185,697	\$ 64,508			\$ 250,205
<b>Subtotal Salaries &amp; Employee Benefits</b>	<b>\$ 909,222</b>	<b>\$ 286,948</b>	\$ -	\$ -	<b>\$ 1,196,170</b>
Operating Expenses	\$ 524,866	\$ 50,307			\$ 575,173
Capital Expenses					\$ -
<b>Subtotal Direct Expenses</b>	<b>\$ 1,434,088</b>	<b>\$ 337,255</b>	\$ -	\$ -	<b>\$ 1,771,343</b>
Indirect Expenses	\$ 215,114	\$ 50,588			\$ 265,702
Indirect %	<b>15.0%</b>	<b>15.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>15.0%</b>
<b>TOTAL FUNDING USES</b>	<b>\$ 1,649,202</b>	<b>\$ 387,843</b>	\$ -	\$ -	<b>\$ 2,037,045</b>
				Employee Benefits Rate	<b>26.6%</b>
<b>BHS SUD FUNDING SOURCES</b>					
SUD Fed DMC FFP, CFDA 93.778	\$ 796,681				\$ 796,681
SUD State DMC	\$ 428,983				\$ 428,983
SUD County General Fund	\$ 341,945	\$ 387,843			\$ 729,788
					\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>	<b>\$ 1,567,609</b>	<b>\$ 387,843</b>	\$ -	\$ -	<b>\$ 1,955,452</b>
<b>OTHER DPH FUNDING SOURCES</b>					
BH MC County Prop C Homeless Services	\$ 81,593				\$ 81,593
					\$ -
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>\$ 81,593</b>	<b>\$ -</b>	\$ -	\$ -	<b>\$ 81,593</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 1,649,202</b>	<b>\$ 387,843</b>	\$ -	\$ -	<b>\$ 2,037,045</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 1,649,202</b>	<b>\$ 387,843</b>	\$ -	\$ -	<b>\$ 2,037,045</b>
Prepared By			Phone Number		

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

DHCS Legal Entity Number 00341						Appendix Number B-1			
Provider Name Bayview Hunters Point Foundation						Page Number 2			
Provider Number 383816						Fiscal Year 2022-2023			
Contract ID Number 1000008696						Funding Notification Date 08/19/22			
Program Name	Methadone Maintenance								
Program Code	38164	38164	38164	38164	38164	3816OP	3816OP	3816OP	
Mode/SFC (MH) or Modality (SUD)	ODS-120d	ODS-120i	ODS-120g	ODS-120dbct	ODS-120cm	ODS-91g	ODS-91i	Anc-68	
Service Description	ODS NTP Methadone - Dosing	ODS NTP - Individual Counseling	ODS NTP - Group Counseling	ODS NTP Dosing - Bupe Combo - Tablets	ODS NTP Case Management	ODS OT Group Counseling	ODS OT Individual Counseling	SA-Ancillary Svcs Case Mgmt	
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	
<b>FUNDING USES</b>									<b>TOTAL</b>
Salaries & Employee Benefits	\$ 350,537	\$ 280,429	\$ 24,537	\$ 10,516	\$ 35,054	\$ 32,928	\$ 104,272	\$ 70,950	\$ 909,222
Operating Expenses	\$ 219,481	\$ 175,585	\$ 15,363	\$ 6,585	\$ 21,948	\$ 20,616	\$ 65,287	\$ -	\$ 524,866
Capital Expenses									\$ -
<b>Subtotal Direct Expenses</b>	<b>\$ 570,018</b>	<b>\$ 456,014</b>	<b>\$ 39,900</b>	<b>\$ 17,101</b>	<b>\$ 57,002</b>	<b>\$ 53,544</b>	<b>\$ 169,559</b>	<b>\$ 70,950</b>	<b>\$ 1,434,088</b>
Indirect Expenses	\$ 85,503	\$ 68,402	\$ 5,985	\$ 2,565	\$ 8,550	\$ 8,032	\$ 25,434	\$ 10,643	\$ 215,114
Indirect %	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
<b>TOTAL FUNDING USES</b>	<b>\$ 655,521</b>	<b>\$ 524,416</b>	<b>\$ 45,885</b>	<b>\$ 19,666</b>	<b>\$ 65,552</b>	<b>\$ 61,576</b>	<b>\$ 194,993</b>	<b>\$ 81,593</b>	<b>\$ 1,649,202</b>
<b>BHS SUD FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>	<b>350,536.96</b>	<b>280,429.14</b>	<b>24,536.80</b>	<b>10,516.31</b>	<b>35,053.64</b>	<b>32,927.49</b>	<b>104,271.65</b>	<b>0.00</b>
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$ 333,147	\$ 266,515	\$ 23,319	\$ 9,995	\$ 33,314	\$ 31,293	\$ 99,098	\$ 796,681
SUD State DMC	240646-10000-10001681-0003	\$ 179,385	\$ 143,509	\$ 12,557	\$ 5,381	\$ 17,939	\$ 16,851	\$ 53,361	\$ 428,983
SUD County General Fund	240646-10000-10001681-0003	\$ 142,989	\$ 114,392	\$ 10,009	\$ 4,290	\$ 14,299	\$ 13,432	\$ 42,534	\$ 341,945
									\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>\$ 655,521</b>	<b>\$ 524,416</b>	<b>\$ 45,885</b>	<b>\$ 19,666</b>	<b>\$ 65,552</b>	<b>\$ 61,576</b>	<b>\$ 194,993</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>	<b>0.42</b>	<b>0.33</b>	<b>0.03</b>	<b>0.01</b>	<b>0.04</b>	<b>0.04</b>	<b>0.12</b>	
BH MC County Prop C Homeless Services	210708-21531-10037397-0007								\$ 81,593
									\$ -
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 81,593</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>\$ 655,521</b>	<b>\$ 524,416</b>	<b>\$ 45,885</b>	<b>\$ 19,666</b>	<b>\$ 65,552</b>	<b>\$ 61,576</b>	<b>\$ 194,993</b>	<b>\$ 81,593</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>655,521</b>	<b>524,416</b>	<b>45,885</b>	<b>19,666</b>	<b>65,552</b>	<b>61,576</b>	<b>194,993</b>	<b>81,593</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>									
Number of Beds Purchased									
SUD Only - Number of Outpatient Group Counseling Sessions									
SUD Only - Licensed Capacity for Narcotic Treatment Programs		400							
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)
DPH Units of Service	40,464	27,514	10,219	618	2,300	1,398	4,426	1,402	
Unit Type	Dose	10 Minutes	10 Minutes	Dose	15 minutes	15 minutes	15 minutes	Hours	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 16.20	\$ 19.06	\$ 4.49	\$ 31.80	\$ 28.50	\$ 44.05	\$ 44.06	\$ 58.20	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 16.20	\$ 19.06	\$ 4.49	\$ 31.80	\$ 28.50	\$ 44.05	\$ 44.06	\$ 58.20	
Published Rate (Medi-Cal Providers Only)	\$ 16.20	\$ 19.06	\$ 4.49	\$ 31.80	\$ 28.50	\$ 44.05	\$ 44.06		<b>Total UDC</b>
Unduplicated Clients (UDC)	150	Included	Included	Included	Included	15	Included	Included	165

