

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

First Amendment

THIS AMENDMENT (this "Amendment") is made as of **July 1, 2013**, in San Francisco, California, by and between **HealthRIGHT 360** ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

RECITALS

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

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

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

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

a. Agreement. The term "Agreement" shall mean the Agreement dated **July 1, 2010**, **Contract Number BPHM11000070** between Contractor and City, as amended by this amendment:

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

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

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

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

b. Section 5. Compensation 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 **Forty-Two Million Four Hundred Seventy Seven Thousand Seven Hundred Sixty Dollars (\$42,477,760)**. 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 Sixty Nine Million Four Hundred Fifty One Thousand Seven Hundred Eighty Seven Dollars (\$69,451,787). 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.

c. **Section 8. Submitting False Claims; Monetary Penalties of the Agreement currently reads:**

8. **Submitting False Claims; Monetary Penalties.** Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at <http://www.municode.com/Library/clientCodePage.aspx?clientID=4201>. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

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

8. **Submitting False Claims; Monetary Penalties.** Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at [http://www.amlegal.com/nxt/gateway.dll/California/administrative/administrativecode?f=templates\\$fn=default.htm\\$3.0\\$vid=amlegal:sanfrancisco_ca\\$sync=1](http://www.amlegal.com/nxt/gateway.dll/California/administrative/administrativecode?f=templates$fn=default.htm$3.0$vid=amlegal:sanfrancisco_ca$sync=1). A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently

discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

d. Section 25. Notices to the Parties of the Agreement currently reads:

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

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

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

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

Any notice of default must be sent by registered mail.

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

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

To CITY: Office of Contract Management and Compliance
Department of Public Health
1380 Howard Street, Room 442 FAX: (415) 252-3088
San Francisco, California 94102

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

To CONTRACTOR: HealthRIGHT360
1735 Mission Street FAX: (415) 554-1100
San Francisco, CA 94103 e-mail: veisen@healthright260.com

Any notice of default must be sent by registered mail.

e. Section 33. Local Business Enterprise Utilization; Liquidated Damages of the Agreement currently reads:

33. Local Business Enterprise Utilization; Liquidated Damages

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

b. **Compliance and Enforcement**

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

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

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

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

33. Local Business Enterprise Utilization; Liquidated Damages

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

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

a. Compliance and Enforcement

1) **Enforcement.** If Contractor willfully fails to comply with any of the provisions of the LBE Ordinance, the rules and regulations implementing the LBE Ordinance, or the provisions of this Agreement pertaining to LBE participation, Contractor shall be liable for liquidated damages in an amount equal to Contractor's net profit on this Agreement, or 10% of the total amount of this Agreement, or \$1,000, whichever is greatest. The Director of the City's Contracts Monitoring Division or any other public official authorized to enforce the LBE Ordinance (separately and collectively, the "Director of CMD") may also impose other sanctions against Contractor authorized in the LBE Ordinance, including declaring the Contractor to be irresponsible and ineligible to contract with the City for a period of up to five years or revocation of the Contractor's LBE certification. The Director of CMD will determine the sanctions to be imposed, including the amount of liquidated damages, after investigation pursuant to Administrative Code §14B.17. By entering into this Agreement, Contractor acknowledges and agrees that any liquidated damages assessed by the Director of the CMD shall be payable to City upon demand. Contractor further acknowledges and agrees that any liquidated damages assessed may be withheld from any monies due to Contractor on any contract with City. Contractor agrees to maintain records necessary for monitoring its compliance with the LBE Ordinance for a period of three years following termination or expiration of this Agreement, and shall make such records available for audit and inspection by the Director of CMD or the Controller upon request.

f. Section 34. Nondiscrimination; Penalties of the Agreement currently reads:

34. Nondiscrimination; Penalties

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

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

c. Nondiscrimination in Benefits. Contractor does not as of the date of this Agreement and will not during the term of this Agreement, in any of its operations in San Francisco, on real property

owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of bereavement leave, family medical leave, health benefits, membership or membership discounts, moving expenses, pension and retirement benefits or travel benefits, as well as any benefits other than the benefits specified above, between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of such employees, where the domestic partnership has been registered with a governmental entity pursuant to state or local law authorizing such registration, subject to the conditions set forth in §12B.2(b) of the San Francisco Administrative Code.

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

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

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

34. Nondiscrimination; Penalties

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

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

c. Nondiscrimination in Benefits. Contractor does not as of the date of this Agreement and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of bereavement leave, family medical leave, health benefits, membership or membership discounts, moving expenses, pension and retirement benefits or travel benefits, as well as any benefits other than the benefits specified above, between employees with domestic partners and

employees with spouses, and/or between the domestic partners and spouses of such employees, where the domestic partnership has been registered with a governmental entity pursuant to state or local law authorizing such registration, subject to the conditions set forth in §12B.2(b) of the San Francisco Administrative Code.

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

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

g. **Section 48. Modification of Agreement of the Agreement currently reads:**

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

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

48. **Modification of Agreement.** This Agreement may not be modified, nor may compliance with any of its terms be waived, except by written instrument executed and approved in the same manner as this Agreement. Contractor shall cooperate with Department to submit to the Director of CMD any amendment, modification, supplement or change order that would result in a cumulative increase of the original amount of this Agreement by more than 20% (CMD Contract Modification Form).

h. **Section 58. Graffiti Removal of the Agreement currently reads:**

58. **Graffiti Removal.** Graffiti is detrimental to the health, safety and welfare of the community in that it promotes a perception in the community that the laws protecting public and private property can be disregarded with impunity. This perception fosters a sense of disrespect of the law that results in an increase in crime; degrades the community and leads to urban blight; is detrimental to property values, business opportunities and the enjoyment of life; is inconsistent with the City's property maintenance goals and aesthetic standards; and results in additional graffiti and in other properties becoming the target of graffiti unless it is quickly removed from public and private property. Graffiti results in visual pollution and is a public nuisance. Graffiti must be abated as quickly as possible to avoid detrimental impacts on the City and County and its residents, and to prevent the further spread of graffiti. Contractor shall remove all graffiti from any real property owned or leased by Contractor in the City and County of San Francisco within forty eight (48) hours of the earlier of Contractor's (a) discovery or notification of the graffiti or (b) receipt of notification of the graffiti from the Department of Public Works. This section is not intended to require a Contractor to breach any lease or other agreement that it may have concerning its use of the real property. The term "graffiti" means any inscription, word, figure, marking or design that is affixed, marked, etched, scratched, drawn or painted on any building, structure, fixture or other

improvement, whether permanent or temporary, including by way of example only and without limitation, signs, banners, billboards and fencing surrounding construction sites, whether public or private, without the consent of the owner of the property or the owner's authorized agent, and which is visible from the public right-of-way. "Graffiti" shall not include: (1) any sign or banner that is authorized by, and in compliance with, the applicable requirements of the San Francisco Public Works Code, the San Francisco Planning Code or the San Francisco Building Code; or (2) any mural or other painting or marking on the property that is protected as a work of fine art under the California Art Preservation Act (California Civil Code Sections 987 et seq.) or as a work of visual art under the Federal Visual Artists Rights Act of 1990 (17 U.S.C. §§ 101 et seq.).

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

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

58. Not Used.

i. Appendices A and A-1 through A-29 dated 7/1/13 (i.e., July 1, 2013) are hereby added for FY 13/14.

j. Appendix B dated 4/15/14 (i.e., April 14, 2014) is hereby deleted and Appendix B dated 4/16/14 (i.e., April 16, 2014) is hereby added for FY 13/14.

k. Appendix E dated 7/1/10 is deleted and Appendix E dated July 1, 2013 is hereby added and substituted and incorporated into the original agreement.

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.

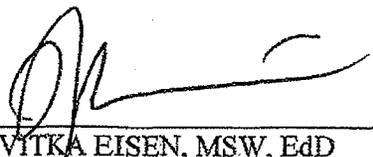
CITY

CONTRACTOR

Recommended by:

HealthRIGHT 360


BARBARA A. GARCIA, MPA
Director of Health


VITKA EISEN, MSW, EdD
Chief Executive Officer
1735 Mission Street
San Francisco, CA 94103

Approved as to Form:

City vendor number: 08817

Dennis J. Herrera
City Attorney

By:


KATHY MURPHY
Deputy City Attorney

Approved:

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

Appendix A
Community Behavioral Health Services
Services to be provided by Contractor
Term: 7/1/13 – 6/30/14

I. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to Elizabeth Davis, Contract Administrator for the City, or his / her designee.

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments

thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

J. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

K. Acknowledgment of Funding:

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

L. Client Fees and Third Party Revenue:

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

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

M. CBHS Electronic Health Records System

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

N. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

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

P. Quality Improvement:

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

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

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

S. Compliance with Community Behavioral Health Services Policies and Procedures

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

T. Fire Clearance

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

U. Clinics to Remain Open

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

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

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

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

V. Compliance With Grant Award Notices:

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

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

2. Description of Services

Detailed description of services are listed below and are attached hereto

Detailed description of services are listed below and are attached hereto:

- Appendix A-1 – Adult Residential
- Appendix A-2 – BASN Adult Residential
- Appendix A-3 – BASN Satellite (ONPD)
- Appendix A-4 – BASN Social Detox Residential
- Appendix A-5 - Bridges Residential
- Appendix A-6 – AB109 Adult Residential
- Appendix A-7 – AB109 Transitional (ONPD)
- Appendix A-8 - HIV MDSP Residential
- Appendix A-9 – HIV Detox Residential
- Appendix A-10 – HIV Variable Length Residential
- Appendix A-11 – HIV Lodestar Residential
- Appendix A-12 –Post SFGH Residential (Men, Women, Dual Recovery)
- Appendix A-13 – Adult Residential Satellite
- Appendix A-14 - Social Detox Center (Residential)
- Appendix A-15– Transgender Recovery Program
- Appendix A-16 – Intensive Treatment Services (WHITS)
- Appendix A-17 – Women's Hope Residential

Appendix A-18 – Adult Outpatient Services
Appendix A-19 – African American Healing Center
Appendix A-20 - Bridges CM Outpatient
Appendix A-21 -- Buprenorphine Medical Monitoring
Appendix A-22 – Family Strength Outpatient
Appendix A-23 – Southeast Health Opportunities Project (SHOP)
Appendix A-24 – Representative Payee
Appendix A-25 – Second Chances/With Open Arms (WOA)
Appendix A-26 – Adult Mental Health Medi-Cal
Appendix A-27 – Crisis Intervention (Fiscal Intermediary)
Appendix A-28 – Acute Psychiatric Stabilization (WRAPS)
Appendix A-29 - Fiscal Intermediary Contracts

Contractor: HealthRIGHT 360
Program: HR360 Adult Residential
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A- 1
Contract Term: 7/1/13-6/30/14

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
Program Code: 38342

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 Code: 3805WR-RSD

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
Program Code: 38062

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

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

Please see CRDC in Appendix B-1

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 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 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. 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.

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. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, the Addiction Severity Index Lite, and a baseline Milestones of Recovery Scale, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis.

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

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, have a job function, and take GED/BAE classes. They are assigned "buddy" companions (clients with more time in program) to accompany them outside the facility. When a client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the TC phase.

TC Phase: The TC phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. During this time the resident begins to receive an increasing number of privileges in accordance with a demonstration of responsibility. They participate in many groups counseling activities, as well as individual counseling and other supportive services. When it is deemed appropriate by the counselor and client, the client writes a proposal to become an "Elder" in the community and enter the Pre-Reentry phase.

Pre-Reentry/Reentry: The Pre-Reentry phase is a transition between TC and Reentry. It may last a few weeks or a few months, dependent on the client. During this time the resident receives intensive vocational counseling and develops a reentry plan. When the resident has enrolled in vocational training, or has gotten a job or enrolled in school, they may move into one of several satellite apartments in the outside community. Satellites provide supported transitional housing to several clients living as roommates. The Reentry phase focuses on re-socialization, work and family-related issues. This phase lasts several months. Reentry clients pay subsidized rent, and engage in money management, family reunification, independent living and relapse prevention counseling activities. When the client has saved enough money to obtain an independent household, they may enter the Continuing Care/ Aftercare (outpatient) program.

Continuing Care (Aftercare): Continuing Care clients live on their own in the community, but return to HR360 for weekly groups and individual check-ins. They may also participate in Relapse Prevention sessions, recreational activities, and all HR360 family celebrations. After several months, these clients complete treatment with a completion ceremony. All clients who have completed during the past year are acknowledged at the large annual Celebration of Achievement ceremony held in September.

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). 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.

E. Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS 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. 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

Contractor: HealthRIGHT 360
Program: HR360 Adult Residential
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A- 1
Contract Term: 7/1/13-6/30/14

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. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRIGHT 360
Program: HR360 BASN Adult Residential
City Fiscal Year: FY 2013-14
CMS#: 6990

Appendix A-2
Term: 7/1/13-6/30/14

1. Identifiers:

Program Name: HR360 BASN Adult Residential
Program Address: 890 Hayes Street
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 701-5100
Program Code: 38342

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

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

4. Target Population

The target population for BASN/ PSN Residential consists of parolees referred through the Bay Area Services Network. Participants are non-violent offenders who abuse substances. The HR360 BASN Residential Program is part of the larger Bay Area Services Network. It is a variable length residential program (typically four to six months) designed to help paroled substance abusers maintain sobriety and abstinence from alcohol and other drugs, teach self-reliance and improve social functioning, and provide participants with an extensive support system. BASN clients are mainstreamed with other HR360 residential 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 (BASN/ PSN) referrals from TAP
- Non violent parolees
- Polysubstance abusers

5. Modality(ies)/Interventions

Please see CRDC in Appendix B-2

6. Methodology

The goal of BASN 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 up to 6 months of structured residential substance abuse treatment services to this population within a licensed treatment facility. This program is integrated into the existing HR360 Residential Program

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 BASN Residential Program is open to all adult San Francisco parolees referred through TAP with a substance abuse problem who desire treatment in a therapeutic community.

A direct referral or phone call from TAP secures an intake interview appointment at the 1735 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the 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 BASN 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 BASN Residential TC 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.

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, have a job function, and take GED/BAE classes. They are assigned "buddy" companions (clients with more time in program) to accompany them outside the facility. When a client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the TC phase.

TC Phase: The TC phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. During this time the resident begins to receive an increasing number of privileges in accordance with a demonstration of responsibility. They participate in many groups counseling activities, as well as individual counseling and other supportive services. When it is deemed appropriate by the counselor and client, the client writes a proposal to become an "Elder" in the community and enter the Pre-Reentry phase.

Pre-Reentry/Reentry: The Pre-Reentry phase is a transition between TC and Reentry. It may last a few weeks or a few months, dependent on the client. During this time the resident receives intensive vocational counseling and develops a reentry plan. When the resident has enrolled in vocational training, or has gotten a job or enrolled in school, they may move into one of several satellite apartments in the outside community. Satellites provide supported transitional housing to several clients living as roommates. The Reentry phase focuses on re-socialization, work and family-related issues. This phase lasts several months. Reentry clients pay subsidized rent, and engage in money management, family reunification, independent living and relapse prevention counseling activities. When the client has saved enough money to obtain an independent household, they may enter the Continuing Care/ Aftercare (outpatient) program.

Continuing Care (Aftercare): Continuing Care clients live on their own in the community, but return to HR360 for weekly groups and individual check-ins. They may also participate in Relapse Prevention sessions, recreational activities, and all HR360 family celebrations. After several months, these clients complete treatment with a completion ceremony. All clients who have completed during the past year are acknowledged at the large annual Celebration of Achievement ceremony held in September.

Program Service Locations: The BASN residential program is located at 890 Hayes Street, San Francisco, CA. Individual and Group Counseling, MH services, and other substance abuse treatment related activities and services will take place at these facilities, as well. These facilities are staffed 24 hours a day, 7 days a week. Intake will take place at the 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). 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.

E. All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

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. 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. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRIGHT 360
Program: HR360 BASN Satellite (ONPD)
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-3
Contract Term: 7/1/13-6/30/14

1. Identifiers:

Program Name: HR360 BASN Satellite (ONPD)
Program Address: 1254 13th Street
City, State, Zip Code: San Francisco, CA 94130
Telephone: (415) 701-5100
Program Code: 3807BT-CLV

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

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. Populations benefiting from specialized services are parolees referred by TAP.

- Polysubstance abusers
- Parolees
- Homeless

5. Modality(ies)/Interventions

Please see CRDC in Appendix B-3

6. Methodology

HR360 BASN 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 1254 13th Street. 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.

Admissions and Intake: Admission to Satellite residential services is open to all adult San Francisco residents with a substance abuse problem that have completed their primary residential program.

B. Program Service Delivery Model: The program has a variable length; participants are eligible for up to 6 months in Satellite, if needed, to achieve their treatment goals and link to community housing & resources for continuity of recovery.

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, men are housed at 1254 13th Street & women at 214 Haight 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 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. Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

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. 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. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRIGHT 360
Program: HR360 BASN Social Detox Residential
City Fiscal Year: FY 2013-14
CMS#: 6990

Appendix A-4
Term: 7/1/13-6/30/14

1. Identifiers:

Program Name: HR360 BASN Social Detox Residential
Program Address: 815 Buena Vista West
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 554-1450
Program Code: 38062

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

2. Nature of Document (check one):

New Renewal Modification

3. Goal Statement

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

4. Target Population

The target population for BASN/ PSN Detox Residential consists of parolees referred from the Bay Area Services Network/ PSN through TAP. Participants are usually non-violent offenders who abuse alcohol and or other substances. HR360 BASN Detox offers detoxification services designed to help paroled 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.

- Criminal Justice (BASN/ PSN) referrals from TAP
- Non violent parolees
- Polysubstance abusers

5. Modality(ies)/Interventions

Please see CRDC in Appendix B-4

6. Methodology

The goal of the BASN Detox 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. Word of mouth and self-referrals also serves as sources for referrals.

B. Admissions and Intake: Admission to the BASN Detox Residential Program is open to all adult San Francisco parolees 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 BASN Detox residential program is a 3-7 day detox 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 counselling 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 Location: This BASN Detox Program is located at 815 Buena Vista West, San Francisco, CA.

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. Staffing: All program services and activities are documented in a client chart by on duty case managers in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes.

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. 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. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRIGHT 360
Program: HR360 Bridges Residential
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-5
Term: 7/1/13-6/30/14

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
Program Code: 3806BR-RES

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

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

Please CRDC in Appendix B-5

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. The program staff checks to ensure clients are eligible to receive

CDCR 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.

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.

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

E. Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

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. 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. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRIGHT 360
Program: HR360 AB109 Adult Residential
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-6
Term: 7/1/13-6/30/14

1. Identifiers:

Program Name: HR360 AB109 Adult Residential
Program Address: 890 Hayes Street
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 701-5100
Program Code:87342

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

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 Criminal Justice Realignment funding. It is a variable length residential program (typically four to six months) designed to help paroled substance abusers maintain sobriety and abstinence from alcohol and other drugs, teach self-reliance and improve social functioning, and provide participants with an extensive support system. AB109 clients are mainstreamed with other HR360 residential 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

Please CRDC in Appendix B-6

6. Methodology

The goal of AB109 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 up to 6 months of structured residential substance abuse treatment services to this population within a licensed treatment facility. This program is integrated into the existing HR360 Residential Program

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 with a substance abuse problem who desire treatment in a therapeutic community.

A direct referral or phone call from TAP secures an intake interview appointment at the 1735 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the 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 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 Residential TC 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.

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, have a job function, and take GED/BAE classes. They are assigned "buddy" companions (clients with more time in program) to accompany them outside the facility. When a client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the TC phase.

TC Phase: The TC phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. During this time the resident begins to receive an increasing number of privileges in accordance with a demonstration of responsibility. They participate in many groups counseling activities, as well as individual counseling and other supportive services. When it is deemed appropriate by the counselor and client, the client writes a proposal to become an "Elder" in the community and enter the Pre-Reentry phase.

Pre-Reentry/Reentry: The Pre-Reentry phase is a transition between TC and Reentry. It may last a few weeks or a few months, dependent on the client. During this time the resident receives intensive vocational counseling and develops a reentry plan. When the resident has enrolled in vocational training, or has gotten a job or enrolled in school, they may move into one of several satellite apartments in the outside community. Satellites provide supported transitional housing to several clients living as roommates. The Reentry phase focuses on re-socialization, work and family-related issues. This phase lasts several months. Reentry clients pay subsidized rent, and engage in money management, family reunification, independent living and relapse prevention counseling activities. When the client has saved enough money to obtain an independent household, they may enter the Continuing Care/ Aftercare (outpatient) program.

Continuing Care (Aftercare): Continuing Care clients live on their own in the community, but return to HR360 for weekly groups and individual check-ins. They may also participate in Relapse Prevention sessions, recreational activities, and all HR360 family celebrations. After several months, these clients complete treatment with a completion ceremony. All clients who have completed during the past year are acknowledged at the large annual Celebration of Achievement ceremony held in September.

Program Service Locations: The residential program is located at 890 Hayes Street, San Francisco, CA. This program also provides individual and Group Counseling, MH services, and other substance abuse treatment related activities and services will take place at these facilities, as well. These facilities are staffed 24 hours a day, 7 days a week.

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.

E. All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

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. 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. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRIGHT 360
Program: HR360 AB109 Transitional (ONPD)
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-7
Term: 7/1/13-6/30/14

1. Identifiers:

Program Name: HR360 AB109 Transitional
Program Address: 1254 13th Street
City, State, Zip Code: San Francisco, CA 94130
Telephone: (415) 701-5100
Program Code: 86077

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

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

Please CRDC in Appendix B-7

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.

A direct referral or phone call from TAP secures an intake interview appointment at the 1735 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

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

Orientation: 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, have a job function, and take GED/BAE classes. They are assigned "buddy" companions (clients with more time in program) to accompany them outside the facility. When a client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the TC phase.

Continuing Care: AB109 clients living in transitional housing are required to participate in the OP program while living in HR360 housing. They should also participate in Relapse Prevention sessions, recreational activities, and all HR360 family celebrations.

Program Service Locations: The AB109 transitional housing facility is located at 1254 13th Street on Treasure Island.

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.

E. All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

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. 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.

Contractor: HealthRIGHT 360
Program: HR360 AB109 Transitional (ONPD)
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-7
Term: 7/1/13-6/30/14

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. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRIGHT 360
Program: HR360 HIV MDSP Residential
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-8
Term: 7/1/13-6/30/14

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
Telephone: 415-762-3700

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

Please CRDC in Appendix B-8

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; 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.

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. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, the Addiction Severity Index Lite, and a baseline Milestones of Recovery Scale, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis. Appropriate consents and releases of information are collected from individuals who will enter this program. All CARE clients' data information is entered into ARIES instead of AVATAR.

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

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, have a job function, and take GED/BAE classes. They are assigned "buddy" companions (clients with more time in program) to accompany them outside the facility. When a client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the TC phase.

TC Phase: The TC phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. During this time the resident begins to receive an increasing number of privileges in accordance with a demonstration of responsibility. They participate in many groups counseling activities, as well as individual counseling and other supportive services. When it is deemed appropriate by the counselor and client, the client writes a proposal to become an "Elder" in the community and enter the Pre-Reentry phase.

Pre-Reentry/Reentry: The Pre-Reentry phase is a transition between TC and Reentry. It may last a few weeks or a few months, dependent on the client. During this time the resident receives intensive vocational counseling and develops a reentry plan. When the resident has enrolled in vocational training, or has gotten a job or enrolled in school, they may move into one of several satellite apartments in the outside community. Satellites provide supported transitional housing to several clients living as roommates. The Reentry phase focuses on re-socialization, work and family-related issues. This phase lasts several months. Reentry clients pay subsidized rent, and engage in money management, family reunification, independent living and relapse prevention counseling activities. When the client has saved enough money to obtain an independent household, they may enter the Continuing Care/ Aftercare (outpatient) program.

Continuing Care (Aftercare): Continuing Care clients live on their own in the community, but return to HR360 for weekly groups and individual check-ins. They may also participate in Relapse Prevention sessions, recreational activities, and all HR360 family celebrations. After several months, these clients complete treatment with a completion ceremony. All clients who have completed during the past year are acknowledged at the large annual Celebration of Achievement ceremony held in September.

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. 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). 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.

E. Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

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. 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.

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. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRIGHT 360
Program: HR360 HIV Detox Residential
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-9
Term: 7/1/13-6/30/14

1. Identifiers

Program Name: HR360 CARE Detox Residential
Program Address: 815 Buena Vista West
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 554-1450
Program Code: 3806CX-RSD

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

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

Please CRDC in Appendix B-9

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; 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.

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. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, the Addiction Severity Index Lite, and a baseline Milestones of Recovery Scale, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis. All CARE clients' data information is entered into ARIES instead of AVATAR.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned 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 Detox 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.

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, have a job function, and take GED/BAE classes. They are assigned "buddy" companions (clients with more time in program) to accompany them outside the facility.

TC Phase: The TC phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. During this time the resident begins to receive an increasing number of privileges in accordance with a demonstration of responsibility. They participate in many groups counseling activities, as well as individual counseling and other supportive services. When it is deemed appropriate by the counselor and client, the client writes a proposal to become an "Elder" in the community and enter the Pre-Reentry phase.

Pre-Reentry/Reentry: The Pre-Reentry phase is a transition between TC and Reentry. It may last a few weeks or a few months, dependent on the client. During this time the resident receives intensive vocational counseling and develops a reentry plan. When the resident has enrolled in vocational training, or has gotten a job or enrolled in school, they may move into one of several satellite apartments in the outside community. Satellites provide supported transitional housing to several clients living as roommates. The Reentry phase focuses on re-socialization, work and family-related issues. This phase lasts several months. Reentry clients pay subsidized rent, and engage in money management, family reunification, independent living and relapse prevention counseling activities. When the client has saved enough money to obtain an independent household, they may enter the Continuing Care/ Aftercare (outpatient) program.

Continuing Care (Aftercare): Continuing Care clients live on their own in the community, but return to HR360 for weekly groups and individual check-ins. They may also participate in Relapse Prevention sessions, recreational activities, and all HR360 family celebrations. After several months, these clients complete treatment with a completion ceremony. All clients who have completed during the past year are acknowledged at the large annual Celebration of Achievement ceremony held in September.

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. 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). 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.

E. Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

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. 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.

Contractor: HealthRIGHT 360
Program: HR360 HIV Detox Residential
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-9
Term: 7/1/13-6/30/14

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. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRIGHT 360
Program: HR360 HIV Variable Length Residential
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-10
Term: 7/1/13-6/30/14

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
Program Code: 3834CV-RES

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

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

Please CRDC in Appendix B-10

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; 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.

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. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, the Addiction Severity Index, etc. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis. All CARE clients' data information is entered into AVATAR.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned 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 VL program provides up to 6 months of treatment 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.

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.

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, have a job function, and take GED/BAE classes. They are assigned "buddy" companions (clients with more time in program) to accompany them outside the facility. When a client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the TC phase.

TC Phase: The TC phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. During this time the resident begins to receive an increasing number of privileges in accordance with a demonstration of responsibility. They participate in many groups counseling activities, as well as individual counseling and other supportive services. When it is deemed appropriate by the counselor and client, the client writes a proposal to become an "Elder" in the community and enter the Pre-Reentry phase.

Pre-Reentry/Reentry: The Pre-Reentry phase is a transition between TC and Reentry. It may last a few weeks or a few months, dependent on the client. During this time the resident receives intensive vocational counseling and develops a reentry plan. When the resident has enrolled in vocational training, or has gotten a job or enrolled in school, they may move into one of several satellite apartments in the outside community. Satellites provide supported transitional housing to several clients living as roommates. The Reentry phase focuses on re-socialization, work and family-related issues. This phase lasts several months. Reentry clients pay subsidized rent, and engage in money management, family reunification, independent living and relapse prevention counseling activities. When the client has saved enough money to obtain an independent household, they may enter the Continuing Care/ Aftercare (outpatient) program.

Continuing Care (Aftercare): Continuing Care clients live on their own in the community, but return to HR360 for weekly groups and individual check-ins. They may also participate in Relapse Prevention sessions, recreational activities, and all HR360 family celebrations. After several months, these clients complete treatment with a completion ceremony. All clients who have completed during the past year are acknowledged at the large annual Celebration of Achievement ceremony held in September.

Program Service Locations: This program is located at 890 Hayes Street, San Francisco, CA. This facility is 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). 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.

E. Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

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. 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. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRIGHT 360
Program: HR360 Lodestar Residential
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A -11
Term: 7/1/13-6/30/14

1. Identifiers:

Program Name: HR360 Lodestar Residential
Program Address: 214 Haight Street
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 554-1480
Program Code: 3805LC-RES

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

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

Please see CRDC in Appendix B-11

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.

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. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, the Addiction Severity Index , which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis.

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

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, have a job function, and take GED/BAE classes. They are assigned "buddy" companions (clients with more time in program) to accompany them outside the facility. When a client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the TC phase.

TC Phase: The TC phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. During this time the resident begins to receive an increasing number of privileges in accordance with a demonstration of responsibility. They participate in many groups counseling activities, as well as individual counseling and other supportive services. When it is deemed appropriate by the counselor and client, the client writes a proposal to become an "Elder" in the community and enter the Pre-Reentry phase.

Pre-Reentry/Reentry: The Pre-Reentry phase is a transition between TC and Reentry. It may last a few weeks or a few months, dependent on the client. During this time the resident receives intensive vocational counseling and develops a reentry plan. When the resident has enrolled in vocational training, or has gotten a job or enrolled in school, they may move into one of several satellite apartments in the outside community. Satellites provide supported transitional housing to several clients living as roommates. The Reentry phase focuses on re-socialization, work and family-related issues. This phase lasts several months. Reentry clients pay subsidized rent, and engage in money management, family reunification, independent living and relapse prevention counseling activities. When the client has saved enough money to obtain an independent household, they may enter the Continuing Care/ Aftercare (outpatient) program.

Continuing Care (Aftercare): Continuing Care clients live on their own in the community, but return to HR360 for weekly groups and individual check-ins. They may also participate in Relapse Prevention sessions, recreational activities, and all HR360 family celebrations. After several months, these clients complete treatment with a completion ceremony. All clients who have completed during the past year are acknowledged at the large annual Celebration of Achievement ceremony held in September.

Program Service Locations: This programs is located at 214 Haight Street. This facility is licensed by the State to provide adult substance abuse residential treatment. That includes but not limited to Individual 7 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.

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. Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

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. 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. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRIGHT 360
Program: HR360 Post SFGH Residential (Men, Women, Dual Recovery)
City Fiscal Year: FY 2013-14
CMS#: 6990

Appendix: A-12
Term: 7/1/13-6/30/14

1. Identifiers:

Program Name: HR360 Men's Post SFGH Residential
Program Address: 890 Hayes Street
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 701-5100
Program Code: 3834G-RES

Program Name: HR360 Women's Post SFGH Residential
Program Address: 214 Haight Street
City, State, Zip Code: San Francisco, CA 94102
Telephone: (415) 554-1480
Program Code: 3805SW-RES

Program Name: HR360 Dual Recovery Post SFGH Residential
Program Address: 815 Buena Vista West
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 554-1450
Program Code: 3806SG-RES

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

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 Residential (Men, Women, Dual Recovery) 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

Please CRDC in Appendix B-12

6. Methodology

The goal of Post SFGH 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 up to 6 months of structured residential substance abuse treatment services to this population within a licensed treatment facility. This program is integrated into the existing HR360 Residential Program

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. 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.

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. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, and the Addiction Severity Index. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned 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).

Contractor: HealthRIGHT 360
Program: HR360 Post SFGH Residential(Men, Women, Dual Recovery)
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix: A-12
Term: 7/1/13-6/30/14

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

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

Program Service Locations: These 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 7 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). 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.

E. Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

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. 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.

Contractor: HealthRIGHT 360

Program: HR360 Post SFGH Residential(Men, Women, Dual Recovery)

City Fiscal Year: FY 2013-14

CMS#:6990

Appendix: A-12

Term: 7/1/13-6/30/14

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

Contractor: HealthRIGHT 360
Program: HR360 Adult Residential Satellite
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-13
Term: 7/1/13-6/30/14

1. Identifiers:

Program Name: HR360 Men's Residential Satellite
Program Address: 1254 -13th Street
City, State, Zip Code: Treasure Island, CA 94130
Telephone: (415) 701-5100
Program Code: 88077

Program Name: HR360 Women's Residential Satellite
Program Address: 214 Haight Street
City, State, Zip Code: San Francisco, CA 94102
Telephone: (415) 554-1480
Program Code: 87067

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

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

Please see CRDC in Appendix B-13

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 1254 -13th Street, Treasure Island, CA 94130. 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.

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.

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. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, the Addiction Severity Index Lite, and a baseline Milestones of Recovery Scale, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned 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).

B. 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.

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. Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

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. These systems also identify areas in need of improvement and enable fast and effective responses.

Contractor: HealthRIGHT 360
Program: HR360 Adult Residential Satellite
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-13
Term: 7/1/13-6/30/14

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. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRIGHT 360
Program: HR360 Social Detox Center (Residential)
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-14
Term: 7/1/13-6/30/14

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
Program Code: 88062

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

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 Social 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

Please CRDC in Appendix B-14

6. Methodology

The goal of the Social 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. 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: 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. Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

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. 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.

Contractor: HealthRIGHT 360
Program: HR360 Social Detox Center (Residential)
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-14
Term: 7/1/13-6/30/14

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

Contractor: HealthRIGHT 360
Program: HR360 Transgender Recovery Program
City Fiscal Year: FY 2013-14
CMS#: 6990

Appendix A-15
Term: 7/1/13-6/30/14

1. Identifiers:

Program Name: HR360 Transgender Recovery Program
Program Address: 815 Buena Vista West
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 554-1450
Program Code: 3806TD-RES

Program Name: HR360 Transgender Program
Program Address: 214 Haight Street
City, State, Zip Code: San Francisco, CA 94102
Telephone: (415) 554-1480
Program Code: 3805TG-RES

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

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

Please see CRDC in Appendix B-15

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. 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.

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. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, and the Addiction Severity Index.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned 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 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). 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.

E. Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

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. 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.

Contractor: HealthRIGHT 360
Program: HR360 Transgender Recovery Program
City Fiscal Year: FY 2013-14
CMS#: 6990

Appendix A-15
Term: 7/1/13-6/30/14

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. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRIGHT 360
Program: HR360 Intensive Treatment Services (WHITS)
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix: A-16
Term: 7/1/13-6/30/14

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
Program Code: 3806WT-RES

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

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. Populations benefiting from specialized services include both women and men; HIV positive individuals; homeless people; young adults ages 18-24, and emancipated minors from 16 to 18; gays, lesbians, bisexuals and transgenders; veterans; and individuals involved in the criminal justice system. People with mental illness are a part of all HR360 programs; however, this program is designed specifically for the dual diagnosed population.

- Polysubstance abusers
- Chronically mentally ill individuals
- Homeless

5. Modality(ies)/Interventions

Please CRDC in Appendix B-16

6. Methodology

HR360 WHITS 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. 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.

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. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, and the Addiction Severity Index.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned 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 program has a variable length; participants are eligible for up to one year total of residential and/or adult overnight/partial day treatment to complete the balance of that year, if needed, to achieve their treatment goals and link to the next step-down level of care.

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

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

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

Contractor: HealthRIGHT 360
Program: HR360 Intensive Treatment Services (WHITS)
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix: A-16
Term: 7/1/13-6/30/14

Program Service Locations: WHITS 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). 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.

E. Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

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. 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.

Contractor: HealthRIGHT 360
Program: HR360 Intensive Treatment Services (WHITS)
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix: A-16
Term: 7/1/13-6/30/14

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. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRIGHT 360
Program: HR360 Women's HOPE Residential
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A- 17
Term: 7/1/13-6/30/14

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
Program Code: 89102

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

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 Women's HOPE 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

Please see CRDC in Appendix B-17

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 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 an appointment or walk-in at the Intake Department located 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.

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 psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment and an Addiction Severity Index (ASI). Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned 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 HR360 Women's HOPE Program is a variable-length program that accommodates up to 6 to 12 months. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

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 Women's HOPE 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.

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, have a job function, and take GED/BAE classes. They are assigned "buddy" companions (clients with more time in program) to accompany them outside the facility. When a client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the TC phase.

TC Phase: The TC phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. During this time the resident begins to receive an increasing number of privileges in accordance with a demonstration of responsibility. They participate in many groups counseling activities, as well as individual counseling and other supportive services. When it is deemed appropriate by the counselor and client, the client writes a proposal to become an "Elder" in the community and enter the Pre-Reentry phase.

Pre-Reentry/Reentry: The Pre-Reentry phase is a transition between TC and Reentry. It may last a few weeks or a few months, dependent on the client. During this time the resident receives intensive vocational counseling and develops a reentry plan. When the resident has enrolled in vocational training, or has gotten a job or enrolled in school, they may move into one of several satellite apartments in the outside community. Satellites provide supported transitional housing to several clients living as roommates. The Reentry phase focuses on re-socialization, work and family-related issues. This phase lasts several months. Reentry clients pay subsidized rent, and engage in money management, family reunification, independent living and relapse prevention counseling activities. When the client has saved enough money to obtain an independent household, they may enter the Continuing Care/ Aftercare (outpatient) program.

Continuing Care (Aftercare): Continuing Care clients live on their own in the community, but return to HR360 for weekly groups and individual check-ins. They may also participate in Relapse Prevention sessions, recreational activities, and all HR360 family celebrations. After several months, these clients complete treatment with a completion ceremony. All clients who have completed during the past year are acknowledged at the large annual Celebration of Achievement ceremony held in September.

Program Service Locations: The Women's HOPE Program is located at 2261 Bryant Street, a licensed & certified substance abuse residential treatment program. This program also provides 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. Intakes take place at the 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). 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.

E. All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

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. 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.

Contractor: HealthRIGHT 360
Program: HR360 Women's HOPE Residential
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A- 17
Term: 7/1/13-6/30/14

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. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRIGHT 360
Program: HR360 Adult Outpatient Services
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-18
Term: 7/1/13-6/30/14

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
Program Codes: DMC: 38201, Non-DMC: 38200P

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

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. Populations benefiting from specialized services include women; the mentally ill; HIV positive individuals; homeless addicts; young adults ages 18-24, gays, lesbians, bisexuals and transgender; veterans; and individuals involved in the criminal justice system.

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

5. Modality(ies)/Interventions

Please see CRDC in Appendix B-18

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 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; 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.

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. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, and the Addiction Severity Index. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned 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: 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.

- o 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.

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

E. 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.

F. Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

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. 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:

Contractor: HealthRIGHT 360
Program: HR360 Adult Outpatient Services
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-18
Term: 7/1/13-6/30/14

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. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

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. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRIGHT 360
Program: HR360 African American Healing Center
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-19
Term: 7/1/13-6/30/14

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
Program Code: 87301

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

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

Please CRDC in Appendix B-19

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.

Phase 1: This phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. The clients participate in many groups counseling activities, as well as individual counseling and other supportive services. When it is deemed appropriate by the counselor and client, the client writes a proposal to enter the Pre-Reentry phase.

Phase 2: The Pre-Reentry phase is a transition between Phase 2 and Reentry. It may last a few weeks or a few months, dependent on the client. During this time the resident may receive vocational counseling and develops a reentry plan. This phase lasts several months. Reentry clients engage in money management, family reunification, independent living and relapse prevention counseling activities. Continuing Care clients have achieved their treatment plan goals and come to different groups to maintain sobriety. This phase is also variable length depending on the needs & schedule of the individual.

Program Service Locations: The AAHC is located at 1601 Donner #3, San Francisco, CA. It includes Individual, Group Counseling, and other substance abuse treatment related activities and services will take place at this facility, as well.

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.

E. All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked

cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

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. 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.

Contractor: HealthRIGHT 360
Program: HR360 African American Healing Center
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-19
Term: 7/1/13-6/30/14

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. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRIGHT 360
Program: HR360 Bridges CM OP
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-20
Term: 7/1/13-6/30/14

1. Identifiers:

Program Name: HR360 Bridges CM Outpatient Services
Program Address: 1899 Mission Street
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 762-3700
Program Code: 85351

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

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

Please CRDC in Appendix B-20

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's target population are 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 all adult San Francisco residents with a substance abuse problem. 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 funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the HR360 continuum of care, the client begins with self-administered questionnaires including health and high-risk behavior issues for the Prevention/Diversion Department. An interview occurs thereafter with an intake staff member. This interview includes the administration of the Addiction Severity Index (ASI) assessment which creates both a Narrative Summary and Severity Profile of the person served surrounding different life domains (Alcohol/Drug Use; Employment; Family; Legal; Medical; and Psychiatric). The client is provided further services as based on need identified by the severity profile for legal or psychiatric life domains.

If there is an identified need for legal assistance, the client is connected with the legal department to assist with interfacing with the legal system. If any psychiatric symptomology is identified during the assessment process, the client is further assessed by the licensed intake clinician to determine psychiatric status to determine the appropriateness for program placement.

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 1899 Mission Street, San Francisco, CA. This Program Individual and Group Counseling, MH services, and other substance abuse treatment related activities and services will take place at this facility, as well.

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

Contractor: HealthRIGHT 360
Program: HR360 Bridges CM OP
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-20
Term: 7/1/13-6/30/14

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.

E. **Staffing:** All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

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. 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.

Contractor: HealthRIGHT 360
Program: HR360 Bridges CM OP
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-20
Term: 7/1/13-6/30/14

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. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRIGHT 360
Program: HR360 Buprenorphine Medical Monitoring
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-21
Term: 7/1/13-6/30/14

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
Program Code: 88201

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

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-

Please CRDC in Appendix B-21

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.

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.

D. Staffing:

The program's Medical Director has completed the required training and possesses a Drug and Enforcement Agency license allowing the prescription of buprenorphine. HR360's Director for Outpatient Behavioral Health supervises an MFT and an MFT intern in individual and group work with program clients and these clinicians provide psychosocial support to clients enrolled in the program.

7. Objectives and Measurements- N/A

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. 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.

Contractor: HealthRIGHT 360
Program: HR360 Buprenorphine Medical Monitoring
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-21
Term: 7/1/13-6/30/14

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. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRIGHT 360
Program: HR360 Family Strength Outpatient
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-22
Term: 7/1/13-6/30/14

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
Program Code: 38731

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

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 LBTOQ 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

Please CRDC in Appendix B-22

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. Addiction, mental illness, and involvement with the criminal justice system often weaken families and create fragmented social support networks for clients in recovery. The children of individuals suffering from addiction and mental health problems frequently demonstrate problems related to attachment wounding, trauma, and inconsistent nurturing. They often are delayed in reaching developmental milestones, experience emotional and behavioral deregulation, and exhibit risk behaviors for substance abuse and other problems. The HR360 Family Strength program provides assessment; individual, child, and family therapy; case management; and parenting support to women and their children. Additionally, the program offers referral and linkage to support reconnection to the greater family network as often, they have, themselves, been impacted by the forces of addiction, mental illness, and incarceration. The provision of family services not only increases long-term social support for recovery, it also helps to break the intergenerational cycle of addiction, mental illness, and criminal behavior.

Women with children who might benefit from receiving family services are identified through assessment during the orientation phase of treatment. They are then referred to the Family Services Manager who assigns a 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. Treatment goals for adult clients can include establishing visitation with children, regaining custody when appropriate, fulfilling CPS mandates, improving parenting skills, and obtaining additional services for children and other family members. Treatment goals for children may include addressing behavioral problems, improving school attendance and performance, increasing emotional regulation or supporting acculturation. The Family Strength Program case manager assigned to the client will then directly provide or otherwise establish in-house services and develop referral and linkage to appropriate outside services.

Specifically, program services will include adult assessment; child assessment; individual therapy focused on family goals; child therapy; family therapy; case management; and parenting skills training. Family Services at HR360 include support and advocacy to establish visitation and possible reunification with minor children by working with family members, Child Protective Services, and client advocates. Further, when appropriate, clients are linked to agencies and advocates who will assist them to fulfill child support obligations or other CPS mandates. Additionally, program staff organizes and supervise parent-child bonding activities such as holiday gatherings, summer outings, and structured weekend activities.