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Contract ID Number 1000008696  
 Program Name Methadone Maintenance  
 Program Code 38164, 3816OP

Appendix Number B-1  
 Page Number 3  
 Fiscal Year 2022-2023  
 Funding Notification Date 08/19/22

		TOTAL		240646-10000-10001681-0003		210708-21531-10037397-0007			
Funding Term	07/01/22-06/30/23			07/01/22-06/30/23		07/01/22-06/30/23			
Position Title	Personnell	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director of Behavioral Health	Cristobal Hernandez	0.37	\$ 42,918	0.37	42,918				
Medical Director/Psychiatrist	Version assumes position not filled until next year in the meantime position filled by consultant in B-1 Operating Expense	-	\$ -	-	-				
Administrative Program Mgr & staff	Linda Nicholson	1.00	\$ 60,000	1.00	60,000				
Medical Records/ Billing Technician	Ursula Choice	1.00	\$ 46,834	1.00	46,834				
LVN/ Coordinator	Kenneth Cabanero	1.00	\$ 77,974	1.00	77,974				
Dispensing Nurse (LVN)	Ferrell Jordan	0.90	\$ 70,177	0.90	70,177				
Dispensing Nurse (LVN)	Mari Gonzalez	1.00	\$ 68,438	1.00	68,438				
Outpatient Counselor - ODF	Verna Brown	1.00	\$ 63,921	1.00	63,921				
Certified Counselor	Norman Mathis	1.00	\$ 50,608	1.00	50,608				
Certified Counselor	Kelly Pierce	1.00	\$ 43,801	1.00	43,801				
Certified Counselor	Portia Johnson/ T Fos	1.00	\$ 40,608	1.00	40,608				
Dispensing Nurse (LVN) on-call	Ron Lawlas	0.41	\$ 30,750	0.41	30,750				
Clinical Case Managers		-	\$ -	-	-				
SUDS Manager	Toshia Webster	1.00	\$ 96,246	0.74	71,037	0.26	25,209		
SUDS Navigator	Position vancant .5 FT	0.50	\$ 31,250	-	-	0.50	31,250		
<b>Totals:</b>		11.18	\$ 723,525	10.42	\$ 667,066	0.76	56,459	0.00	\$ -
<b>Employee Benefits:</b>		25.67%	\$ 185,697	25.67%	\$ 171,206	25.67%	\$ 14,491	0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>			<b>\$ 909,222</b>		<b>\$ 838,272</b>		<b>\$ 70,950</b>		<b>\$ -</b>