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 an appointment or walk-in at the Intake Department. A referral phone call secures an intake interview appointment at 1735 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the HR360 continuum of care, the client begins with self-administered questionnaires including health and high-risk behavior issues for the Prevention/Diversion Department. An interview occurs thereafter with an intake staff member. This interview includes the administration of the Addiction Severity Index (ASI) assessment which creates both a Narrative Summary and Severity Profile of the person served surrounding different life domains (Alcohol/Drug Use; Employment; Family; Legal; Medical; and Psychiatric). The client is provided further services as based on need identified by the severity profile for legal or psychiatric life domains.

If there is an identified need for legal assistance, the client is connected with the legal department to assist with interfacing with the legal system. If any psychiatric symptomology is identified during the assessment process, the client is further assessed by the licensed intake clinician to determine psychiatric status to determine the appropriateness for program placement.

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 of care and/or to provide more intensive supports to clients in a lower level of care.
 - Level III – Day Treatment – Day is provided for the highest need clients and again as a step down program and to prevent clients from needing higher levels of service.

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

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). 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.

E. All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

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. 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. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRIGHT 360
Program: HR360 Southeast Health Opportunities Project
(SHOP)
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-23
Term: 7/1/13-6/30/14

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
Program Code: 85731

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

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, Sunnysdale, 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

Please CRDC in Appendix B-23

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 Sunnysdale 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.

Contractor: HealthRIGHT 360
Program: HR360 Southeast Health Opportunities Project
(SHOP)
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A- 23
Term: 7/1/13-6/30/14

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, 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.

Phase 1: This phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. The clients participate in many groups counseling activities, as well as individual counseling and other supportive services. Part of our programming requirements is to complete the 4-weeks of Health Education classes (High Blood Pressure, Diabetes, Nutrition & HIV education), Drug Education, & African American History.

Phase 2: It lasts 90 days and is not required but encouraged for those that need longer term treatment. During this time the resident may receive vocational counseling and develops a reentry plan. This phase lasts several months. Reentry clients engage in money management, family reunification, independent living and relapse prevention counseling activities. Continuing Care clients have achieved their treatment plan goals and come to different groups to maintain sobriety.

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.

E. All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

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".

B. Individualized Program Objectives

1. During Fiscal Year 2013-14, 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 2013-14, HR360 will provide OP services to 70 UDC.
3. During Fiscal Year 2013-14, HR360 will provide HIV testing, education & counseling to 150 persons needing to know their HIV status.
4. During Fiscal Year 2013-14, HR360 will provide PC referrals to at least 30 clients needing health care services.

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. 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. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRIGHT 360
Program: HR360 Representative Payee
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-24
Term: 7/1/13-6/30/14

1. Identifiers:

Program Name: HR360 Representative Payee
Program Address: 1899 Mission Street
City, State, Zip Code: San Francisco, CA 94103
Telephone: 415-934-3407
Program Code: 88359

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

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

Please CRDC in Appendix B-24

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 1899 Mission 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. Staff members are on site 5 days/week, 8 hours/day, Monday through Friday. Checks will be distributed from 12:00 noon to 4:00 pm on Mondays, Tuesdays and Thursdays. The office will be closed on Wednesdays and Fridays for

intake and paperwork. If a holiday falls on a scheduled check day, prior notification will be given on the check day that falls a week before and check distribution will be the day before the holiday.

All program services and activities are documented in a client's chart by their service manager. Current client files are securely stored in program central file room in locked cabinets. Discharged client files are locked in secured room at a centralized location designated for program closed charts.

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. 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.

Contractor: HealthRIGHT 360
Program: HR360 Representative Payee
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-24
Term: 7/1/13-6/30/14

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. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRIGHT 360
Program: HR360 2nd Chances/ With Open Arms (WOA)
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-25
Term: 7/1/13-6/30/14

1. Identifiers:

Program Name: HR360 2nd Chances (WOA)
Program Address: 1899 Mission Street
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 762-3700
Program Code: 38355C-ANS

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

To increase access to community resources and provide wrap around case management services in order to reduce recidivism and increase pro-social life skills/choices in the target population.

4. Target Population

The target population served by the 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

5. Modality(ies)/Interventions

Please CRDC in Appendix B-25

6. 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 including the verification of San Francisco residency; collects demographical information; completes a needs

assessment; completes clinical assessments (CAIS, ASI, PCL, URICA); Obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; a detailed explanation of services available in the program, and the grievance procedures.

Upon release from the criminal justice system (SF County Jail, CCWF) further intake paperwork will be done in the form of the CalOMS forms so that participants can be appropriately entered into San Francisco County substance abuse/mental health system. Additionally as clients enter the community and are referred to partner agencies those agencies may complete additional assessments.

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. During these visits all appropriate Assessments and forms will be completed, a preliminary Individual Personal Services Plan will be established, appropriate referrals will be identified, transportation support will be provided to family members monthly to encourage visits, and upon release the client will be provided transportation to their designated housing by one of the Case Management staff. Upon the client entering San Francisco County and being post release from state prison the referral services will be implemented, a case conference will occur to formalize the Individual Personal Service Plan, weekly case management will continue to occur to ensure proper follow up on needs and referrals, and as appropriate reassessments will occur.

During the case management visits, both while incarcerated and post incarceration, the appropriateness of referrals will continually be assessed and Case Managers will work on building and maintaining client motivation for treatment.

Program Service Location: The 2nd Chances Program is located at 1899 Mission Street, 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. Clients will be given Clinical Assessments in the form of the CAIS, ASI, PCL, and URICA in addition to a thorough Needs Assessment, while in the criminal justice system. Where possible the initial assessments will occur while the client is in SF County jail prior to transfer to state prison. Based on this information and the client's stated goals/objectives appropriate service referrals will be made. Services and referrals will be implemented while still incarcerated where it is appropriate to do so.

Upon release into San Francisco County the project partners will be the primary referral source; as needed (based on client need and suitability) other referral sources will also be used. A case conference will be conducted with all applicable partners and the client upon their release from prison to design the individual Personal Services Plan.

During both the in custody and out custody portion of case management regular follow-up on the service referrals will be made in addition to periodic reassessment of the client and their needs.

The program is relationally oriented and case managers engage clients with respect and empathy and seek to develop a sense of connection with them. The program also works to shore up inadequate or poorly utilized networks of interpersonal support so that help is at hand for clients when they need it the most. One significant way this will be accomplished is by the community referrals. However, monthly, client family members will be provided transportation support to encourage family connection and reunification which will also be a significant part of the interpersonal support process.

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

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 1899 Mission Street post release. All sites are ADA compliant and comply with all health, safety, and fire codes.

E. All program services and referrals are documented in a client chart. Charting is consistent with regulations set by the State, and the San Francisco Department of Public Health. Current client files are securely stored in centralized location in locked cabinets. Discharged client files are locked in secured room at a centralized location designated for agency closed charts.

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

F. All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

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. 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

Contractor: HealthRIGHT 360
Program: HR360 2nd Chances/ With Open Arms (WOA)
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-25
Term: 7/1/13-6/30/14

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. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRIGHT 360
Program: HR360 Adult Mental Health Medi-Cal
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-26
Term: 7/1/13-6/30/14

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
Program Code: 38CC3

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

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 Short-Doyle

5. Modality(ies)/Interventions

Please CRDC in Appendix B-26

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.

In recognition of the complex needs of multiply diagnosed clients, HR360 provides integrated mental health and substance abuse treatment services. From the initial point of intake through continuing care and discharge, the agency recognizes the importance of treating addiction and other mental health disorders concurrently with a multidisciplinary staff.

The Admissions department at the HR360 Multi Services facility, located at 1735 Mission Street, is staffed with a registered psychologist who performs mental health screenings and assessments. The object of these screenings is to identify the mental health needs of clients entering residential and day treatment programs. Additional psychiatric screenings or medication evaluation appointments are also made available on an as-needed basis with our regular Psychiatrists and Doctors.

All 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.

HR360 staffs in general, including some administrative staffs, receive numerous trainings on treating multiply diagnosed clients. This training begins with a four-week intensive Clinical Training conducted for all new staffs having contact with clients. This training includes an introduction to mental health assessment, an introduction to dual diagnosis services and an interactive exercise focused on when and how to refer a client to a HR360 therapist. Additionally, the staff attends monthly mental health trainings organized by the HR360 Human Resources and Staff Development department. These topics include: depression, trauma, dialectical behavior therapy, integrating mental health services and the therapeutic community, eating disorders, psychopharmacology, confidentiality, root cause analysis techniques and other risk management techniques, etc.

As an agency, 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.

Process for Initiating Services and Securing Authorization: Outpatient Mental Health services offered to individuals with dual disorders fall under San Francisco County's category, planned services. By definition, planned services require prior authorization within the San Francisco Behavioral Health Plan.

When an individual applies for or is referred for planned mental health services, the HR360 intake staff will first ascertain that person's eligibility for Mental Health Medi-Cal services by locating the client's BIS ID number and care management status on the MHS-140 report. Clients not yet registered into the Avatar system will be registered at HR360. In addition, the client must possess current Medi-CAL eligibility for the month in which he or she is requesting services. Current eligibility will be verified by referring to the Cal Meds printout, which can be obtained from the Avatar data operators in our IT or clinical departments.

The HR360 Intake Assessment Psychologist, a registered clinician, will complete the assessment form and complete the paperwork necessary to open the client's chart.

Prior to the client's acceptance into treatment, it is the responsibility of the Assessment Psychologist to establish whether the individual has an existing open episode with another provider in the County or has insurance through another source than Medi-CAL. If the individual has care management through another San Francisco County provider, the psychologist will contact that care manager to discuss the client's current treatment and necessity for specialized treatment at HR360.

In the event that an individual has other health care coverage from a private provider, in addition to Medi-CAL, HR360 staff must obtain a letter of denial of services, in order to be able to bill Medi-CAL.

Clients under HR360 care management are authorized by the HR360 PURQC committee.

Once authorization is received, the Intake Assessment Psychologist will notify the Coordinator of Adult Mental Health Services to arrange to present the individual's case at the weekly HR360 outpatient Medi-Cal staff meeting.

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. Once referral is made, clients are interviewed and given an appointment for assessment usually on the spot and within 48 hours.

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 of care and/or to provide more intensive supports to clients in a lower level of care.
 - Level III – Day Treatment – Day is provided for the highest need clients and again as a step down program and to prevent clients from needing higher levels of service.

This program leverages the limited funding available through this RFP with the treatment services and wraparound supports of 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.

Discharge Planning: All Mental Health Medi-CAL clients transferred from one of HR360's adult residential facilities will have a transfer of services plan in place that deals with the following issues:

1. Psychiatric medication
2. Continuation of mental health treatment at our own outpatient clinic at Multi-Services or with another provide in the community, if the internal referral is impossible. Such referrals need to be cleared with ACCESS.
3. Referral to necessary and appropriate collateral services, e.g., medical.
4. Housing or shelter.

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.

Current client files are securely stored in program central file room in locked cabinets. Discharged client files are locked in secured room at a centralized location designated for agency closed charts.

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. 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. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

Contractor: HealthRight 360
Program: HR360 Crisis Intervention (Fiscal Intermediary)
City Fiscal Year: FY 2013-14
CMS#: 6990

Appendix A-27
Term: 7/1/13-6/30/14

1. Identifiers:

Program Name: HR360 Crisis Intervention (Fiscal Intermediary)
Program Address: 1735 Mission St
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 762-3712
Program Code: N/A

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

To provide immediate on-call/ crisis care and follow-up case management services to family members and loved ones of victims of violence, in a professional, culturally-competent, dependable, through a sufficiently-staffed and well-organized program that is sustainable.

4. Target Population

The target population served by the **Violence Response Team** includes victims of violence, their families, and children. These clients are in need of crisis care and follow-up case management services to ensure victims of violence and their loved ones receive increased access to services.

- Victims of Violence
- Children
- Family members

5. Modality(ies)/Interventions-

Please CRDC in Appendix B-28

6. Methodology

The **HR360 On-Call/ Crisis Intervention** consists of a multidisciplinary team of experienced counselors who can provide immediate crisis care and follow-up case management when activated by SFPD/CBHS. This service provides timely urgent crisis care to support victims of violence, their children/family and loved ones. Contracted staff will be on-call to respond to violence incidents and serve as standby-counselors. Staff will use HR 360 cell phones and pagers when activated for a crisis. Responders on Duty (ROD) will meet at the Comprehensive Child Crisis when activated, or be onsite on scene, at the hospital, or other care facility as needed. ROD will report information on incidents and follow-ups needed to be made with families to the regular program staff for immediate case management services the very next day.

Training: Counselors will be required to attend mandatory orientations. Orientation content will consist of: history of the violence response work; overview of the overall initiative (including the CRN as well as relations with the Mayor's Office and other departments); policies and procedures for responding to incidents, and for doing follow-up case management work; what is required and expected of the responders; further training, and ongoing debriefing support, to be provided to/for responders; logistics for responding (scheduling, communications,

Contractor: HealthRight 360
Program: HR360 Crisis Intervention (Fiscal Intermediary)
City Fiscal Year: FY 2013-14
CMS#: 6990

Appendix A-27
Term: 7/1/13-6/30/14

uniform, transportation, documentation, protocols, phoned-in and written reports, etc.) Ongoing and advanced training in crisis and trauma, and grief and loss, will be identified and provided to the responders.

7. Objectives and Measurements- N/A
8. Continuous Quality Assurance and Improvement - N/A

Contractor: HealthRIGHT 360
Program: HR360 Acute Psychiatric Stabilization (WRAPS)
Program (Residential)
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-28
Term: 7/1/13-6/30/14

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
Program Code: 38IT3

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

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 **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. HR360 serves clients from all racial and cultural back grounds and from all economic classes, although the majority of clients are indigent. Populations benefiting from specialized services include women; the mentally ill; HIV positive individuals; homeless addicts; young adults, LGBTQQ; veterans; and individuals involved in the criminal justice system. These clients may have no medical insurance coverage (private or public) or be eligible for SSI/Medi-Cal/Short-Doyle benefits or in the process of applying for benefits; Potential clients do not need to be Medi-CAL or Short-Doyle eligible in order to participate in this program. Mental Health services provided to Medi-CAL or Short-Doyle eligible clients will be billed under the 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

Please CRDC in Appendix B-28

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

Contractor: HealthRIGHT 360
Program: HR360 Acute Psychiatric Stabilization (WRAPS)
Program (Residential)
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-28
Term: 7/1/13-6/30/14

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. Mental health staff will also be available to do

Contractor: HealthRIGHT 360
Program: HR360 Acute Psychiatric Stabilization (WRAPS)
Program (Residential)
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-28
Term: 7/1/13-6/30/14

intake assessments in the field, i.e., within a hospital or incarcerated setting, if the client has been pre-screened as appropriate for HR360 by ACCESS.

General intake includes the review of demographic information, a complete biomedical and psychosocial assessment and discussion of program norms and rules with the client. Primary medical services are referred, if needed, and staff support is provided. Information from other/previous service providers when it is available, or from a client's current Care Manager, will be incorporated into the intake assessment and evaluation to better coordinate the continuum of care available.

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

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. 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). 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.

E. Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

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. 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.

Contractor: HealthRIGHT 360
Program: HR360 Acute Psychiatric Stabilization (WRAPS)
Program (Residential)
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-28
Term: 7/1/13-6/30/14

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

Contractor: HealthRIGHT 360
Program: HR360 Fiscal Intermediary Contracts
City Fiscal Year: FY 2013-14
CMS#:6990

Appendix A-29
Term: 7/1/13-6/30/14

1. Identifiers:

Program Name: Fiscal Intermediary Contracts
Program Address: 1735 Mission St
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 762-3700
Program Code: N/A

- 1) HR360 CBHS Administration
- 2) HR360 HIV Set Aside Coordinator
- 3) Project Homeless Connect TA Cooperative Program
- 4) Project Homeless Everyday Connect TA Cooperative Program
- 5) HR360 SF Violence Intervention Program (SFVIP) formerly CRN

Contractor Address: 1735 Mission Street
City, State, Zip Code: SF, CA 94103
Telephone: 415-762-3700

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement- N/A

4. Target Population-N/A

5. Modality(ies)/Interventions-
Please CRDC in Appendix B-29

6. Methodology- N/A

7. Objectives and Measurements- N/A

8. Continuous Quality Assurance and Improvement- N/A

Appendix B
Calculation of Charges
Term: 7/1/12-6/30/13

1. Method of Payment

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

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

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

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

(2) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those SERVICES rendered during the referenced period of performance. If SERVICES are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY. CITY'S final reimbursement to the CONTRACTOR at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

(2) Cost Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

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

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund 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 – BASN Adult Residential
- Appendix B-3 – BASN Satellite (ONPD)
- Appendix B-4 – BASN Social Detox Residential
- Appendix B-5 - Bridges Residential
- Appendix B-6 – AB109 Adult Residential
- Appendix B-7 – AB109 Transitional (ONPD)
- Appendix B-8 - HIV MDSP Residential
- Appendix B-9 – HIV Detox Residential
- Appendix B-10 – HIV Variable Length Residential
- Appendix B-11 – HIV Lodestar Residential
- Appendix B-12 –Post SFGH Residential (Men, Women, Dual Recovery)
- Appendix B-13 – Adult Residential Satellite
- Appendix B-14 - Social Detox Center (Residential)
- Appendix B-15 – Transgender Recovery Program
- Appendix B-16 – Intensive Treatment Services (WHITS)
- Appendix B-17 – Women’s Hope Residential
- Appendix B-18 – Adult Outpatient Services
- Appendix B-19 – African American Healing Center
- Appendix B-20 - Bridges CM Outpatient
- Appendix B-21 – Buprenorphine Medical Monitoring
- Appendix B-22 – Family Strength Outpatient
- Appendix B-23 – Southeast Health Opportunities Project (SHOP)
- Appendix B-24 – Representative Payee
- Appendix B-25 – Second Chances/With Open Arms (WOA)
- Appendix B-26 – Adult Mental Health Medi-Cal
- Appendix B-27 – Crisis Intervention (Fiscal Intermediary)
- Appendix B-28 – Acute Psychiatric Stabilization (WRAPS)
- Appendix B-29 - Fiscal Intermediary Contracts

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 **Sixty Nine Million Four Hundred Fifty One Thousand, Seven Hundred Eighty Seven Dollars (\$69,451,787)** for the period of **July 1, 2010 through December 31, 2015.**

CONTRACTOR understands that, of this maximum dollar obligation **\$4,324,519** 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	\$ 14,415,062
July 1, 2014 through June 30, 2015	\$ 14,415,062
July 1, 2015 through December 31, 2015	\$ 7,207,531
Total: July 1, 2010 through December 31, 2015	\$ 65,127,268

(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) 919-1820				Fiscal Year: 13-14	
Contractor Name		HealthRIGHT 360				Document Date: 1/30/14			
Appendix Number		B-1	B-2	B-3	B-4	B-5	B-6	B-7	
Provider/Program Name		Adult Residential	BASN Residential	BASN ONPD Residential	BASN Social Detox Residential	Bridges Residential	AB109 Residential	AB109 ONPD Residential	
Provider Number		383805, 383806, 383834	383834	383807	383806	383806	383834	383807	
Program Code		3805WR-RSD, 38062, 38342	88342	3807BT-CLV	84062	3806BR-RES	87342	86077	
FUNDING TERM		7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	8/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	
FUNDING USES									
Salaries & Employee Benefits		2,595,188	411,580	51,541	35,243	60,434	531,466	99,639	
Operating Expenses		1,037,839	235,012	37,908	23,418	21,277	279,242	150,518	
Capital Expenses		-	-	-	-	-	-	-	
Subtotal Direct Expenses		3,633,027	646,592	89,449	58,661	81,711	810,708	250,157	
Indirect Expenses		435,964	77,591	10,734	7,039	9,805	97,284	30,018	
Indirect %		12.00%	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%	
TOTAL FUNDING USES		4,068,991	724,183	100,183	65,700	91,516	907,992	280,175	
CBHS MENTAL HEALTH FUNDING SOURCES									
	CFDA	FAMIS							
MH FED - SDMC Regular FFP (50%)	-	HMHMCC730515	-	-	-	-	-	-	
MH Realignment	-	HMHMCC730515	-	-	-	-	-	-	
MH COUNTY - General Fund	-	HMHMCC730515	-	-	-	-	-	-	
MH PROJECT - MHSA	-	PHMS63-1405	-	-	-	-	-	-	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES									
CBHS SUBSTANCE ABUSE FUNDING SOURCES									
	CFDA	FAMIS							
SA FED - SAPT Fed Discretionary	93.959	HMHSCCRES227	950,437	-	-	-	-	-	
SA FED - SAPT HIV Set-Aside	93.959	HMHSCCRES227	-	-	-	-	-	-	
SA FED - Drug Medi-Cal	93.778	HMHSCCRES227	-	-	-	-	-	-	
SA STATE - Parolee Services Network BASN	-	HMHSCCRES227	-	698,183	100,183	65,700	-	-	
SA STATE - PSR Drug Medi-Cal	-	HMHSCCRES227	-	-	-	-	-	-	
SA STATE - PSR Drug Medi-Cal carryforward from 12-13	-	HMHSCCRES227	1,780,271	-	-	-	-	-	
SA COUNTY - General Fund	-	HMHSCCRES227	158,177	-	-	-	-	-	
SA COUNTY - General Fund - WO CODB	-	HMHSCCRES227	12,563	-	-	-	-	-	
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	837,543	-	-	-	-	-	
SA WORK ORDER - APD CJ Realignment (AB109)	-	HMHSCCADM367	-	-	-	-	830,992	280,175	
SA GRANT - State CDCR ISMIP	-	HMAD01-14	-	-	-	91,516	-	-	
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			3,738,991	698,183	100,183	65,700	91,516	830,992	
OTHER DPH FUNDING SOURCES									
Community Health - DCYF CRN WO	-	HCHCCHCCRNWO	-	-	-	-	-	-	
COPC - General Fund	-	HCHAPADMINGF	-	-	-	-	-	-	
TOTAL OTHER DPH FUNDING SOURCES									
TOTAL DPH FUNDING SOURCES			3,738,991	698,183	100,183	65,700	91,516	830,992	
NON-DPH FUNDING SOURCES									
NON DPH - Patient/Client Fees			330,000	26,000	-	-	77,000	-	
TOTAL NON-DPH FUNDING SOURCES			330,000	26,000	-	-	77,000	-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			4,068,991	724,183	100,183	65,700	907,992	280,175	

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number		00348		Prepared By/Phone #: Paul Kroeger (415) 918-1820				Fiscal Year: 13-14	
Contractor Name		HealthRIGHT 360				Document Date: 1/30/14			
Appendix Number		B-8	B-9	B-10	B-11	B-12	B-13	B-14	
Provider/Program Name		CARE MDSP Residential	CARE Detox Residential	CARE Variable Length Residential	CARE Lodestar Residential	SFGH Residential	Satellite ONPD Residential	Social Detox Residential	
Provider Number		383806	383806	383834	383805	383805, 383806, 383834	383805, 383807	383806	
Program Code		3806CM-RES	3806CX-RSD	3834CV-RES	3805LC-RES	3805SW-RES, 3806SG-RES, 3834G-RES	87067, 88077	88062	
FUNDING TERM		7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	
FUNDING USES									
Salaries & Employee Benefits		225,908	131,270	136,359	120,473	267,135	172,380	452,271	
Operating Expenses		127,717	60,874	67,910	63,910	137,287	136,384	250,160	
Capital Expenses		-	-	-	-	-	-	-	
Subtotal Direct Expenses		353,625	192,144	204,269	184,383	404,422	308,764	702,431	
Indirect Expenses		42,436	23,057	24,512	22,125	48,530	37,052	84,291	
Indirect %		12.00%	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%	
TOTAL FUNDING USES		396,061	215,201	228,781	206,509	452,952	345,816	786,722	
CBHS MENTAL HEALTH FUNDING SOURCES		CFDA	FAMIS						
MH FED - SDMC Regular FFP (50%)		-	HMHMCC730515	-	-	-	-	-	
MH Realignment		-	HMHMCC730515	-	-	-	-	-	
MH COUNTY - General Fund		-	HMHMCC730515	-	-	-	-	-	
MH PROJECT - MHSA		-	PHMS63-1405	-	-	-	-	-	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES				-	-	-	-	-	
CBHS SUBSTANCE ABUSE FUNDING SOURCES		CFDA	FAMIS						
SA FED - SAPT Fed Discretionary		93.959	HMHSCCRES227	-	-	-	-	-	
SA FED - SAPT HIV Set-Aside		93.959	HMHSCCRES227	-	-	-	-	-	
SA FED - Drug Medi-Cal		93.778	HMHSCCRES227	-	-	-	-	-	
SA STATE - Parolee Services Network BASN		-	HMHSCCRES227	-	-	-	-	-	
SA STATE - PSR Drug Medi-Cal		-	HMHSCCRES227	-	-	-	-	-	
SA STATE - PSR Drug Medi-Cal carryforward from 12-13		-	HMHSCCRES227	-	-	-	-	-	
SA COUNTY - General Fund		-	HMHSCCRES227	361,061	215,201	220,781	194,009	433,952	
SA COUNTY - General Fund - WO CODB		-	HMHSCCRES227	-	-	-	-	-	
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	-	-	-	-	-	
SA WORK ORDER - APD C.J. Realignment (AB109)		-	HMHSCCADM367	-	-	-	-	-	
SA GRANT - State CDCR ISMIP		-	HMAD01-14	-	-	-	-	-	
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES				361,061	215,201	220,781	194,009	433,952	
OTHER DPH FUNDING SOURCES									
Community Health - DCYF CRN WO		-	HCHCCHCCRNWO	-	-	-	-	-	
COPC - General Fund		-	HCHAPADMINGF	-	-	-	-	-	
TOTAL OTHER DPH FUNDING SOURCES				-	-	-	-	-	
TOTAL DPH FUNDING SOURCES				361,061	215,201	220,781	194,009	433,952	
NON-DPH FUNDING SOURCES									
NON DPH - Patient/Client Fees				35,000	-	8,000	12,500	19,000	
TOTAL NON-DPH FUNDING SOURCES				35,000	-	8,000	12,500	19,000	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)				396,061	215,201	228,781	206,509	452,952	

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number		00348		Prepared By/Phone #: Paul Kroeger (415) 918-1820			Fiscal Year: 13-14	
Contractor Name		HealthRIGHT 360					Document Date: 1/30/14	
Appendix Number		B-15	B-16	B-17	B-18	B-19	B-20	B-21
Provider/Program Name		Transgender Residential	WHITS Residential	Women's Hope Residential	Adult Outpatient	African American Family Healing Outpatient	Bridges Outpatient	Buprenorphine Medical Monitoring Outpatient
Provider Number		383805, 383806	383806	386910	383820	383873	383835	383820
Program Code		3805TG-RES, 3806TD-RES	3806WT-RES	69102	38201, 3820OP	87301	85351	88201
FUNDING TERM		7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14
FUNDING USES								
Salaries & Employee Benefits		228,088	190,183	441,847	873,773	208,910	243,521	45,584
Operating Expenses		106,186	94,539	146,441	251,173	73,237	83,322	166
Capital Expenses		-	-	-	-	-	-	-
Subtotal Direct Expenses		334,274	284,722	588,288	1,124,946	282,147	326,843	45,750
Indirect Expenses		40,112	34,167	70,594	134,993	33,857	39,221	5,489
Indirect %		12.00%	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%
TOTAL FUNDING USES		374,386	318,889	658,882	1,259,939	316,004	366,064	51,239
GBHS MENTAL HEALTH FUNDING SOURCES								
	CFDA	FAMIS						
MH FED - SDMC Regular FFP (50%)	-	HMHMCC730515	-	-	-	-	-	-
MH Realignment	-	HMHMCC730515	-	-	-	-	-	-
MH COUNTY - General Fund	-	HMHMCC730515	-	-	-	-	-	-
MH PROJECT - MHSA	-	PHMS63-1405	-	-	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES								
CBHS SUBSTANCE ABUSE FUNDING SOURCES								
	CFDA	FAMIS						
SA FED - SAPT Fed Discretionary	93.959	HMHSACCRES227	-	633,519	285,645	-	-	-
SA FED - SAPT HIV Set-Aside	93.959	HMHSACCRES227	-	-	-	-	-	-
SA FED - Drug Medi-Cal	93.778	HMHSACCRES227	-	-	15,000	-	-	-
SA STATE - Parolee Services Network BASN	-	HMHSACCRES227	-	-	-	-	-	-
SA STATE - PSR Drug Medi-Cal	-	HMHSACCRES227	-	-	15,000	-	-	-
SA STATE - PSR Drug Medi-Cal carryforward from 12-13	-	HMHSACCRES227	-	-	-	-	-	-
SA COUNTY - General Fund	-	HMHSACCRES227	354,386	318,889	22,363	944,294	316,004	51,239
SA COUNTY - General Fund - WO CODB	-	HMHSACCRES227	-	-	-	-	-	-
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	HMHSACCADM377	-	-	-	-	-	-
SA WORK ORDER - APD CJ Realignment (AB109)	-	HMHSACCADM367	-	-	-	-	-	-
SA GRANT - State CDCR ISMIP	-	HMAD01-14	-	-	-	-	366,064	-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES								
			354,386	318,889	655,882	1,259,939	316,004	366,064
OTHER DPH FUNDING SOURCES								
Community Health - DCYF CRN WO	-	HCHCCHCCRNWO	-	-	-	-	-	-
COPC - General Fund	-	HCHAPADMINGF	-	-	-	-	-	-
TOTAL OTHER DPH FUNDING SOURCES								
TOTAL DPH FUNDING SOURCES								
			354,386	318,889	655,882	1,259,939	316,004	366,064
NON-DPH FUNDING SOURCES								
NON DPH - Patient/Client Fees			20,000	-	3,000	-	-	-
TOTAL NON-DPH FUNDING SOURCES								
			20,000	-	3,000	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)								
			374,386	318,889	658,882	1,259,939	316,004	366,064

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number		00348		Prepared By/Phone #: Paul Kroeger (415) 918-1820			Fiscal Year: 13-14	
Contractor Name		HealthRIGHT 360					Document Date: 1/30/14	
Appendix Number		B-22	B-23	B-24	B-25	B-26	B-27	B-28
Provider/Program Name		Family Strength Outpatient	SHOP	Representative Payee Program	Second Chances	Adult Mental Health Medi-Cal	Crisis Intervention	WRAPS
Provider Number		383820	383873	383835	383835	38CC	383800	38IT
Program Code		38731	85731	88359	3835SC-ANS	38CC3	N/A	38IT3
FUNDING TERM		7/1/13-6/30/14	9/30/13-9/29/14	7/1/13-6/30/14	10/1/13-9/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14
FUNDING USES								
Salaries & Employee Benefits		180,620	248,617	104,114	265,930	285,473	15,192	54,803
Operating Expenses		1,205	45,824	60,928	188,390	15,565	-	23,151
Capital Expenses		-	-	-	-	-	-	-
Subtotal Direct Expenses		181,825	294,441	165,042	452,320	301,038	15,192	77,954
Indirect Expenses		21,819	35,332	19,805	54,278	36,124	1,823	9,355
Indirect %		12.00%	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%
TOTAL FUNDING USES		203,644	329,773	184,847	506,598	337,162	17,015	87,309
CBHS MENTAL HEALTH FUNDING SOURCES		GFDA	FAMIS					
MH FED - SDMC Regular FFP (50%)	-	HMHMCC730515	-	-	-	74,773	-	-
MH Realignment	-	HMHMCC730515	-	-	-	224,810	-	-
MH COUNTY - General Fund	-	HMHMCC730515	-	-	-	37,579	17,015	-
MH PROJECT - MHSA	-	PHMS63-1405	-	-	-	-	-	85,309
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES						337,162	17,015	85,309
CBHS SUBSTANCE ABUSE FUNDING SOURCES		GFDA	FAMIS					
SA FED - SAPT Fed Discretionary	93,959	HMHSOCRES227	-	-	-	-	-	-
SA FED - SAPT HIV Set-Aside	93,959	HMHSOCRES227	-	-	-	-	-	-
SA FED - Drug Medi-Cal	93,778	HMHSOCRES227	-	-	-	-	-	-
SA STATE - Parolee Services Network BASN	-	HMHSOCRES227	-	-	-	-	-	-
SA STATE - PSR Drug Medi-Cal	-	HMHSOCRES227	-	-	-	-	-	-
SA STATE - PSR Drug Medi-Cal carryforward from 12-13	-	HMHSOCRES227	-	-	-	-	-	-
SA COUNTY - General Fund	-	HMHSOCRES227	203,644	-	78,847	-	-	-
SA COUNTY - General Fund - WO CODB	-	HMHSOCRES227	-	-	-	-	-	-
SA GRANT - Fed SAMHSA SHOP	93,243	HCSA03-14	-	329,773	-	-	-	-
SA GRANT - Fed DOJ Second Chance	16,812	HCSA02-14	-	-	506,598	-	-	-
SA WORK ORDER - HSA FSET	10,561	HMHSOCADM377	-	-	-	-	-	-
SA WORK ORDER - APD CJ Realignment (AB109)	-	HMHSOCADM367	-	-	-	-	-	-
SA GRANT - State CDCR ISMP	-	HMA01-14	-	-	-	-	-	-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			203,644	329,773	78,847	506,598		
OTHER DPH FUNDING SOURCES								
Community Health - DCYF CRN WO	-	HCHCCHCCRNWO	-	-	-	-	-	-
COPC - General Fund	-	HCHAPADMINGF	-	-	-	-	-	-
TOTAL OTHER DPH FUNDING SOURCES								
TOTAL DPH FUNDING SOURCES			203,644	329,773	78,847	506,598	337,162	17,015
NON-DPH FUNDING SOURCES								
NON DPH - Patient/Client Fees	-		-	-	106,000	-	-	2,000
TOTAL NON-DPH FUNDING SOURCES					106,000			2,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			203,644	329,773	184,847	506,598	337,162	87,309

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number:	00348	Prepared By/Phone #: Paul Kroeger (415) 918-1820	Fiscal Year:	13-14	
Contractor Name:	HealthRIGHT 360			Document Date:	1/30/14
Appendix Number:	B-29				
Provider/Program Name:	HR360 FI Services				
Provider Number:	See CRDC				TOTAL
Program Code:	N/A				
FUNDING TERM:	7/1/13-12/31/13				7/1/13-9/30/14
FUNDING USES					
Salaries & Employee Benefits	940,225				9,617,767
Operating Expenses	138,368				3,855,951
Capital Expenses	-				-
Subtotal Direct Expenses	1,078,593	-	-	-	13,473,718
Indirect Expenses	129,436				1,616,844
Indirect %	12.00%				12.00%
TOTAL FUNDING USES	1,208,029	-	-	-	15,090,562
				Employee Fringe Benefits %:	30.87%
CBHS MENTAL HEALTH FUNDING SOURCES					
	CFDA	FAMIS			
MH FED - SDMC Regular FFP (50%)	-	HMHMCC730515	-		74,773
MH Realignment	-	HMHMCC730515	-		224,810
MH COUNTY - General Fund	-	HMHMCC730515	-		54,594
MH PROJECT - MHSA	-	PHMS63-1405	-		85,309
					-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES					439,486
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
	CFDA	FAMIS			
SA FED - SAPT Fed Discretionary	93.959	HMHSCCRES227	-		1,869,601
SA FED - SAPT HIV Set-Aside	93.959	HMHSCCRES227	67,500		67,500
SA FED - Drug Medi-Cal	93.778	HMHSCCRES227	-		15,000
SA STATE - Parolee Services Network BASN	-	HMHSCCRES227	-		864,066
SA STATE - PSR Drug Medi-Cal	-	HMHSCCRES227	-		15,000
SA STATE - PSR Drug Medi-Cal carryforward from 12-13	-	HMHSCCRES227	-		1,780,271
SA COUNTY - General Fund	-	HMHSCCRES227	541,325		5,509,710
SA COUNTY - General Fund - WO CODB	-	HMHSCCRES227	-		12,563
SA GRANT - Fed SAMHSA SHOP	93.243	HCSA03-14	-		329,773
SA GRANT - Fed DOJ Second Chance	16.812	HCSA02-14	-		506,598
SA WORK ORDER - HSA FSET	10.561	HMHSCCADM377	-		837,543
SA WORK ORDER - APD CJ Realignment (AB109)	-	HMHSCCADM367	-		1,111,167
SA GRANT - State CDCR ISMIP	-	HMAD01-14	-		457,580
					-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			608,825	-	13,376,372
OTHER DPH FUNDING SOURCES					
Community Health - DCYF CRN WO	-	HCHCCHCCRNWO	499,204		499,204
COPC - General Fund	-	HCHAPADMINGF	100,000		100,000
					-
TOTAL OTHER DPH FUNDING SOURCES			599,204	-	599,204
TOTAL DPH FUNDING SOURCES			1,208,029	-	14,415,062
NON-DPH FUNDING SOURCES					
NON DPH - Patient/Client Fees					675,500
TOTAL NON-DPH FUNDING SOURCES					675,500
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			1,208,029	-	15,090,562

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

Contractor Name: HealthRIGHT 360			Appendix #: B-1			
Provider/Program Name: Adult Residential			Document Date: 1/30/14			
Provider Number: 383805, 383806, 383834			Fiscal Year: 13-14			
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	7/1/13-6/30/14	7/1/13-6/30/14				TOTAL 7/1/13-6/30/14
FUNDING USES						
Salaries & Employee Benefits	2,005,138	590,050				2,595,188
Operating Expenses	801,874	235,965				1,037,839
Capital Expenses (greater than \$5,000)	-	-				-
Subtotal Direct Expenses	2,807,012	826,015	-	-	-	3,633,027
Indirect Expenses	336,843	99,121				435,964
TOTAL FUNDING USES	3,143,855	925,136	-	-	-	4,068,991
CBHS MENTAL HEALTH FUNDING SOURCES						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES						
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	CFDA	FAMIS				
SA FED - SAPT Fed Discretionary	93.959	HMHSCCRES227	950,437			950,437
SA STATE - PSR Drug Medi-Cal carryforward from 12-1	-	HMHSCCRES227	1,780,271			1,780,271
SA COUNTY - General Fund	-	HMHSCCRES227	158,177			158,177
SA COUNTY - General Fund - WO CODB	-	HMHSCCRES227		12,563		12,563
SA WORK ORDER - HSA FSET	10.561	HMHSCCADM377		837,543		837,543
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			2,888,885	850,106	-	3,738,991
OTHER DPH FUNDING SOURCES						
TOTAL OTHER DPH FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES			2,888,885	850,106	-	3,738,991
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)			3,143,855	925,136	-	4,068,991
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)			98	29		
Substance Abuse 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			32,056	9,433		
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)			98.07	98.07		
Published Rate (Medi-Cal Providers Only)						
Unduplicated Clients (UDC)			343	101		Total UDC: 444

DPH 3: Salaries & Benefits Detail

Program Code: 3805WR-RSD, 38062, 38342

Appendix #: B-1

Provider/Program Name: Adult Residential

Document Date: 1/30/14

Position Title	TOTAL		SAPT Fed Discretionary, State PSR DMC CF, & General Fund (HMHSCRES227) & Non-DPH Funding Sources		HSA FSET Work Order (HMHSCADM377) General Fund WO CODB (HMHSCRES227) & Non-DPH Funding Sources							
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.296	44,638	0.280	34,489	0.068	10,149						
Program Director	1.750	105,000	1.352	81,127	0.398	23,873						
Clinical Coordinator	0.500	20,000	0.388	15,453	0.114	4,547						
Director of QA & Compliance	0.460	45,996	0.355	35,538	0.105	10,458						
Manager of Licensing & Certification	0.570	28,671	0.440	22,152	0.130	6,519						
Care Coordinators	14.000	444,780	10.817	343,654	3.183	101,126						
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	39,911	0.327	11,745						
Director Of Facility Operations	0.268	22,108	0.207	17,081	0.061	5,027						
Maintenance Worker	0.853	32,209	0.659	24,886	0.194	7,323						
Transportation & Facility Manager	0.472	30,320	0.365	23,428	0.107	6,894						
Warehouse Coordinator	0.554	25,009	0.436	19,323	0.128	5,686						
Driver	2.278	70,652	1.760	54,588	0.518	16,064						
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	38,864	0.132	10,848						
Medical Services Support	1.95	63,242	1.506	48,853	0.443	14,379						
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	0.795	37,826						
Mental Health Manager	0.72	51,442	0.559	39,748	0.165	11,694						
Director of Workforce Development	0.54	46,835	0.415	36,187	0.122	10,648						
Education Coordinator	0.40	16,131	0.311	12,463	0.092	3,668						
Computer Lab Tech	0.48	15,075	0.367	11,648	0.108	3,428						
Housing & Community Service	0.80	21,122	0.487	16,320	0.137	4,802						
Employment Counselor	1.53	47,483	1.183	36,667	0.348	10,796						
IT Specialist - Data Control	0.51	20,235	0.396	15,634	0.116	4,601						
Psychiatrist	0.87	89,421	0.668	75,816	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	1,530,640	10.55	450,420						

Employee Fringe Benefits:	31.00%	614,128	31.00%	474,498	31.00%	139,630						
---------------------------	--------	---------	--------	---------	--------	---------	--	--	--	--	--	--

TOTAL SALARIES & BENEFITS

2,595,188

2,005,138

590,060

-

-

-

DPH 4: Operating Expenses Detail

Program Code: 3805WR-RSD, 38062, 38342

Appendix #: B-1

Provider/Program Name: Adult Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	SAPT Fed Discretionary, State PSR DMC CF, & General Fund (HMHSCRES227) & Non-DPH Funding Sources	HSA FSET Work Order (HMHSCCADM377) General Fund WO CODB (HMHSCRES227) & Non-DPH Funding Sources			
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:
Occupancy	-	-	-			
Rent	243,377	188,042	55,335			
Utilities (Telephone, Electricity, Water, Gas)	277,426	214,350	63,076			
Building Repair/Maintenance	141,106	109,024	32,082			
Materials & Supplies	-	-	-			
Office Supplies	12,101	9,350	2,751			
Photocopying	-	-	-			
Printing	2,663	2,058	605			
Program Supplies	248,877	192,292	56,585			
Computer Hardware/Software	9,601	7,418	2,183			
General Operating	-	-	-			
Training/Staff Development	3,000	2,318	682			
Insurance	56,156	43,388	12,768			
Professional License	15,270	11,798	3,472			
Permits	-	-	-			
Equipment Lease & Maintenance	26,694	20,625	6,069			
Staff Travel	-	-	-			
Local Travel	1,568	1,211	357			
Out-of-Town Travel	-	-	-			
Field Expenses	-	-	-			
Consultant/Subcontractor	-	-	-			
	-	-	-			
	-	-	-			
Other	-	-	-			
	-	-	-			
	-	-	-			
	-	-	-			

TOTAL OPERATING EXPENSE

1,037,839

801,874

235,965

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

Contractor Name: HealthRIGHT 360						Appendix #: B-2
Provider/Program Name: BASN Residential						Document Date: 1/30/14
Provider Number: 383834						Fiscal Year: 13-14
Program Name	BASN Residential					
Program Code	88342					
Mode/SFC (MH) or Modality (SA)	Res-51					
Service Description	SA-Res Recov Long Term (over 30 days)					
FUNDING TERM	7/1/13-6/30/14					TOTAL
						7/1/13-6/30/14
FUNDING USES						
Salaries & Employee Benefits	411,580					411,580
Operating Expenses	235,012					235,012
Capital Expenses (greater than \$5,000)	-					-
Subtotal Direct Expenses	646,592	-	-	-	-	646,592
Indirect Expenses	77,591					77,591
TOTAL FUNDING USES	724,183	-	-	-	-	724,183
CBHS MENTAL HEALTH FUNDING SOURCES						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES						
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	CFDA	FAMIS				
SA STATE - Parolee Services Network BASN	-	HMHSCGRES227	698,183			698,183
TOTAL CBHS 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			26,000			26,000
TOTAL NON-DPH FUNDING SOURCES						
TOTAL FUNDING SOURCES (DPH AND NON-DPH)						
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)	20					
Substance Abuse 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	7,424					
Unit Type	Bed Days					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	94.05					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	97.55					
Published Rate (Medi-Cal Providers Only)						
Unduplicated Clients (UDC)	47					Total UDC: 47