**Appendix B - DPH 4: Operating Expenses Detail**

Contract ID Number 100008696  
 Program Name Methadone Maintenance  
 Program Code 38164, 3816OP

Appendix Number B-1  
 Page Number 4  
 Fiscal Year 2022-2023  
 Funding Notification Date 08/19/22

Expense Categories & Line Items	TOTAL	240646-10000-10001681-0003	210708-21531-10037397-0007			
<b>Funding Term</b>	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23			
Rent	\$ 130,000	\$ 130,000				
Utilities (telephone, electricity, water, gas)	\$ -	-				
Building Repair/Maintenance	\$ -	-				
<b>Occupancy Total:</b>	<b>\$ 130,000</b>	<b>\$ 130,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
Office Supplies	\$ 4,000	4,000				
Photocopying	\$ -	-				
Program Supplies	\$ 85,167	85,167				
Computer Hardware/Software	\$ 10,475	\$ 10,475				
<b>Materials &amp; Supplies Total:</b>	<b>\$ 99,642</b>	<b>\$ 99,642</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
Training/Staff Development	\$ 2,694	\$ 2,694				
Insurance	\$ 23,530	\$ 23,530				
Professional License	\$ 17,000	\$ 17,000				
Permits	\$ -	-				
Equipment Lease & Maintenance	\$ 8,000	\$ 8,000				
<b>General Operating Total:</b>	<b>\$ 51,224</b>	<b>\$ 51,224</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
Local Travel	\$ 2,000	\$ 2,000				
Out-of-Town Travel	\$ -	-				
Field Expenses	\$ -	-				
<b>Staff Travel Total:</b>	<b>\$ 2,000</b>	<b>\$ 2,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
Doctor C. Olson, Services Agreement 7/1/2022 - 9/30/2022 at rate \$1,000 per week.	\$ 15,000	\$ 15,000				
Doctor Alexis Williams, Services Agreement effective 7/1/2022 - 12/31/2022 at rate \$2,000 per week.	\$ 39,000	\$ 39,000				
Doctor Norris Hollie . This is contract hire for Medical Director/Psychiatrist which ultimately be permanent salaried position - next year 12/1/2022 - 6/30/2023	\$ 188,000	\$ 188,000				
<b>Consultant/Subcontractor Total:</b>	<b>\$ 242,000</b>	<b>\$ 242,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
Other (provide detail):	\$ -	\$ -				
	\$ -	-				
<b>Other Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 524,866</b>	<b>\$ 524,866</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

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

DHCS Legal Entity Number <u>00341</u>	Appendix Number <u>B-2</u>
Provider Name <u>Bayview Hunters Point Foundation</u>	Page Number <u>5</u>
Provider Number <u>383816</u>	Fiscal Year <u>2022-2023</u>
Contract ID Number <u>1000008696</u>	Funding Notification Date <u>08/19/22</u>

Program Name	Jail Methadone Courtesy Dosing			
Program Code	89163			
Mode/SFC (MH) or Modality (SUD)	NTP-41			
Service Description	Methadone Dosing			
Funding Term	07/01/22-06/30/23			
<b>FUNDING USES</b>				<b>TOTAL</b>
Salaries & Employee Benefits	\$ 286,948			\$ 286,948
Operating Expenses	\$ 50,307			\$ 50,307
Capital Expenses				\$ -
<b>Subtotal Direct Expenses</b>	<b>\$ 337,255</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 337,255</b>
Indirect Expenses	\$ 50,588			\$ 50,588
<b>Indirect %</b>	<b>15.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>15.0%</b>
<b>TOTAL FUNDING USES</b>	<b>\$ 387,843</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 387,843</b>
<b>BHS SUD FUNDING SOURCES</b>	<b>Dept-Auth-Proj-Activity</b>			
SUD County General Fund	240646-10000-10001681-0003	\$ 387,843		\$ 387,843
				\$ -
<b>TOTAL BHS SUD FUNDING SOURCES</b>		<b>\$ 387,843</b>	<b>\$ -</b>	<b>\$ 387,843</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>387,843</b>	<b>-</b>	<b>387,843</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>				
Number of Beds Purchased				
SUD Only - Number of Outpatient Group Counseling Sessions				
SUD Only - Licensed Capacity for Narcotic Treatment Programs				
Payment Method	Cost Reimbursement (CR)			
DPH Units of Service	23,941			
Unit Type	Dose	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 16.20	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 16.20	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)				<b>Total UDC</b>
Unduplicated Clients (UDC)	66			66