DPH 3: Salaries & Benefits Detail

Program Code: 88342

Appendix #: B-2

Provider/Program Name: BASN Residential

Document Date: 1/30/14

Position Title	TOTAL		BASN (HMHSCRES227) & Non-DPH Funding Sources		Term:	Term:	Term:	Term:	Term:	Term:
	FTE	Salaries	FTE	Salaries						
V.P. of Programs	0.050	6,910	0.050	6,910						
Program Director	0.360	23,400	0.360	23,400						
Director of QA & Compliance	0.070	7,000	0.070	7,000						
Manager of Licensing & Certification	0.100	4,902	0.100	4,902						
Managing Director of Clinical Services	0.050	4,850	0.050	4,850						
Supervising Care Coordinators	0.250	9,623	0.250	9,623						
Care Coordinators	1.500	57,000	1.500	57,000						
HIV/AIDS Clinical Manager	0.050	2,190	0.050	2,190						
Overnight Monitor	0.500	15,000	0.500	15,000						
Weekend Coordinator	0.200	7,000	0.200	7,000						
T.C. Admin. Assistant (Nexus)	0.260	9,161	0.260	9,161						
Director Of Facility Operations	0.060	4,866	0.060	4,866						
Maintenance Worker	0.220	6,820	0.220	6,820						
Transportation & Facility Manager	0.060	4,007	0.060	4,007						
Warehouse Coordinator	0.100	4,376	0.100	4,376						
Driver	0.340	10,426	0.340	10,426						
Cook/Food Service	0.690	21,390	0.690	21,390						
Director of Food Services	0.071	5,703	0.071	5,703						
Client Services Manager	0.090	4,742	0.090	4,742						
Client Services Support	0.280	8,400	0.280	8,400						
Family Services Coordinator	0.040	2,467	0.040	2,467						
Medical Services Director	0.090	7,679	0.090	7,679						
Medical Services Support	0.270	8,663	0.270	8,663						
Physician	0.005	520	0.005	520						
V.P. of Mental Health Services	0.060	7,347	0.060	7,347						
Mental Health Training Director	0.050	3,750	0.050	3,750						
Director of Mental Health Services	0.050	2,998	0.050	2,998						
Mental Health Care Coordinators	0.130	4,121	0.130	4,121						
Therapist	0.390	19,705	0.390	19,705						
Mental Health Manager	0.070	4,144	0.070	4,144						
Director of Workforce Development	0.090	4,707	0.090	4,707						
Education Coordinator	0.020	870	0.020	870						
Computer Lab Tech	0.060	1,936	0.060	1,936						
Housing & Community Service	0.050	1,942	0.050	1,942						
Employment Counselor	0.150	4,507	0.150	4,507						
IT Specialist - Data Control	0.080	3,395	0.080	3,395						
Psychiatrist	0.130	14,496	0.130	14,496						
Psychologist	0.050	3,200	0.050	3,200						
Totals:	7.086	314,183	7.086	314,183						

Employee Fringe Benefits:	31.00%	97,397	31.00%	97,397						
---------------------------	--------	--------	--------	--------	--	--	--	--	--	--

TOTAL SALARIES & BENEFITS

411,580

411,580

DPH 4: Operating Expenses Detail

Program Code: 88342

Appendix #: B-2

Provider/Program Name: BASN Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	BASN (HMHSCCRES227) & Non-DPH Funding Sources				
		Term: 7/1/13-6/30/14				
Occupancy	-	-				
Rent	35,833	35,833				
Utilities (Telephone, Electricity, Water, Gas)	40,335	40,335				
Building Repair/Maintenance	21,557	21,557				
Materials & Supplies	-	-				
Office Supplies	2,500	2,500				
Photocopying	2,737	2,737				
Printing	500	500				
Program Supplies	68,564	68,564				
Computer Hardware/Software	1,750	1,750				
General Operating	-	-				
Training/Staff Development	1,500	1,500				
Insurance	8,266	8,266				
Professional License	2,326	2,326				
Permits	-	-				
Equipment Lease & Maintenance	2,268	2,268				
Staff Travel	-	-				
Local Travel	500	500				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	13,800	13,800				
Food	32,576	32,576				
	-	-				

TOTAL OPERATING EXPENSE

235,012

235,012

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

Contractor Name: HealthRIGHT 360		Appendix #: B-3					
Provider/Program Name: BASN ONPD Residential		Document Date: 1/30/14					
Provider Number: 383807		Fiscal Year: 13-14					
Program Name	BASN ONPD Residential						
Program Code	3807BT-CLV						
Mode/SFC (MH) or Modality (SA)	Res-51						
Service Description	SA-Res Recov Long Term (over 30 days)						
FUNDING TERM	7/1/13-6/30/14						TOTAL
							7/1/13-6/30/14
FUNDING USES							
Salaries & Employee Benefits	51,541						51,541
Operating Expenses	37,908						37,908
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	89,449	-	-	-	-	-	89,449
Indirect Expenses	10,734						10,734
TOTAL FUNDING USES	100,183	-	-	-	-	-	100,183
CBHS MENTAL HEALTH FUNDING SOURCES							
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA	FAMIS					
SA STATE - Parolee Services Network BASN	-	HMHSCCRES227	100,183				100,183
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	100,183	-	-	-	100,183
OTHER DPH FUNDING SOURCES							
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	-	-	100,183	-	-	-	100,183
NON-DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees							
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	-	-	100,183	-	-	-	100,183
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)			8				
Substance Abuse 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			2,847				
Unit Type			Bed Days				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)			35.19				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)			35.19				
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)			32				Total UDC: 32

DPH 4: Operating Expenses Detail

Program Code: 3807BT-CLV

Appendix #: B-3

Provider/Program Name: BASN ONPD Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	BASN (HMHSCCRES227)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	8,453	8,453				
Utilities (Telephone, Electricity, Water, Gas)	11,224	11,224				
Building Repair/Maintenance	2,177	2,177				
Materials & Supplies	-	-				
Office Supplies	345	345				
Photocopying	-	-				
Printing	56	56				
Program Supplies	8,880	8,880				
Computer Hardware/Software	322	322				
General Operating	-	-				
Training/Staff Development	-	-				
Insurance	1,671	1,671				
Professional License	567	567				
Permits	-	-				
Equipment Lease & Maintenance	2,239	2,239				
Staff Travel	-	-				
Local Travel	37	37				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	1,049	1,049				
Food	888	888				
	-	-				

TOTAL OPERATING EXPENSE

37,908

37,908

- - - - -

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

Contractor Name: HealthRIGHT 360						Appendix #:	B-4
Provider/Program Name: BASN Social Detox Residential						Document Date:	1/30/14
Provider Number: 383806						Fiscal Year:	13-14
Program Name	BASN Social Detox Residential						
Program Code	84062						
Mode/SFC (MH) or Modality (SA)	Res-50						
Service Description	SA-Res Free Standing Res Detox						TOTAL
FUNDING TERM	7/1/13-6/30/14						7/1/13-6/30/14
FUNDING USES							
Salaries & Employee Benefits	35,243						35,243
Operating Expenses	23,418						23,418
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	58,661	-	-	-	-	-	58,661
Indirect Expenses	7,039						7,039
TOTAL FUNDING USES	65,700	-	-	-	-	-	65,700
CBHS MENTAL HEALTH FUNDING SOURCES							
							-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
	CRDA	FAMIS					
SA STATE - Parolee Services Network BASN	-	HMHSCRES227	65,700				65,700
							-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			65,700	-	-	-	65,700
OTHER DPH FUNDING SOURCES							
							-
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-
TOTAL DPH FUNDING SOURCES			65,700	-	-	-	65,700
NON-DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees							-
TOTAL NON-DPH FUNDING SOURCES			-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			65,700	-	-	-	65,700
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)	3						
Substance Abuse 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	985						
Unit Type	Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	66.70						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	66.70						
Published Rate (Medi-Cal Providers Only)							Total UDC:
Unduplicated Clients (UDC)	12						12

DPH 3: Salaries & Benefits Detail

Program Code: 84062
 Provider/Program Name: BASN Social Detox Residential
 Document Date: 1/30/14

Appendix #: B-4

Position Title	TOTAL		BASN (HMHSCRES227)									
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.005	824	0.005	824								
Program Director	0.025	1,644	0.025	1,644								
V.P. of QA & Compliance	0.009	900	0.009	900								
Manager of Licensing & Certification	0.010	518	0.010	518								
Managing Director of Clinical Services	0.001	144	0.001	144								
Care Coordinators	0.250	9,000	0.250	9,000								
HIV/AIDS Clinical Manager	0.030	1,260	0.030	1,260								
Overnight Monitor	0.030	900	0.030	900								
T.C. Admin. Assistant (Nexus)	0.025	874	0.025	874								
Director Of Facility Operations	0.004	330	0.004	330								
Maintenance Worker	0.010	314	0.010	314								
Transportation & Facility Manager	0.010	642	0.010	642								
Warehouse Coordinator	0.011	478	0.011	478								
Driver	0.030	930	0.030	930								
Cook/Food Service	0.090	2,790	0.090	2,790								
Director of Food Services	0.009	720	0.009	720								
Client Services Manager	0.001	29	0.001	29								
Client Services Support	0.001	34	0.001	34								
Family Services Coordinator	0.002	109	0.002	109								
Medical Services Director	0.009	718	0.009	718								
Medical Services Support	0.030	977	0.030	977								
Physician	0.000	31	0.000	31								
V.P. of Mental Health Services	0.006	799	0.006	799								
Mental Health Training Director	0.003	258	0.003	258								
Director of Mental Health Services	0.014	745	0.014	745								
Mental Health Care Coordinators	0.001	43	0.001	43								
Mental Health Manager	0.005	325	0.005	325								
IT Specialist - Data Control	0.010	400	0.010	400								
Psychologist	0.003	167	0.003	167								
Totals:	0.634	26,903	0.634	26,903	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	8,340	31.00%	8,340								
---------------------------	--------	-------	--------	-------	--	--	--	--	--	--	--	--

TOTAL SALARIES & BENEFITS

35,243

35,243

-

-

-

-

DPH 4: Operating Expenses Detail

Program Code: 84062

Appendix # B-4

Provider/Program Name: BASN Social Detox Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	BASN (HMHSCCRES227)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	1,795	1,795				
Utilities (Telephone, Electricity, Water, Gas)	5,498	5,498				
Building Repair/Maintenance	2,110	2,110				
Materials & Supplies	-	-				
Office Supplies	114	114				
Photocopying	-	-				
Printing	35	35				
Program Supplies	7,684	7,684				
Computer Hardware/Software	75	75				
General Operating	-	-				
Training/Staff Development	-	-				
Insurance	1,026	1,026				
Professional License	220	220				
Permits	-	-				
Equipment Lease & Maintenance	494	494				
Staff Travel	-	-				
Local Travel	21	21				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	1,331	1,331				
Food	3,015	3,015				
	-	-				

TOTAL OPERATING EXPENSE

23,418

23,418

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

Contractor Name: HealthRIGHT 360				Appendix #: B-5			
Provider/Program Name: Bridges Residential				Document Date: 1/30/14			
Provider Number: 383806				Fiscal Year: 13-14			
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)						
FUNDING TERM	8/1/13-6/30/14						TOTAL
							8/1/13-6/30/14
FUNDING USES							
Salaries & Employee Benefits	60,434						60,434
Operating Expenses	21,277						21,277
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	81,711	-	-	-	-	-	81,711
Indirect Expenses	9,805						9,805
TOTAL FUNDING USES	91,516	-	-	-	-	-	91,516
CBHS MENTAL HEALTH FUNDING SOURCES							
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES							
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA	FAMIS					
SA GRANT - State CDCR ISMIP	-	HMAD01-14	91,516				91,516
TOTAL CBHS 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)							
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)	2						
Substance Abuse 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	847						
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)							
Unduplicated Clients (UDC)	30						Total UDC:
							30

DPH 3: Salaries & Benefits Detail

Program Code: 3806BR-RES
 Provider/Program Name: Bridges Residential
 Document Date: 1/30/14

Appendix #: B-5

Position Title	TOTAL		CDCR ISMP (HMADO1-14)									
	Term: 8/1/13-6/30/14	Term: 8/1/13-6/30/14	Term: 8/1/13-6/30/14	Term: 8/1/13-6/30/14	Term:	Term:	Term:	Term:	Term:	Term:	Term:	Term:
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.007	1,038	0.007	1,038								
Program Director	0.032	2,099	0.032	2,099								
V.P. of QA & Compliance	0.010	985	0.010	985								
Manager of Licensing & Certification	0.013	650	0.013	650								
Managing Director of Clinical Services	0.003	292	0.003	292								
Supervising Care Coordinators	0.002	78	0.002	78								
Care Coordinators	0.300	10,800	0.300	10,800								
HIV/AIDS Clinical Manager	0.310	1,301	0.310	1,301								
Overnight Monitor	0.050	1,500	0.050	1,500								
Weekend Coordinator	0.005	175	0.005	175								
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	0.016	810	0.016	810								
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	30	0.001	30								
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:	1.337	46,133	1.337	46,133	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	14,301	31.00%	14,301	-	-	-	-	-	-	-	-
---------------------------	--------	--------	--------	--------	---	---	---	---	---	---	---	---

TOTAL SALARIES & BENEFITS **60,434** **60,434** - - - -

DPH 4: Operating Expenses Detail

Program Code: 3806BR-RES

Appendix #: B-5

Provider/Program Name: Bridges Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	CDCR ISMIP (HMAD01-14)				
	Term: 8/1/13-6/30/14	Term: 8/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	1,686	1,686				
Utilities (Telephone, Electricity, Water, Gas)	4,469	4,469				
Building Repair/Maintenance	2,246	2,246				
Materials & Supplies	-	-				
Office Supplies	141	141				
Photocopying	-	-				
Printing	42	42				
Program Supplies	6,949	6,949				
Computer Hardware/Software	123	123				
General Operating	-	-				
Training/Staff Development	-	-				
Insurance	958	958				
Professional License	194	194				
Permits	-	-				
Equipment Lease & Maintenance	511	511				
Staff Travel	-	-				
Local Travel	21	21				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	1,170	1,170				
Food	2,767	2,767				
	-	-				

TOTAL OPERATING EXPENSE

21,277

21,277

DPH 3: Salaries & Benefits Detail

Program Code: Residential: 87342, Reentry Pod Counseling: N/A
 Provider/Program Name: AB109 Residential
 Document Date: 1/30/14

Appendix #: B-6

Position Title	TOTAL		AB109 Residential APD CJ Reassignment Work Order (HMHSCCADM367) & Non-DPH Funding Sources		AB109 Reentry Pod Counseling APD CJ Reassignment Work Order (HMHSCCADM367)							
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.060	8,306	0.060	8,306	-	-	-	-	-	-	-	-
Program Director	0.410	26,648	0.410	26,648	-	-	-	-	-	-	-	-
V.P. of QA & Compliance	0.080	8,127	0.080	8,127	-	-	-	-	-	-	-	-
Manager of Licensing & Certification	0.120	5,837	0.120	5,837	-	-	-	-	-	-	-	-
Managing Director of Clinical Services	0.020	2,174	0.020	2,174	-	-	-	-	-	-	-	-
Supervising Care Coordinators	0.400	15,187	0.400	15,187	-	-	-	-	-	-	-	-
Care Coordinators	1.880	60,510	1.880	60,510	-	-	-	-	-	-	-	-
HIV/AIDS Clinical Manager	0.030	1,245	0.030	1,245	-	-	-	-	-	-	-	-
Overnight Monitor	0.590	17,630	0.590	17,630	-	-	-	-	-	-	-	-
Weekend Coordinator	0.230	7,895	0.230	7,895	-	-	-	-	-	-	-	-
T.C. Admin. Assistant (Nexus)	0.290	10,062	0.290	10,062	-	-	-	-	-	-	-	-
Director Of Facility Operations	0.070	6,100	0.070	6,100	-	-	-	-	-	-	-	-
Maintenance Worker	0.260	8,112	0.260	8,112	-	-	-	-	-	-	-	-
Transportation & Facility Manager	0.080	5,351	0.080	5,351	-	-	-	-	-	-	-	-
Warehouse Coordinator	0.120	5,116	0.120	5,116	-	-	-	-	-	-	-	-
Driver	0.480	14,784	0.480	14,784	-	-	-	-	-	-	-	-
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	11,806	0.370	11,806	-	-	-	-	-	-	-	-
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:	9.582	405,699	8.582	370,699	1.000	35,000	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	125,767	31.00%	114,917	31.00%	10,850	-	-	-
---------------------------	--------	---------	--------	---------	--------	--------	---	---	---

TOTAL SALARIES & BENEFITS

531,466

485,616

45,850

-

-

-

DPH 4: Operating Expenses Detail

Program Code: Residential: 87342. Reentry Pod Counseling: N/A

Appendix #: B-6

Provider/Program Name: AB109 Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	AB109 Residential APD C.J. Realignment Work Order (HMHSCCADM367) & Non-DPH Funding Sources	AB109 Reentry Pod Cnsng APD C.J. Realignment Work Order (HMHSCCADM367)			
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	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-7			
Provider/Program Name: AB109 ONPD Residential				Document Date: 1/30/14			
Provider Number: 383807				Fiscal Year: 13-14			
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	7/1/13-6/30/14						7/1/13-6/30/14
FUNDING USES							
Salaries & Employee Benefits	99,639						99,639
Operating Expenses	150,518						150,518
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	250,157	-	-	-	-	-	250,157
Indirect Expenses	30,018						30,018
TOTAL FUNDING USES	280,175	-	-	-	-	-	280,175
CBHS MENTAL HEALTH FUNDING SOURCES							
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES							
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA	FAMIS					
SA WORK ORDER - APD CJ Realignment (AB109)	-	HMHSCCADM367	280,175				280,175
TOTAL CBHS 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)							
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)	21						
Substance Abuse 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

Program Code: 383807

Appendix #: B-7

Provider/Program Name: AB109 ONPD Residential

Document Date: 1/30/14

Position Title	TOTAL		APD CJ Reallignment (AB109) Work Order (HMSSCADM367)									
	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	-	-	-	-	-	-	-	-
---------------------------	--------	--------	--------	--------	---	---	---	---	---	---	---	---

TOTAL SALARIES & BENEFITS 99,639 99,639 - - - -

DPH 4: Operating Expenses Detail

Program Code: 383807

Appendix #: B-7

Provider/Program Name: AB109 ONPD Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	APD CJ Realignment (AB109) Work Order (HMHSCCADM367)					
		Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14				
Occupancy	-	-	-				
Rent	17,848	17,848	17,848				
Utilities (Telephone, Electricity, Water, Gas)	53,345	53,345	53,345				
Building Repair/Maintenance	8,507	8,507	8,507				
Materials & Supplies	-	-	-				
Office Supplies	709	709	709				
Photocopying	-	-	-				
Printing	120	120	120				
Program Supplies	45,121	45,121	45,121				
Computer Hardware/Software	444	444	444				
General Operating	-	-	-				
Training/Staff Development	165	165	165				
Insurance	7,451	7,451	7,451				
Professional License	2,845	2,845	2,845				
Permits	-	-	-				
Equipment Lease & Maintenance	7,419	7,419	7,419				
Staff Travel	-	-	-				
Local Travel	357	357	357				
Out-of-Town Travel	-	-	-				
Field Expenses	-	-	-				
Consultant/Subcontractor	-	-	-				
	-	-	-				
	-	-	-				
Other	-	-	-				
Client Transportation	2,231	2,231	2,231				
Food	3,956	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-8			
Provider/Program Name: CARE MDSP Residential				Document Date: 1/30/14			
Provider Number: 383806				Fiscal Year: 13-14			
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	7/1/13-6/30/14						TOTAL
							7/1/13-6/30/14
FUNDING USES							
Salaries & Employee Benefits	225,908						225,908
Operating Expenses	127,717						127,717
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	353,625	-	-	-	-	-	353,625
Indirect Expenses	42,436						42,436
TOTAL FUNDING USES	396,061	-	-	-	-	-	396,061
CBHS MENTAL HEALTH FUNDING SOURCES							
							-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES							-
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA	FAMIS					
SA COUNTY - General Fund	-	HMHS CCRES227	361,061				361,061
							-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			361,061	-	-	-	361,061
OTHER DPH FUNDING SOURCES							
							-
TOTAL OTHER DPH FUNDING SOURCES							-
TOTAL DPH FUNDING SOURCES			361,061	-	-	-	361,061
NON-DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees			35,000				35,000
TOTAL NON-DPH FUNDING SOURCES			35,000	-	-	-	35,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			396,061	-	-	-	396,061
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (If applicable)			6				
Substance Abuse 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			1,835				
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)			215.83				
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)			49				Total UDC:
							49

DPH 3: Salaries & Benefits Detail

Program Code: 3806CM-RES
 Provider/Program Name: CARE MDSP Residential
 Document Date: 1/30/14

Appendix #: B-8

Position Title	TOTAL		General Fund (HMHSCRES227) & Non-DPH Funding Sources									
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.026	3,843	0.026	3,843								
Program Director	0.140	9,103	0.140	9,103								
V.P. of QA & Compliance	0.041	4,105	0.041	4,105								
Manager of Licensing & Certification	0.052	2,608	0.052	2,608								
Managing Director of Clinical Services	0.007	722	0.007	722								
Supervising Care Coordinators	0.033	1,237	0.033	1,237								
Care Coordinators	1.056	38,023	1.056	38,023								
HIV/AIDS Clinical Manager	0.108	4,526	0.108	4,526								
Overnight Monitor	0.168	5,046	0.168	5,046								
Weekend Coordinator	0.026	893	0.026	893								
T.C. Admin. Assistant (Nexus)	0.128	4,465	0.128	4,465								
Director Of Facility Operations	0.014	1,119	0.014	1,119								
Maintenance Worker	0.065	2,026	0.065	2,026								
Transportation & Facility Manager	0.034	2,182	0.034	2,182								
Warehouse Coordinator	0.054	2,398	0.054	2,398								
Driver	0.156	4,840	0.156	4,840								
Cook/Food Service	0.388	11,413	0.388	11,413								
Director of Food Services	0.037	2,939	0.037	2,939								
Client Services Manager	0.061	3,063	0.061	3,063								
Client Services Support	0.136	4,066	0.136	4,066								
Family Services Coordinator	0.011	632	0.011	632								
Medical Services Director	0.045	3,708	0.045	3,708								
Medical Services Support	0.146	4,741	0.146	4,741								
Physician	0.002	161	0.002	161								
V.P. of Mental Health Services	0.031	3,937	0.031	3,937								
Mental Health Training Director	0.021	1,581	0.021	1,581								
Director of Mental Health Services	0.032	1,753	0.032	1,753								
Mental Health Care Coordinators	0.028	907	0.028	907								
Therapist	0.412	20,603	0.412	20,603								
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	51	0.002	51								
Housing & Community Service	0.005	216	0.005	216								
Employment Counselor	0.017	519	0.017	519								
IT Specialist - Data Control	0.051	2,053	0.051	2,053								
Psychiatrist	0.105	12,220	0.105	12,220								
Psychologist	0.079	5,065	0.079	5,065								
Totals:	3.796	172,449	3.798	172,449	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	53,459	31.00%	53,459	-	-	-	-	-	-	-	-
---------------------------	--------	--------	--------	--------	---	---	---	---	---	---	---	---

TOTAL SALARIES & BENEFITS

225,908

225,908

-

-

-

-

DPH 4: Operating Expenses Detail

Program Code: 3806CM-RES

Appendix #: B-8

Provider/Program Name: CARE MDSP Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCRES227) & Non-DPH Funding Sources				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	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-9					
Provider/Program Name: CARE Detox Residential		Document Date: 1/30/14					
Provider Number: 383806		Fiscal Year: 13-14					
Program Name	CARE Detox Residential						
Program Code	3806CX-RSD						
Mode/SFC (MH) or Modality (SA)	Res-51						
Service Description	SA-Res Recov Long Term (over 30 days)						TOTAL
FUNDING TERM	7/1/13-6/30/14						7/1/13-6/30/14
FUNDING USES							
Salaries & Employee Benefits	131,270						131,270
Operating Expenses	60,874						60,874
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	192,144	-	-	-	-	-	192,144
Indirect Expenses	23,057						23,057
TOTAL FUNDING USES	215,201	-	-	-	-	-	215,201
CBHS MENTAL HEALTH FUNDING SOURCES							
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA	FAMIS					
SA COUNTY - General Fund	-	HMHSCCRES227	215,201				215,201
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	215,201	-	-	-	215,201
OTHER DPH FUNDING SOURCES							
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	-	-	215,201	-	-	-	215,201
NON-DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees							
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	-	-	215,201	-	-	-	215,201
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)			4				
Substance Abuse 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			1,502				
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)			143.28				
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)			24				Total UDC:
							24

DPH 4: Operating Expenses Detail

Program Code: 3806CX-RSD

Appendix #: B-9

Provider/Program Name: CARE Detox Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCCRES227)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	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-10			
Provider/Program Name: CARE Variable Length Residential				Document Date: 1/30/14			
Provider Number: 383834				Fiscal Year: 13-14			
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)						TOTAL
FUNDING TERM	7/1/13-6/30/14						7/1/13-6/30/14
FUNDING USES							
Salaries & Employee Benefits	136,359						136,359
Operating Expenses	67,910						67,910
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	204,269	-	-	-	-	-	204,269
Indirect Expenses	24,512						24,512
TOTAL FUNDING USES	228,781	-	-	-	-	-	228,781
CBHS MENTAL HEALTH FUNDING SOURCES							
							-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA	FAMIS					
SA COUNTY - General Fund	-	HMHS CCRES227	220,781				220,781
							-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			220,781	-	-	-	220,781
OTHER DPH FUNDING SOURCES							
							-
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-
TOTAL DPH FUNDING SOURCES			220,781	-	-	-	220,781
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)			228,781	-	-	-	228,781
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)			7				
Substance Abuse 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			2,503				
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)			91.41				
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)			28				Total UDC: 28

DPH 3: Salaries & Benefits Detail

Program Code: 3834CV-RES
 Provider/Program Name: CARE Variable Length Residential
 Document Date: 1/30/14

Appendix #: B-10

Position Title	TOTAL		General Fund (HMSCRES227) & Non-DPH Funding Sources									
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.014	2,090	0.014	2,090								
Program Director	0.100	6,500	0.100	6,500								
V.P. of QA & Compliance	0.021	2,115	0.021	2,115								
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	0.024	1,010	0.024	1,010								
Overnight Monitor	0.150	4,500	0.150	4,500								
Weekend Coordinator	0.052	1,834	0.052	1,834								
T.C. Admin. Assistant (Nexus)	0.075	2,642	0.075	2,642								
Director Of Facility Operations	0.017	1,438	0.017	1,438								
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	887	0.012	887								
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:	2,370	104,091	2,370	104,091	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	32,268	31.00%	32,268	-	-	-	-	-	-	-	-
---------------------------	--------	--------	--------	--------	---	---	---	---	---	---	---	---

TOTAL SALARIES & BENEFITS		136,359		136,359	-	-	-	-	-	-	-	-
---------------------------	--	---------	--	---------	---	---	---	---	---	---	---	---

DPH 4: Operating Expenses Detail

Program Code: 3834CV-RES

Appendix #: B-10

Provider/Program Name: CARE Variable Length Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCRES227) & Non-DPH Funding Sources				
		Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	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

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

Contractor Name: HealthRIGHT 360							Appendix #: B-11
Provider/Program Name: CARE Lodestar Residential							Document Date: 1/30/14
Provider Number: 383805							Fiscal Year: 13-14
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	7/1/13-6/30/14					TOTAL	
FUNDING USES							
Salaries & Employee Benefits	120,473					120,473	
Operating Expenses	63,910					63,910	
Capital Expenses (greater than \$5,000)	-					-	
Subtotal Direct Expenses	184,383	-	-	-	-	184,383	
Indirect Expenses	22,126					22,126	
TOTAL FUNDING USES	206,509	-	-	-	-	206,509	
CBHS MENTAL HEALTH FUNDING SOURCES							
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES							
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA	FAMIS					
SA COUNTY - General Fund	-	HMHSCCRES227	194,009			194,009	
TOTAL CBHS 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			12,500			12,500	
TOTAL NON-DPH FUNDING SOURCES							
TOTAL FUNDING SOURCES (DPH AND NON-DPH)							
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)			6				
Substance Abuse 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			1,836				
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)			112.53				
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)			24			Total UDC:	
						24	

DPH 4: Operating Expenses Detail

Program Code: 3805LC-RES

Appendix #: B-11

Provider/Program Name: CARE Lodestar Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCCRES227) & Non-DPH Funding Sources				
		Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	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-12	
Provider/Program Name: SFGH Residential						Document Date: 1/30/14	
Provider Number: 383805, 383806, 383834						Fiscal Year: 13-14	
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	7/1/13-6/30/14						TOTAL 7/1/13-6/30/14
FUNDING USES							
Salaries & Employee Benefits	267,135						267,135
Operating Expenses	137,287						137,287
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	404,422	-	-	-	-	-	404,422
Indirect Expenses	48,530						48,530
TOTAL FUNDING USES	452,952	-	-	-	-	-	452,952
CBHS MENTAL HEALTH FUNDING SOURCES							
							-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES							-
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA	FAMIS					
SA COUNTY - General Fund	-	HMHSCCRES227	433,952				433,952
							-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			433,952	-	-	-	433,952
OTHER DPH FUNDING SOURCES							
							-
TOTAL OTHER DPH FUNDING SOURCES							-
TOTAL DPH FUNDING SOURCES			433,952	-	-	-	433,952
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)			452,952	-	-	-	452,952
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)			10				
Substance Abuse 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			3,337				
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)			135.73				
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)			45				Total UDC: 45

DPH 4: Operating Expenses Detail

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

Appendix #: B-12

Provider/Program Name: SFGH Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCCRES227) & Non-DPH Funding Sources				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	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-13			
Provider/Program Name: Satellite ONPD Residential				Document Date: 1/30/14			
Provider Number: 383805, 383807				Fiscal Year: 13-14			
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	7/1/13-6/30/14						TOTAL
							7/1/13-6/30/14
FUNDING USES							
Salaries & Employee Benefits	172,380						172,380
Operating Expenses	136,384						136,384
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	308,764			-	-	-	308,764
Indirect Expenses	37,052						37,052
TOTAL FUNDING USES	345,816			-	-	-	345,816
CBHS MENTAL HEALTH FUNDING SOURCES							
							-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			-	-	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA	FAMIS					
SA COUNTY - General Fund	-	HMHSOCRES227	308,816				308,816
							-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			308,816	-	-	-	308,816
OTHER DPH FUNDING SOURCES							
							-
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-
TOTAL DPH FUNDING SOURCES			308,816	-	-	-	308,816
NON-DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees			37,000				37,000
TOTAL NON-DPH FUNDING SOURCES			37,000	-	-	-	37,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			345,816	-	-	-	345,816
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)	21						
Substance Abuse 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	7,007						
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)	49.35						
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)	84						Total UDC: 84

DPH 3: Salaries & Benefits Detail

Program Code: 87067, 88077

Appendix #: B-13

Provider/Program Name: Satellite ONPD Residential

Document Date: 1/30/14

Position Title	TOTAL		General Fund (HMHSCRES227) & 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	0.012	1,005	0.012	1,005								
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	898	0.007	898								
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	0.202	10,110	0.202	10,110								
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	6,383	0.270	6,383								
IT Specialist - Data Control	0.080	3,164	0.080	3,164								
Psychiatrist	0.037	4,223	0.037	4,223								
Psychologist	0.003	213	0.003	213								
	-	-	-	-								
Totals:	3.073	131,588	3.073	131,588								

Employee Fringe Benefits:	31.00%	40,792	31.00%	40,792								
---------------------------	--------	--------	--------	--------	--	--	--	--	--	--	--	--

TOTAL SALARIES & BENEFITS

172,380

172,380

-

-

-

-

DPH 4: Operating Expenses Detail

Program Code: 87067, 88077

Appendix #: B-13

Provider/Program Name: Satellite ONPD Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCRES227) & Non-DPH Funding Sources				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	29,244	29,244				
Utilities (Telephone, Electricity, Water, Gas)	38,829	38,829				
Building Repair/Maintenance	7,532	7,532				
Materials & Supplies	-	-				
Office Supplies	1,194	1,194				
Photocopying	-	-				
Printing	195	195				
Program Supplies	34,495	34,495				
Computer Hardware/Software	1,115	1,115				
General Operating	-	-				
Training/Staff Development	1,461	1,461				
Insurance	5,782	5,782				
Professional License	1,962	1,962				
Permits	-	-				
Equipment Lease & Maintenance	7,745	7,745				
Staff Travel	-	-				
Local Travel	127	127				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	3,629	3,629				
Food	3,074	3,074				
	-	-				

TOTAL OPERATING EXPENSE

136,384

136,384

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

Contractor Name: HealthRIGHT 360		Appendix #: B-14					
Provider/Program Name: Social Detox Residential		Document Date: 1/30/14					
Provider Number: 383806		Fiscal Year: 13-14					
Program Name	Social Detox Residential						
Program Code	88062						
Mode/SFC (MH) or Modality (SA)	Res-50						
Service Description	SA-Res Free Standing Res Detox						TOTAL
FUNDING TERM	7/1/13-6/30/14						7/1/13-6/30/14
FUNDING USES							
Salaries & Employee Benefits	452,271						452,271
Operating Expenses	250,160						250,160
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	702,431	-	-	-	-	-	702,431
Indirect Expenses	84,291						84,291
TOTAL FUNDING USES	786,722	-	-	-	-	-	786,722
CBHS MENTAL HEALTH FUNDING SOURCES							
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES							
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
SA COUNTY - General Fund	-	HMHSCCRES227	786,722				786,722
TOTAL CBHS 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)							
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)	35						
Substance Abuse 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	11,681						
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)							Total UDC:
Unduplicated Clients (UDC)	140						140

DPH 3: Salaries & Benefits Detail

Program Code: 88062
 Provider/Program Name: Social Detox Residential
 Document Date: 1/30/14

Appendix #: B-14

Position Title	TOTAL		General Fund (HMHSCRES227)									
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.054	8,115	0.054	8,115								
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:	8.670	345,245	8.670	345,245	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	107,026	31.00%	107,026	-	-	-	-	-	-
---------------------------	--------	---------	--------	---------	---	---	---	---	---	---

TOTAL SALARIES & BENEFITS	452,271	452,271	-	-	-	-
---------------------------	---------	---------	---	---	---	---

DPH 4: Operating Expenses Detail

Program Code: 88062

Appendix #: B-14

Provider/Program Name: Social Detox Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCCRES227)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	19,681	19,681				
Utilities (Telephone, Electricity, Water, Gas)	50,186	50,186				
Building Repair/Maintenance	39,613	39,613				
Materials & Supplies	-	-				
Office Supplies	1,056	1,056				
Photocopying	-	-				
Printing	407	407				
Program Supplies	77,689	77,689				
Computer Hardware/Software	485	485				
General Operating	-	-				
Training/Staff Development	105	105				
Insurance	10,442	10,442				
Professional License	2,086	2,086				
Permits	-	-				
Equipment Lease & Maintenance	4,858	4,858				
Staff Travel	-	-				
Local Travel	216	216				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	13,124	13,124				
Food	30,212	30,212				
	-	-				

TOTAL OPERATING EXPENSE

250,160

250,160

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

Contractor Name: HealthRIGHT 360						Appendix #: B-15
Provider/Program Name: Transgender Residential						Document Date: 1/30/14
Provider Number: 383805, 383806						Fiscal Year: 13-14
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	7/1/13-6/30/14					7/1/13-6/30/14
FUNDING USES						
Salaries & Employee Benefits	228,088					228,088
Operating Expenses	106,186					106,186
Capital Expenses (greater than \$5,000)	-					-
Subtotal Direct Expenses	334,274	-	-	-	-	334,274
Indirect Expenses	40,112					40,112
TOTAL FUNDING USES	374,386	-	-	-	-	374,386
CBHS MENTAL HEALTH FUNDING SOURCES						
						-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	CFDA	FAMIS				
SA COUNTY - General Fund	-	HMHSOCRES227	354,386			354,386
						-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			354,386	-	-	354,386
OTHER DPH FUNDING SOURCES						
						-
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-
TOTAL DPH FUNDING SOURCES			354,386	-	-	354,386
NON-DPH FUNDING SOURCES						
NON DPH - Patient/Client Fees			20,000			20,000
TOTAL NON-DPH FUNDING SOURCES			20,000	-	-	20,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			374,386	-	-	374,386
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)			8			
Substance Abuse 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			2,669			
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)			140.27			
Published Rate (Medi-Cal Providers Only)						
Unduplicated Clients (UDC)			36			Total UDC: 36

DPH 3: Salaries & Benefits Detail

Program Code: 3805TG-RES, 3806TD-RES
 Provider/Program Name: Transgender Residential
 Document Date: 1/30/14

Appendix #: B-15

Position Title	TOTAL		General Fund (HMHSCRES227) & Non-DPH Funding Sources									
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		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	2,016	0.040	2,016								
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	0.258	7,689	0.258	7,689								
T.C. Admin. Assistant (Hexus)	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	23,686	0.474	23,686								
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	-	-	-	-	-	-	-	-
---------------------------	--------	--------	--------	--------	---	---	---	---	---	---	---	---

TOTAL SALARIES & BENEFITS 228,088 228,088 - - - -

DPH 4: Operating Expenses Detail

Program Code: 3805TG-RES, 3806TD-RES

Appendix #: B-15

Provider/Program Name: Transgender Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCCRES227) & Non-DPH Funding Sources				
		Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	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 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

Contractor Name: HealthRIGHT 360						Appendix #: B-16	
Provider/Program Name: WHITS Residential						Document Date: 1/30/14	
Provider Number: 383806						Fiscal Year: 13-14	
Program Name	WHITS Residential						
Program Code	3806WT-RES						
Mode/SFC (MH) or Modality (SA)	Res-51						
Service Description	SA-Res Recov Long Term (over 30 days)						
FUNDING TERM	7/1/13-6/30/14						TOTAL
FUNDING USES							
Salaries & Employee Benefits	190,183						190,183
Operating Expenses	94,539						94,539
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	284,722	-	-	-	-	-	284,722
Indirect Expenses	34,167						34,167
TOTAL FUNDING USES	318,889	-	-	-	-	-	318,889
CBHS MENTAL HEALTH FUNDING SOURCES							
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES							
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
SA COUNTY - General Fund		CFDA	FAMIS				
		-	HMHSOCRES227	318,889			318,889
TOTAL CBHS 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							
TOTAL NON-DPH FUNDING SOURCES							
TOTAL FUNDING SOURCES (DPH AND NON-DPH)							
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)				5			
Substance Abuse 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				1,668			
Unit Type				Bed Days			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)				191.18			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)				191.18			
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)				22			
							Total UDC:
							22

DPH 4: Operating Expenses Detail

Program Code: 3806WT-RES

Appendix # B-16

Provider/Program Name: WHITS Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCRES227)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	8,497	8,497				
Utilities (Telephone, Electricity, Water, Gas)	21,934	21,934				
Building Repair/Maintenance	8,650	8,650				
Materials & Supplies	-	-				
Office Supplies	449	449				
Photocopying	-	-				
Printing	193	193				
Program Supplies	31,525	31,525				
Computer Hardware/Software	213	213				
General Operating	-	-				
Training/Staff Development	66	66				
Insurance	4,642	4,642				
Professional License	896	896				
Permits	-	-				
Equipment Lease & Maintenance	2,162	2,162				
Staff Travel	-	-				
Local Travel	98	98				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	1,996	1,996				
Food	13,218	13,218				
	-	-				
TOTAL OPERATING EXPENSE	94,539	94,539	-	-	-	-

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

Contractor Name: HealthRIGHT 360						Appendix #: B-17
Provider/Program Name: Women's Hope Residential						Document Date: 1/30/14
Provider Number: 388910						Fiscal Year: 13-14
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	7/1/13-6/30/14					TOTAL 7/1/13-6/30/14
FUNDING USES						
Salaries & Employee Benefits	441,847					441,847
Operating Expenses	146,441					146,441
Capital Expenses (greater than \$5,000)	-					-
Subtotal Direct Expenses	588,288	-	-	-	-	588,288
Indirect Expenses	70,594					70,594
TOTAL FUNDING USES	658,882	-	-	-	-	658,882
CBHS MENTAL HEALTH FUNDING SOURCES						
						-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES						-
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	CFDA	FAMIS				
SA FED - SAPT Fed Discretionary	93.959	HMHSACCRES227	633,519			633,519
SA COUNTY - General Fund	-	HMHSACCRES227	22,363			22,363
						-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			655,882	-	-	655,882
OTHER DPH FUNDING SOURCES						
						-
TOTAL OTHER DPH FUNDING SOURCES						-
TOTAL DPH FUNDING SOURCES			655,882	-	-	655,882
NON-DPH FUNDING SOURCES						
NON DPH - Patient/Client Fees			3,000			3,000
TOTAL NON-DPH FUNDING SOURCES			3,000	-	-	3,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			658,882	-	-	658,882
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)			16			
Substance Abuse 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			5,338			
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)			123.43			
Published Rate (Medi-Cal Providers Only)						
Unduplicated Clients (UDC)			35			Total UDC: 35

DPH 3: Salaries & Benefits Detail

Program Code: 89102

Appendix #: B-17

Provider/Program Name: Women's Hope Residential

Document Date: 1/30/14

Position Title	TOTAL		SAPT Fed Discretionary & General Fund (HMHSCRES227) & Non-DPH Funding Sources									
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.359	23,323	0.359	23,323								
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	0.081	2,505	0.081	2,505								
Transportation & Facility Manager	0.004	284	0.004	284								
Driver	0.015	474	0.015	474								
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	0.011	1,223	0.011	1,223								
Totals:	8.879	337,288	8.879	337,288								

Employee Fringe Benefits:	31.00%	104,559	31.00%	104,559	-	-	-	-
----------------------------------	--------	---------	--------	---------	---	---	---	---

TOTAL SALARIES & BENEFITS

441,847	441,847	-	-	-	-
---------	---------	---	---	---	---

DPH 4: Operating Expenses Detail

Program Code: 89102

Appendix #: B-17

Provider/Program Name: Women's Hope Residential

Document Date: 1/30/14

Expenditure Category	TOTAL	SAPT Fed Discretionary & General Fund (HMHSCRES227) & Non-DPH Funding Sources				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	3,679	3,679				
Utilities (Telephone, Electricity, Water, Gas)	39,768	39,768				
Building Repair/Maintenance	16,633	16,633				
Materials & Supplies	-	-				
Office Supplies	2,589	2,589				
Photocopying	-	-				
Printing	262	262				
Program Supplies	26,512	26,512				
Computer Hardware/Software	313	313				
General Operating	-	-				
Training/Staff Development	378	378				
Insurance	3,942	3,942				
Professional License	1,505	1,505				
Permits	-	-				
Equipment Lease & Maintenance	11,559	11,559				
Staff Travel	-	-				
Local Travel	40	40				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	11,007	11,007				
Food	28,254	28,254				
	-	-				