**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Contract ID Number 1000008696  
 Program Name Jail Methadone Courtesy Dosing  
 Program Code 89163

Appendix Number B-2  
 Page Number 6  
 Fiscal Year 2022-2023  
 Funding Notification Date 08/19/22

	TOTAL		240646-10000-10001681-0003					
Funding Term	07/01/22-06/30/23		07/01/22-06/30/23					
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Administrative Program Manager	0.20	\$ 14,000	0.20	14,000				
Medical Records/ Billing Technician	0.25	\$ 14,040	0.25	14,040				
LVN/ Coordinator	0.40	\$ 34,000	0.40	34,000				
Dispensing Nurse (LVN)	1.00	\$ 75,000	1.00	75,000				
Senior Director of MHS	0.08	\$ 10,400	0.08	10,400				
Dispensing Nurse	1.00	\$ 75,000	1.00	75,000				
<b>Totals:</b>	2.93	\$ 222,440	2.93	\$ 222,440	0.00	\$ -	0.00	\$ -
<b>Employee Benefits:</b>	29.00%	\$ 64,508	29.00%	\$ 64,508	0.00%		0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 286,948</b>		<b>\$ 286,948</b>		<b>\$ -</b>		<b>\$ -</b>

**Appendix B - DPH 4: Operating Expenses Detail**

Contract ID Number 100008696  
 Program Name Jail Methadone Courtesy Dosing  
 Program Code 89163

Appendix Number B-2  
 Page Number 7  
 Fiscal Year 2022-2023  
 Funding Notification Date 08/19/22

Expense Categories & Line Items	TOTAL	240646-10000-10001681-0003		
<b>Funding Term</b>	07/01/22-06/30/23	07/01/22-06/30/23		
Rent	\$ -	\$ -		
Utilities (telephone, electricity, water, gas)	\$ 12,000	\$ 12,000		
Building Repair/Maintenance	\$ 4,000	\$ 4,000		
<b>Occupancy Total:</b>	<b>\$ 16,000</b>	<b>\$ 16,000</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 1,637	\$ 1,637		
Photocopying	\$ -			
Program Supplies	\$ 9,431	\$ 9,431		
Computer Hardware/Software	\$ 2,871	\$ 2,871		
<b>Materials &amp; Supplies Total:</b>	<b>\$ 13,939</b>	<b>\$ 13,939</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ 832	\$ 832		
Insurance	\$ 14,536	\$ 14,536		
Professional License	\$ 2,000	\$ 2,000		
Permits	\$ -			
Equipment Lease & Maintenance	\$ 2,000	\$ 2,000		
<b>General Operating Total:</b>	<b>\$ 19,368</b>	<b>\$ 19,368</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 1,000	\$ 1,000		
Out-of-Town Travel	\$ -			
Field Expenses	\$ -			
<b>Staff Travel Total:</b>	<b>\$ 1,000</b>	<b>\$ 1,000</b>	<b>\$ -</b>	<b>\$ -</b>
	\$ -			
	\$ -			
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail):	\$ -			
	\$ -			
	\$ -			
<b>Other Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 50,307</b>	<b>\$ 50,307</b>	<b>\$ -</b>	<b>\$ -</b>

**Appendix B - DPH 6: Contract-Wide Indirect Detail**

Contractor Name Bayview Hunters Point Foundation Page Number 8  
 Contract ID Number 1000008696 Fiscal Year 2022-2023  
 Funding Notification Date 8/19/22

**1. SALARIES & EMPLOYEE BENEFITS**

Position Title	FTE	Amount
Executive Director	0.20	\$ 47,068
AR Accountant	0.20	\$ 14,726
HR Director	0.15	\$ 23,666
QA Director	0.15	\$ 14,200
Deputy Director	0.15	\$ 23,666
Subtotal:	0.85	\$ 123,326
Employee Benefits:	28%	\$ 34,531
<b>Total Salaries and Employee Benefits:</b>		\$ 157,857

**2. OPERATING COSTS**

Expenses (Use expense account name in the ledger.)	Amount
Office Rent	\$ 30,317
Supplies	\$ 14,083
Accounting	\$ 30,581
Audit fees	\$ 19,506
Insurance	\$ 13,357
<b>Total Operating Costs</b>	\$ 107,845
<b>Total Indirect Costs</b>	\$ 265,702