TOTAL OPERATING EXPENSE

146,441

146,441

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

Contractor Name: HealthRIGHT 360		Appendix #: B-18	
Provider/Program Name: Adult Outpatient		Document Date: 1/30/14	
Provider Number: 383820		Fiscal Year: 13-14	
Program Name	Adult Outpatient	Adult Outpatient	
Program Code	Non-DMC: 3820OP	Non-DMC: 3820OP	
Mode/SFC (MH) or Modality (SA)	Nonres-33	Nonres-34	
Service Description	SA-Nonresidntl ODF Grp	SA-Nonresidntl ODF Indv	
FUNDING TERM	7/1/13-6/30/14	7/1/13-6/30/14	TOTAL 7/1/13-6/30/14
FUNDING USES			
Salaries & Employee Benefits	771,209	102,564	873,773
Operating Expenses	221,690	29,483	251,173
Capital Expenses (greater than \$5,000)	-	-	-
Subtotal Direct Expenses	992,899	132,047	1,124,946
Indirect Expenses	119,148	15,845	134,993
TOTAL FUNDING USES	1,112,047	147,892	1,259,939
CBHS MENTAL HEALTH FUNDING SOURCES			
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
	CFDA	FAMIS	
SA FED - SAPT Fed Discretionary	93.959	HMHSACCRES227	252,116 33,529 285,645
SA FED - Drug Medi-Cal	93.778	HMHSACCRES227	13,239 1,761 15,000
SA STATE - PSR Drug Medi-Cal	-	HMHSACCRES227	13,239 1,761 15,000
SA COUNTY - General Fund	-	HMHSACCRES227	833,453 110,841 944,294
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			1,112,047 147,892 - - - 1,259,939
OTHER DPH FUNDING SOURCES			
TOTAL OTHER DPH FUNDING SOURCES	-	-	-
TOTAL DPH FUNDING SOURCES	1,112,047	147,892	1,259,939
NON-DPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	1,112,047	147,892	1,259,939
CBHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable)			
Substance Abuse 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)			
Units of Service	12,234	1,627	
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)			
Unduplicated Clients (UDC)	364	43	Total UDC: 407

DPH 3: Salaries & Benefits Detail

Program Code: 38201, 3820OP

Appendix #: B-18

Provider/Program Name: Adult Outpatient

Document Date: 1/30/14

Position Title	TOTAL		SAPT Fed Discretionary, Drug Medi-Cal & General Fund (HMHSCRES227)									
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	1.157	63,643	1.157	63,643								
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	667,002	16.494	667,002	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	206,771	31.00%	206,771	-	-	-	-	-	-	-	-
----------------------------------	--------	---------	--------	---------	---	---	---	---	---	---	---	---

TOTAL SALARIES & BENEFITS **873,773** **873,773** - - - -

DPH 4: Operating Expenses Detail

Program Code: 38201, 38200P

Appendix #: B-18

Provider/Program Name: Adult Outpatient

Document Date: 1/30/14

Expenditure Category	TOTAL	SAPT Fed Discretionary, Drug Medi-Cal & General Fund (HMHSCRES227)					
		Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14				
Occupancy	-	-	-				
Rent	146,668	146,668	146,668				
Utilities (Telephone, Electricity, Water, Gas)	33,935	33,935	33,935				
Building Repair/Maintenance	3,641	3,641	3,641				
Materials & Supplies	-	-	-				
Office Supplies	973	973	973				
Photocopying	-	-	-				
Printing	2,055	2,055	2,055				
Program Supplies	15,969	15,969	15,969				
Computer Hardware/Software	4,867	4,867	4,867				
General Operating	-	-	-				
Training/Staff Development	1,035	1,035	1,035				
Insurance	4,629	4,629	4,629				
Professional License	3,047	3,047	3,047				
Permits	-	-	-				
Equipment Lease & Maintenance	9,542	9,542	9,542				
Staff Travel	-	-	-				
Local Travel	66	66	66				
Out-of-Town Travel	-	-	-				
Field Expenses	-	-	-				
Consultant/Subcontractor	-	-	-				
	-	-	-				
	-	-	-				
Other	-	-	-				
Client Transportation	12,497	12,497	12,497				
Food	12,249	12,249	12,249				
	-	-	-				

TOTAL OPERATING EXPENSE

251,173

251,173

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

Contractor Name: HealthRIGHT 360				Appendix #: B-19			
Provider/Program Name: African American Family Healing Outpatient				Document Date: 1/30/14			
Provider Number: 383873				Fiscal Year: 13-14			
Program Name	African American Family Healing Outpatient	African American Family Healing Outpatient					
Program Code	87301	87301					
Mode/SFC (MH) or Modality (SA)	Nonres-33	Nonres-34					
Service Description	SA-Nonresidntl ODF Grp	SA-Nonresidntl ODF Indv					TOTAL
FUNDING TERM	7/1/13-6/30/14	7/1/13-6/30/14					7/1/13-6/30/14
FUNDING USES							
Salaries & Employee Benefits	175,066	33,844					208,910
Operating Expenses	61,373	11,864					73,237
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	236,439	45,708	-	-	-	-	282,147
Indirect Expenses	28,372	5,485					33,857
TOTAL FUNDING USES	264,811	51,193	-	-	-	-	316,004
CBHS MENTAL HEALTH FUNDING SOURCES							
							-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA	FAMIS					
SA COUNTY - General Fund	-	HMHS CCRES227	264,811	51,193			316,004
							-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	HMHS CCRES227	264,811	51,193	-	-	316,004
OTHER DPH FUNDING SOURCES							
							-
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	-	-	264,811	51,193	-	-	316,004
NON-DPH FUNDING SOURCES							
							-
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	-	-	264,811	51,193	-	-	316,004
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)	665						
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	3,135	606					
Unit Type	Staff Hour	Staff Hour					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	84.47	84.47					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	84.47	84.47					
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)	66	35					Total UDC: 101

DPH 4: Operating Expenses Detail

Program Code: 87301

Appendix #: B-19

Provider/Program Name: African American Family Healing Outpatient

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCRES227)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	37,912	37,912				
Utilities (Telephone, Electricity, Water, Gas)	12,241	12,241				
Building Repair/Maintenance	526	526				
Materials & Supplies	-	-				
Office Supplies	447	447				
Photocopying	-	-				
Printing	401	401				
Program Supplies	8,971	8,971				
Computer Hardware/Software	1,861	1,861				
General Operating	-	-				
Training/Staff Development	75	75				
Insurance	1,799	1,799				
Professional License	-	-				
Permits	1,714	1,714				
Equipment Lease & Maintenance	2,049	2,049				
Staff Travel	-	-				
Local Travel	102	102				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	4,014	4,014				
Food	1,125	1,125				
	-	-				

TOTAL OPERATING EXPENSE

73,237

73,237

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

Contractor Name: HealthRIGHT 360						Appendix #: B-20
Provider/Program Name: Bridges Outpatient						Document Date: 1/30/14
Provider Number: 383835						Fiscal Year: 13-14
Program Name	Bridges Outpatient					
Program Code	85351					
Mode/SFC (MH) or Modality (SA)	Nonres-30					
Service Description	SA-Nonresident/IO Day Care Rehab					TOTAL
FUNDING TERM	8/1/13-6/30/14					8/1/13-6/30/14
FUNDING USES						
Salaries & Employee Benefits	243,521					243,521
Operating Expenses	83,322					83,322
Capital Expenses (greater than \$5,000)	-					-
Subtotal Direct Expenses	326,843	-	-	-	-	326,843
Indirect Expenses	39,221					39,221
TOTAL FUNDING USES	366,064	-	-	-	-	366,064
CBHS MENTAL HEALTH FUNDING SOURCES						
						-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	CFDA	FAMIS				
SA GRANT - State CDCR ISMIP	-	HMA01-14	366,064			366,064
						-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			366,064	-	-	366,064
OTHER DPH FUNDING SOURCES						
						-
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-
TOTAL DPH FUNDING SOURCES			366,064	-	-	366,064
NON-DPH FUNDING SOURCES						
						-
TOTAL NON-DPH FUNDING SOURCES			-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			366,064	-	-	366,064
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse 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		7,682				
CDCR ISMIP Unit Type		Client Day				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		47.65				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		47.65				
Published Rate (Medi-Cal Providers Only)						
Unduplicated Clients (UDC)		40				Total UDC:
						40

DPH 3: Salaries & Benefits Detail

Program Code: 85351

Appendix #: B-20

Provider/Program Name: Bridges Outpatient

Document Date: 1/30/14

Position Title	TOTAL		CDCR ISMIP (HMAD01-14)									
	Term: 8/1/13-6/30/14		Term: 8/1/13-6/30/14		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.550	35,750	0.550	35,750								
Case Managers	2.540	91,457	2.540	91,457								
Director Of Facility Operations	0.006	511	0.006	511								
Maintenance Worker	0.011	341	0.011	341								
Transportation & Facility Manager	0.003	169	0.003	169								
Driver	0.010	306	0.010	306								
Cook/Food Service	0.050	1,550	0.050	1,550								
V.P. of Mental Health Services	0.047	5,921	0.047	5,921								
Mental Health Training Director	0.043	3,224	0.043	3,224								
Director of Mental Health Services	0.033	1,087	0.033	1,087								
Mental Health Medi-Cal Admin Coord.	0.066	3,042	0.066	3,042								
Therapist	0.762	38,097	0.762	38,097								
Mental Health Manager	0.033	1,955	0.033	1,955								
Employment Counselor	0.001	33	0.001	33								
IT Specialist - Data Control	0.030	1,193	0.030	1,193								
Psychologist	0.020	1,258	0.020	1,258								
	-	-	-	-								
	-	-	-	-								
Totals:	4.205	185,894	4.2050	185,894	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	57,627	31.00%	57,627	-	-	-	-	-	-	-	-
---------------------------	--------	--------	--------	--------	---	---	---	---	---	---	---	---

TOTAL SALARIES & BENEFITS

243,521	243,521	-	-	-	-
---------	---------	---	---	---	---

DPH 4: Operating Expenses Detail

Program Code: 85351

Appendix #: B-20

Provider/Program Name: Bridges Outpatient

Document Date: 1/30/14

Expenditure Category	TOTAL	CDCR ISMIP (HMAD01-14)				
	Term: 8/1/13-6/30/14	Term: 8/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	38,805	38,805				
Utilities (Telephone, Electricity, Water, Gas)	7,604	7,604				
Building Repair/Maintenance	5,338	5,338				
Materials & Supplies	-	-				
Office Supplies	1,003	1,003				
Photocopying	-	-				
Printing	180	180				
Program Supplies	6,092	6,092				
Computer Hardware/Software	3,553	3,553				
General Operating	-	-				
Training/Staff Development	52	52				
Insurance	1,247	1,247				
Professional License	136	136				
Permits	-	-				
Equipment Lease & Maintenance	3,064	3,064				
Staff Travel	-	-				
Local Travel	39	39				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	9,567	9,567				
Food	6,642	6,642				
	-	-				

TOTAL OPERATING EXPENSE

83,322

83,322

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

Contractor Name: HealthRIGHT 360			Appendix #: B-21				
Provider/Program Name: Buprenorphine Medical Monitoring Outpatient			Document Date: 1/30/14				
Provider Number: 383820			Fiscal Year: 13-14				
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)						
FUNDING TERM	7/1/13-6/30/14						TOTAL 7/1/13-6/30/14
FUNDING USES							
Salaries & Employee Benefits	45,584						45,584
Operating Expenses	166						166
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	45,750	-	-	-	-	-	45,750
Indirect Expenses	5,489						5,489
TOTAL FUNDING USES	51,239	-	-	-	-	-	51,239
CBHS MENTAL HEALTH FUNDING SOURCES							
							-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA	FAMIS					
SA COUNTY - General Fund	-	HMHSCRES227	51,239				51,239
							-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			51,239	-	-	-	51,239
OTHER DPH FUNDING SOURCES							
							-
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-
TOTAL DPH FUNDING SOURCES			51,239	-	-	-	51,239
NON-DPH FUNDING SOURCES							
							-
TOTAL NON-DPH FUNDING SOURCES			-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			51,239	-	-	-	51,239
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
Substance Abuse 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		475					
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

Program Code: 88201

Appendix #: B-21

Provider/Program Name: Buprenorphine Medical Monitoring Outpatient

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCCRES227)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	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

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

Contractor Name: HealthRIGHT 360				Appendix #: B-22			
Provider/Program Name: Family Strength Outpatient				Document Date: 1/30/14			
Provider Number: 383820				Fiscal Year: 13-14			
Program Name	Family Strength Outpatient	Family Strength Outpatient					
Program Code	38731	38731					
Mode/SFC (MH) or Modality (SA)	Nonres-33	Nonres-34					
Service Description	SA-Nonresidntl ODF Grp	SA-Nonresidntl ODF Indv					TOTAL
FUNDING TERM	7/1/13-6/30/14	7/1/13-6/30/14					7/1/13-6/30/14
FUNDING USES							
Salaries & Employee Benefits	118,848	61,772					180,620
Operating Expenses	793	412					1,205
Capital Expenses (greater than \$5,000)	-	-					-
Subtotal Direct Expenses	119,641	62,184	-	-	-	-	181,825
Indirect Expenses	14,357	7,462					21,819
TOTAL FUNDING USES	133,998	69,646	-	-	-	-	203,644
CBHS MENTAL HEALTH FUNDING SOURCES							
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES							
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
SA COUNTY - General Fund	-	HMHSCCRES227	133,998	69,646			203,644
TOTAL CBHS 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)							
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)	200						
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	2,138	1,111					
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)	75	40					115

DPH 4: Operating Expenses Detail

Program Code: 38731

Appendix #: B-22

Provider/Program Name: Family Strength Outpatient

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCCRE227)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	-	-				
Utilities (Telephone, Electricity, Water, Gas)	102	102				
Building Repair/Maintenance	-	-				
Materials & Supplies	-	-				
Office Supplies	-	-				
Photocopying	-	-				
Printing	64	64				
Program Supplies	507	507				
Computer Hardware/Software	-	-				
General Operating	-	-				
Training/Staff Development	130	130				
Insurance	402	402				
Professional License	-	-				
Permits	-	-				
Equipment Lease & Maintenance	-	-				
Staff Travel	-	-				
Local Travel	-	-				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
	-	-				
	-	-				
	-	-				

TOTAL OPERATING EXPENSE

1,205

1,205

- - - - -

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

Contractor Name: HealthRIGHT 360		Appendix #: B-23					
Provider/Program Name: SHOP		Document Date: 1/30/14					
Provider Number: 383873		Fiscal Year: 13-14					
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	9/30/13-9/29/14	9/30/13-9/29/14					9/30/13-9/29/14
FUNDING USES							
Salaries & Employee Benefits	194,170	54,447					248,617
Operating Expenses	35,789	10,035					45,824
Capital Expenses (greater than \$5,000)	-	-					-
Subtotal Direct Expenses	229,959	64,482	-	-	-	-	294,441
Indirect Expenses	27,594	7,738					35,332
TOTAL FUNDING USES	257,553	72,220	-	-	-	-	329,773
CBHS MENTAL HEALTH FUNDING SOURCES							
							-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
	CFDA	FAMIS					
SA GRANT - Fed SAMHSA SHOP	93.243	HCSA03-14	257,553	72,220			329,773
							-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			257,553	72,220	-	-	329,773
OTHER DPH FUNDING SOURCES							
							-
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES			257,553	72,220	-	-	329,773
NON-DPH FUNDING SOURCES							
							-
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			257,553	72,220	-	-	329,773
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
Substance Abuse 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	4,109	1,152					
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)	75	40					115

DPH 4: Operating Expenses Detail

Program Code: 85731

Appendix #: B-23

Provider/Program Name: SHOP

Document Date: 1/30/14

Expenditure Category	TOTAL	SAMHSA SHOP Grant (HCSA03-14)				
	Term: 9/30/13-9/29/14	Term: 9/30/13-9/29/14	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	25,681	25,681				
Utilities (Telephone, Electricity, Water, Gas)	9,912	9,912				
Building Repair/Maintenance	548	548				
Materials & Supplies	-	-				
Office Supplies	755	755				
Photocopying	-	-				
Printing	196	196				
Program Supplies	1,600	1,600				
Computer Hardware/Software	-	-				
General Operating	-	-				
Training/Staff Development	563	563				
Insurance	1,477	1,477				
Professional License	735	735				
Permits	-	-				
Equipment Lease & Maintenance	-	-				
Staff Travel	-	-				
Local Travel	982	982				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	2,064	2,064				
Food	1,311	1,311				
	-	-				

TOTAL OPERATING EXPENSE

45,824

45,824

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

Contractor Name: HealthRIGHT 360						Appendix #: B-24
Provider/Program Name: Representative Payee Program						Document Date: 1/30/14
Provider Number: 383835						Fiscal Year: 13-14
Program Name	Representative Payee Program					
Program Code	88359					
Mode/SFC (MH) or Modality (SA)	Anc-68					
Service Description	SA-Ancillary Svcs Case Mgmt					TOTAL
FUNDING TERM	7/1/13-6/30/14					7/1/13-6/30/14
FUNDING USES						
Salaries & Employee Benefits	104,114					104,114
Operating Expenses	60,928					60,928
Capital Expenses (greater than \$5,000)	-					-
Subtotal Direct Expenses	165,042	-	-	-	-	165,042
Indirect Expenses	19,805					19,805
TOTAL FUNDING USES	184,847	-	-	-	-	184,847
CBHS MENTAL HEALTH FUNDING SOURCES						
						-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	CFDA	FAMIS				
SA COUNTY - General Fund	-	HMHSCRES227	78,847			78,847
						-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			78,847	-	-	78,847
OTHER DPH FUNDING SOURCES						
						-
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-
TOTAL DPH FUNDING SOURCES			78,847	-	-	78,847
NON-DPH FUNDING SOURCES						
NON DPH - Patient/Client Fees			106,000			106,000
TOTAL NON-DPH FUNDING SOURCES			106,000	-	-	106,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			184,847	-	-	184,847
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse 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 963						
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) 191.96						
Published Rate (Medi-Cal Providers Only)						
Unduplicated Clients (UDC)						100
						Total UDC:
						100

DPH 4: Operating Expenses Detail

Program Code: 88359

Appendix # B-24

Provider/Program Name: Representative Payee Program

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCCRES227) & Non-DPH Funding Sources					
		Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14				
Occupancy	-	-	-				
Rent	29,334	29,334	29,334				
Utilities (Telephone, Electricity, Water, Gas)	10,589	10,589	10,589				
Building Repair/Maintenance	7,255	7,255	7,255				
Materials & Supplies	-	-	-				
Office Supplies	1,030	1,030	1,030				
Photocopying	-	-	-				
Printing	4,570	4,570	4,570				
Program Supplies	3,311	3,311	3,311				
Computer Hardware/Software	1,453	1,453	1,453				
General Operating	-	-	-				
Training/Staff Development	-	-	-				
Insurance	574	574	574				
Professional License	103	103	103				
Permits	-	-	-				
Equipment Lease & Maintenance	2,338	2,338	2,338				
Staff Travel	-	-	-				
Local Travel	28	28	28				
Out-of-Town Travel	-	-	-				
Field Expenses	-	-	-				
Consultant/Subcontractor	-	-	-				
	-	-	-				
	-	-	-				
Other	-	-	-				
Client Transportation	343	343	343				
	-	-	-				
	-	-	-				
TOTAL OPERATING EXPENSE	60,928	60,928	60,928				

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

Contractor Name: HealthRIGHT 360						Appendix #: B-25
Provider/Program Name: Second Chances						Document Date: 1/30/14
Provider Number: 383835						Fiscal Year: 13-14
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	10/1/13-9/30/14					TOTAL 10/1/13-9/30/14
FUNDING USES						
Salaries & Employee Benefits	265,930					265,930
Operating Expenses	186,390					186,390
Capital Expenses (greater than \$5,000)	-					-
Subtotal Direct Expenses	452,320	-	-	-	-	452,320
Indirect Expenses	54,278					54,278
TOTAL FUNDING USES	506,598	-	-	-	-	506,598
CBHS MENTAL HEALTH FUNDING SOURCES						
						-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
	CFDA	FAMIS				
SA GRANT - Fed DOJ Second Chance	16.812	HCSA02-14	506,598			506,598
						-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			506,598	-	-	506,598
OTHER DPH FUNDING SOURCES						
						-
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-
TOTAL DPH FUNDING SOURCES			506,598	-	-	506,598
NON-DPH FUNDING SOURCES						
						-
TOTAL NON-DPH FUNDING SOURCES			-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			506,598	-	-	506,598
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse 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		8,417				
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)						
Unduplicated Clients (UDC)		86				Total UDC: 86

DPH 4: Operating Expenses Detail

Program Code: 3835SC-ANS

Appendix #: B-25

Provider/Program Name: Second Chances

Document Date: 1/30/14

Expenditure Category	TOTAL	DOJ Second Chance Grant (HCSA02-14)				
	Term: 10/1/13-9/30/14	Term: 10/1/13-9/30/14	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	6,500	6,500				
Utilities (Telephone, Electricity, Water, Gas)	10,700	10,700				
Building Repair/Maintenance	3,500	3,500				
Materials & Supplies	-	-				
Office Supplies	500	500				
Photocopying	250	250				
Printing	250	250				
Program Supplies	-	-				
Computer Hardware/Software	-	-				
General Operating	-	-				
Training/Staff Development	745	745				
Insurance	1,600	1,600				
Professional License	250	250				
Permits	250	250				
Equipment Lease & Maintenance	2,500	2,500				
Staff Travel	-	-				
Local Travel	19,240	19,240				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
Homeless Prenatal Program	54,880	54,880				
Iris Center	54,880	54,880				
Other	-	-				
Client Expenses	7,950	7,950				
Evaluation Incentives	22,395	22,395				
	-	-				

TOTAL OPERATING EXPENSE

186,390

186,390

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

Contractor Name: HealthRIGHT 360				Appendix #: B-26			
Provider/Program Name: Adult Mental Health Medi-Cal				Document Date: 1/30/14			
Provider Number: 38CC				Fiscal Year: 13-14			
Program Name	Adult Mental Health Medi-Cal	Adult Mental Health Medi-Cal	Adult Mental Health Medi-Cal				
Program Code	38CC3	38CC3	38CC3				
Mode/SFC (MH) or Modality (SA)	15/10-57	15/60-69	15/01-09				
Service Description	MH Svcs	Medication Support	Case Mgt Brokerage				TOTAL
FUNDING TERM	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14				7/1/13-6/30/14
FUNDING USES							
Salaries & Employee Benefits	278,051	3,996	3,426				285,473
Operating Expenses	15,160	218	187				15,565
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	293,211	4,214	3,613	-	-	-	301,038
Indirect Expenses	35,185	506	433				36,124
TOTAL FUNDING USES	328,396	4,720	4,046	-	-	-	337,162
CBHS MENTAL HEALTH FUNDING SOURCES							
	CFDA	FAMIS					
MH FED - SDMC Regular FFP (50%)	-	HMHMCC730515	72,829	1,047	897		74,773
MH Realignment	-	HMHMCC730515	218,965	3,147	2,698		224,810
MH COUNTY - General Fund	-	HMHMCC730515	36,602	526	451		37,579
							-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			328,396	4,720	4,046	-	337,162
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
							-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			-	-	-	-	-
OTHER DPH FUNDING SOURCES							
							-
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-
TOTAL DPH FUNDING SOURCES			328,396	4,720	4,046	-	337,162
NON-DPH FUNDING SOURCES							
							-
TOTAL NON-DPH FUNDING SOURCES			-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			328,396	4,720	4,046	-	337,162
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
Substance Abuse 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	FFS				
Units of Service	125,822	977	2,054				
Unit Type	Staff Minute	Staff Minute	Staff Minute				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.61	4.83	1.97				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	2.61	4.83	1.97				
Published Rate (Medi-Cal Providers Only)	2.85	5.30	2.20				
Unduplicated Clients (UDC)	214	2	3				Total UDC:
							219

DPH 3: Salaries & Benefits Detail

Program Code: 38CC3

Appendix #: B-26

Provider/Program Name: Adult Mental Health Medi-Cal

Document Date: 1/30/14

Position Title	TOTAL		SDMC Regular FFP, MH Realignment & General Fund (HM-IMCC730515)									
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of QA & Compliance	0.089	8,887	0.089	8,887								
Case Managers	0.085	3,051	0.085	3,051								
Director Of Facility Operations	0.002	129	0.002	129								
Maintenance Worker	0.006	186	0.006	186								
Driver	0.001	18	0.001	18								
MH Medi-Cal Admin Coordinator	1.477	68,638	1.477	68,638								
V.P. of Mental Health Services	0.450	56,276	0.450	56,276								
Director of Mental Health Services	0.318	17,491	0.318	17,491								
Therapist	0.550	27,499	0.550	27,499								
Mental Health Manager	0.381	22,668	0.381	22,668								
Psychiatrist	0.028	3,246	0.028	3,246								
Psychologist	0.155	9,929	0.155	9,929								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
Totals:	3.542	217,918	3.542	217,918	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	67,555	31.00%	67,555	-	-	-	-	-	-	-	-
----------------------------------	--------	--------	--------	--------	---	---	---	---	---	---	---	---

TOTAL SALARIES & BENEFITS

285,473

285,473

-

-

-

-

DPH 4: Operating Expenses Detail

Program Code: 38CC3

Appendix #: B-26

Provider/Program Name: Adult Mental Health Medi-Cal

Document Date: 1/30/14

Expenditure Category	TOTAL	SDMC Regular FFP, MH Realignment & General Fund (HMHMCC730515)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	5,227	5,227				
Utilities (Telephone, Electricity, Water, Gas)	2,378	2,378				
Building Repair/Maintenance	607	607				
Materials & Supplies	-	-				
Office Supplies	105	105				
Photocopying	-	-				
Printing	200	200				
Program Supplies	2,283	2,283				
Computer Hardware/Software	29	29				
General Operating	-	-				
Training/Staff Development	178	178				
Insurance	2,664	2,664				
Professional License	186	186				
Permits	-	-				
Equipment Lease & Maintenance	265	265				
Staff Travel	-	-				
Local Travel	-	-				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
Client Transportation	501	501				
Food	942	942				
	-	-				

TOTAL OPERATING EXPENSE

15,565

15,565

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

Contractor Name: HealthRIGHT 360						Appendix #: B-27
Provider/Program Name: Crisis Intervention						Document Date: 1/30/14
Provider Number: 383800						Fiscal Year: 13-14
Program Name	Crisis Intervention					
Program Code	N/A					
Mode/SFC (MH) or Modality (SA)	60/78					
Service Description	Other Non-MediCal Client Support Exp					
FUNDING TERM	7/1/13-6/30/14					TOTAL 7/1/13-6/30/14
FUNDING USES						
Salaries & Employee Benefits	15,192					15,192
Operating Expenses	-					-
Capital Expenses (greater than \$5,000)	-					-
Subtotal Direct Expenses	15,192	-	-	-	-	15,192
Indirect Expenses	1,823					1,823
TOTAL FUNDING USES	17,015	-	-	-	-	17,015
CBHS MENTAL HEALTH FUNDING SOURCES						
	CFDA	FAMIS				
MH COUNTY - General Fund	-	HMHMCC730515	17,015			17,015
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			17,015	-	-	17,015
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			-	-	-	-
OTHER DPH FUNDING SOURCES						
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-
TOTAL DPH FUNDING SOURCES			17,015	-	-	17,015
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES			-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			17,015	-	-	17,015
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse 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	241					
Unit Type	Staff Hour					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	70.60					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	70.60					
Published Rate (Medi-Cal Providers Only)	-					
Unduplicated Clients (UDC)	0					Total UDC: 0

DPH 3: Salaries & Benefits Detail

Program Code: N/A
 Provider/Program Name: Crisis Intervention
 Document Date: 1/30/14

Appendix #: B-27

Position Title	TOTAL		General Fund (HMHMCC730515)									
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Crisis Intervention Counselor	0.116	11,597	0.116	11,597								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
	-	-	-	-								
Totals:	0.116	11,597	0.116	11,597	-	-	-	-	-	-	-	-

Employee Fringe Benefits:	31.00%	3,595	31.00%	3,595	-	-	-	-	-	-	-	-
---------------------------	--------	-------	--------	-------	---	---	---	---	---	---	---	---

TOTAL SALARIES & BENEFITS **15,192** **15,192** - - - -

DPH 4: Operating Expenses Detail

Program Code: N/A

Appendix #: B-27

Provider/Program Name: Crisis Intervention

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMMCC730515)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	-	-				
Utilities (Telephone, Electricity, Water, Gas)	-	-				
Building Repair/Maintenance	-	-				
Materials & Supplies	-	-				
Office Supplies	-	-				
Photocopying	-	-				
Printing	-	-				
Program Supplies	-	-				
Computer Hardware/Software	-	-				
General Operating	-	-				
Training/Staff Development	-	-				
Insurance	-	-				
Professional License	-	-				
Permits	-	-				
Equipment Lease & Maintenance	-	-				
Staff Travel	-	-				
Local Travel	-	-				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor	-	-				
	-	-				
	-	-				
Other	-	-				
	-	-				
	-	-				
	-	-				

TOTAL OPERATING EXPENSE

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

Contractor Name: HealthRIGHT 360		Appendix #: B-28	
Provider/Program Name: WRAPS		Document Date: 1/30/14	
Provider Number: 38IT		Fiscal Year: 13-14	
Program Name	WRAPS		
Program Code	38IT3		
Mode/SFC (MH) or Modality (SA)	05/60-64		
Service Description	Residential Other		TOTAL
FUNDING TERM	7/1/13-6/30/14		7/1/13-6/30/14
FUNDING USES			
Salaries & Employee Benefits	54,803		54,803
Operating Expenses	23,151		23,151
Capital Expenses (greater than \$5,000)	-		-
Subtotal Direct Expenses	77,954	-	77,954
Indirect Expenses	9,355		9,355
TOTAL FUNDING USES	87,309	-	87,309
CBHS MENTAL HEALTH FUNDING SOURCES	CFDA	FAMIS	
MH PROJECT - MHSA CSS	-	PHMS63-1405	85,309
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			85,309
CBHS SUBSTANCE ABUSE FUNDING SOURCES			-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			-
OTHER DPH FUNDING SOURCES			-
TOTAL OTHER DPH FUNDING SOURCES			-
TOTAL DPH FUNDING SOURCES			85,309
NON-DPH FUNDING SOURCES			-
NON DPH - Patient/Client Fees			2,000
TOTAL NON-DPH FUNDING SOURCES			2,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			87,309
CBHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable)		2	
Substance Abuse 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		741	
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)		117.82	
Published Rate (Medi-Cal Providers Only)			
Unduplicated Clients (UDC)		9	Total UDC:
			9

DPH 3: Salaries & Benefits Detail

Program Code: 38JT

Appendix #: B-28

Provider/Program Name: WRAPS

Document Date: 1/30/14

Position Title	TOTAL		MHSA CSS (PHMS63-1405) & Non-DPH Funding Sources									
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.001	170	0.001	170								
Program Director	0.027	1,752	0.027	1,752								
V.P. of QA & Compliance	0.008	777	0.008	777								
Manager of Licensing & Certification	0.010	499	0.010	499								
Managing Director of Clinical Services	0.001	145	0.001	145								
Coordinator TC Admn Nexus	0.025	866	0.025	866								
Care Coordinators	0.250	9,000	0.250	9,000								
Subst. Abuse/HIV Case Manager	0.021	892	0.021	892								
Overnight Monitor	0.033	988	0.033	988								
Weekend Coordinator	0.005	174	0.005	174								
Director Of Facility Operations	0.003	226	0.003	226								
Maintenance Worker	0.013	398	0.013	398								
Transportation & Facility Manager	0.007	424	0.007	424								
Warehouse Coordinator	0.010	455	0.010	455								
Driver	0.031	951	0.031	951								
Cook/Food Service	0.067	2,070	0.067	2,070								
Director of Food Services	0.006	490	0.006	490								
Client Services Manager	0.012	612	0.012	612								
Client Services Support	0.027	795	0.027	795								
Family Services Therapist	0.002	139	0.002	139								
Medical Services Director	0.009	732	0.009	732								
Medical Services Support	0.028	914	0.028	914								
MH Medi-Cal Admin Coordinator	0.043	1,972	0.043	1,972								
Physician	0.000	30	0.000	30								
V.P. of Mental Health Services	0.006	772	0.006	772								
Mental Health Training Director	0.005	372	0.005	372								
Director of Mental Health Services	0.005	258	0.005	258								
Mental Health Care Coordinators	0.020	663	0.020	663								
Therapist	0.101	5,047	0.101	5,047								
Mental Health Manager	0.022	1,310	0.022	1,310								
Housing & Community Service	0.002	85	0.002	85								
Employment Counselor	0.001	32	0.001	32								
IT Specialist - Data Control	0.010	417	0.010	417								
Psychiatrist	0.052	6,029	0.052	6,029								
Psychologist	0.022	1,378	0.022	1,378								
Totals:	0.885	41,834	0.885	41,834	-	-	-	-	-	-	-	-
Employee Fringe Benefits:	31.00%	12,969	31.00%	12,969	-	-	-	-	-	-	-	-

TOTAL SALARIES & BENEFITS

54,803

54,803

-

-

-

-

DPH 4: Operating Expenses Detail

Program Code: 38IT

Appendix #: B-28

Provider/Program Name: WRAPS

Document Date: 1/30/14

Expenditure Category	TOTAL	MHSA CSS (PHMS63-1405) & Non-DPH Funding Sources				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	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	1,269	1,269				
Food	3,126	3,126				
	-	-				

TOTAL OPERATING EXPENSE

23,151

23,151

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

Contractor Name: HealthRIGHT 360							Appendix #:	B-29
Provider/Program Name: HR360 FI Services							Document Date:	1/30/14
Provider Number:	383800	383800	383800	383800	N/A	N/A	FY: 13-14	
Program Name	CBHS Administration	HIV Set Aside Coordinator	Project Homeless Connect	PHC Everyday Connect	SF Violence Intervention Program	Primary Care Encounters		
Program Code	N/A	N/A	N/A	N/A	N/A	N/A		
Mode/SFC (MH) or Modality (SA)	Supt-01	Anc-72	Anc-68	Anc-68	N/A	N/A		
Service Description	SA-Support QA's	SA-Ancillary Svcs HIV Counseling Services	SA-Ancillary Svcs Case Mgmt	SA-Ancillary Svcs Case Mgmt	N/A	N/A	TOTAL	
FUNDING TERM	7/1/13-12/31/13	7/1/13-12/31/13	7/1/13-12/31/13	7/1/13-12/31/13	7/1/13-12/31/13	7/1/13-12/31/13	7/1/13-12/31/13	
FUNDING USES								
Salaries & Employee Benefits	48,457	59,968	194,094	235,730	401,976	-	940,225	
Operating Expenses	250	300	740	4,050	43,742	89,286	138,368	
Capital Expenses (greater than \$5,000)							-	
Subtotal Direct Expenses	48,707	60,268	194,834	239,780	445,718	89,286	1,078,593	
Indirect Expenses	5,845	7,232	23,382	28,777	53,486	10,714	129,436	
TOTAL FUNDING USES	54,552	67,500	218,216	268,557	499,204	100,000	1,208,029	
CBHS MENTAL HEALTH FUNDING SOURCES								
							-	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES							-	
CBHS SUBSTANCE ABUSE FUNDING SOURCES								
	OPDA	FAMIS						
SA FED - SAPT HIV Set-Aside	93,959	HMHSORES227	67,500				67,500	
SA COUNTY - General Fund	-	HMHSORES227	54,552	218,216	268,557		541,325	
							-	
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			54,552	67,500	218,216	268,557	608,825	
OTHER DPH FUNDING SOURCES								
Community Health - DCYF CRN WO	-	HCHCCHCRNWO			499,204		499,204	
COPC - General Fund	-	HCHAPADMINGF				100,000	100,000	
							-	
TOTAL OTHER DPH FUNDING SOURCES					499,204	100,000	599,204	
TOTAL DPH FUNDING SOURCES			54,552	67,500	218,216	268,557	1,208,029	
NON-DPH FUNDING SOURCES								
							-	
TOTAL NON-DPH FUNDING SOURCES							-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			54,552	67,500	218,216	268,557	1,208,029	
CBHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
Substance Abuse 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	CR	CR	CR	CR	CR		
Units of Service	920	460	4,508	5,980	N/A	N/A		
Unit Type	Staff Hour	Number Served	Staff Hour	Staff Hour	N/A	N/A		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	59.30	146.74	48.41	44.91	N/A	N/A		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	59.30	146.74	48.41	44.91	N/A	N/A		
Published Rate (Medi-Cal Providers Only)							Total UDC:	
Unduplicated Clients (UDC)	0	460	0	0	N/A	N/A	460	

DPH 3: Salaries & Benefits Detail

Program Code: N/A
 Provider/Program Name: HR360 FI Services
 Document Date: 1/30/14

Appendix #: B-29

Position Title	TOTAL		CBHS Administration General Fund (HMHSCCRES227)		HIV Set-Aside Coordinator SAPT HIV Set-Aside (HMHSCCRES227)		Project Homeless Connect General Fund (HMHSCCRES227)		PHC Everyday Connect General Fund (HMHSCCRES227)		SF Violence Intervention Pgm DCYF CRN Work Order (HCHCCHCCRNWC)		Primary Care Encounters General Fund (HCHAPADMINGF)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Data Manager	1.00	36,990	1.00	36,990										
HIV Set-Aside Coordinator	1.00	45,777			1.00	45,777								
PHC Director	1.00	55,000					0.57	31,423	0.43	23,577				
Director of Programs	1.00	37,500					0.13	5,000	0.87	32,500				
Director of Events and Marketing	1.00	32,500					0.81	26,250	0.19	6,250				
Director of Operations	1.00	32,500					0.69	22,500	0.31	10,000				
Director of Housing Resources	1.00	33,750					0.56	18,750	0.44	15,000				
Provider/Resource Coordinator	1.00	22,500					0.44	10,000	0.56	12,500				
Volunteer Coordinator	1.00	25,000					0.90	22,500	0.10	2,500				
Senior Case Manager	1.00	24,106					-	-	1.00	24,106				
Floating Case Manager	0.80	18,304					-	-	0.80	18,304				
Events Assistant	0.80	16,640					-	-	0.80	16,640				
Case Manager	1.00	22,500					-	-	1.00	22,500				
Program Associate	0.80	14,976					0.80	14,976	-	-				
Violence Prevention Manager	1.00	37,500									1.00	37,500		
Violence Prevention Associate Manager	1.00	32,500									1.00	32,500		
Coordinators	2.00	57,750									2.00	57,750		
Admin Data Support	1.00	21,500									1.00	21,500		
Line Staff	7.00	157,602									7.00	157,602		
Totals:	25.40	724,895	1.00	36,990	1.00	45,777	4.90	151,399	6.50	183,877	12.00	308,852	-	-

Employee Fringe Benefits:	29.70%	215,330	31.00%	11,467	31.00%	14,191	28.20%	42,695	28.20%	51,853	31.00%	95,124		-
---------------------------	--------	---------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--------	--	---

TOTAL SALARIES & BENEFITS **940,225** **48,467** **59,968** **194,094** **235,730** **401,976** **-**

DPH 4: Operating Expenses Detail

Program Code: N/A

Appendix #: B-29

Provider/Program Name: HR360 FI Services

Document Date: 1/30/14

Expenditure Category	TOTAL	CBHS Administration General Fund (HMHSCCRES227)	HIV Set-Aside Coordinator SAPT HIV Set-Aside (HMHSCCRES227)	Project Homeless Connect General Fund (HMHSCCRES227)	PHC Everyday Connect General Fund (HMHSCCRES227)	SF Violence Infrvtn Pgm DCYF CRN Work Order (HCHCCHCCRNWO)	Primary Care Encounters General Fund (HCHAPADMINGF)
	Term: 7/1/13-12/31/13	Term: 7/1/13-12/31/13	Term: 7/1/13-12/31/13	Term: 7/1/13-12/31/13	Term: 7/1/13-12/31/13	Term: 7/1/13-12/31/13	Term: 7/1/13-12/31/13
Occupancy	-						
Rent	8,381					8,381	
Utilities (Telephone, Electricity, Water, Gas)	4,352					4,352	
Building Repair/Maintenance	1,000					1,000	
Materials & Supplies	-						
Office Supplies	1,800				900	900	
Photocopying	-						
Printing	-						
Program Supplies	2,100			300	900	900	
Computer Hardware/Software	-						
General Operating	-						
Training/Staff Development	3,190			440	1,500	1,250	
Insurance	2,039	250	300		750	739	
Professional License	-						
Permits	-						
Equipment Lease & Maintenance	6,350					6,350	
Staff Travel	-						
Local Travel	-						
Out-of-Town Travel	-						
Field Expenses	-						
Consultant/Subcontractor	-						
COPC Staff Care	47,329						47,329
COPC Merrill Hawkins	41,957						41,957
Other	-						
Vehicle Expense (Gas, Maintenance, Registration)	12,270					12,270	
Client Incentives	3,600					3,600	
Client Outings and Groups	4,000					4,000	

DPH 6: Contract-Wide Indirect Detail

Contractor Name: HealthRIGHT 360

Document Date: 1/30/14

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
CEO	0.345	82,451
CFO	0.382	74,434
CIO	0.382	59,165
Controller	0.382	43,264
Budget Manager	0.164	14,771
Grants Director	0.382	29,773
Payroll Manager	0.382	28,170
Billing Specialist	0.382	22,902
Director of Fiscal Projects	0.382	22,902
Budget/Fiscal Analyst	0.355	21,875
Quality & Compliance Manager	0.363	21,760
Donations Manager	0.382	20,993
Accounts Payable II	0.382	18,322
Manager IT-Data Control	0.382	20,444
Accounts Payable 2	0.374	19,784
Coordinator Budget	0.382	19,085
Dir. of Research and Evaluatio	0.241	19,249
HR Analyst	0.382	19,085
Procurement Manager	0.382	19,085
V.P. of Development	0.254	19,085
Electronic Medical Rec. Manage	0.378	18,896
HR Coordinator	0.382	15,434
CJ Billing Assistant	0.382	15,414
CDO	0.191	14,897
Human resources Director	0.187	13,124
Travel Coordinator	0.191	10,222
Administrative Assistant	0.271	8,152
Client Programmer II	0.098	6,389
GL Accountant	0.074	4,085
Dir of Workforce Development	0.031	2,665
Driver/Procurement	0.073	2,342
Director Of Facility Operation	0.022	1,844
Administrative sstistant	0.041	1,620
Dir. of EMR OPs Software devel	0.382	34,354
IT Data Specialist	0.036	1,254
IT Specialist -Data Specialist	0.382	12,623
I.T. Specialist data entry	0.382	12,617
IT Specialist - Data Control	0.382	12,617
Senior IT Systems Analyst	0.211	12,215
IT Analyst	0.382	18,513
PC Support Analyst	0.382	18,513
IT Data Analyst	0.132	4,628
EMR Training and Data Analyst	0.265	10,603
Manager Transport & Facility	0.018	1,152
Maintenance Staff	0.088	2,800
		-
EMPLOYEE FRINGE BENEFITS		264,604
TOTAL SALARIES & BENEFITS		1,118,186

2. OPERATING COSTS

Expenditure Category	Amount
Rental of Property	72,622
Utilities (Elec, Water, Gas, Phone, Scavenger)	26,102
Office Supplies, Postage	17,860
Building Maintenance Supplies and Repair	2,205
Insurance	33,996
Staff Training	4,321
Staff Travel (Local & Out of Town)	27,991
Rental of Equipment	22,209
Professional Services	150,068
Food and Food Preparation	2,543
General Operating	138,761
	-
TOTAL OPERATING COSTS	498,678

TOTAL INDIRECT COSTS
(Salaries & Benefits + Operating Costs)

1,616,844

Appendix E

BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum ("Addendum") supplements and is made a part of the contract ("Contract") by and between the City and County of San Francisco, Covered Entity ("CE") and Contractor, Business Associate ("BA").

RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.
- C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Addendum.

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

1. Definitions

- a. **Breach** shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402].
- 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** 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** 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** 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** 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.
- h. **Electronic Health Record** shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
- i. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- 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, 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. Section 164.501. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. Sections 160.103, 164.501].
- 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** 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** 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 shall use Protected Information only for the purpose of performing BA's obligations under the Contract and as permitted or required under the Contract and Addendum, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information 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 164.504(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 under the Contract and as permitted or required under the Contract and Addendum, 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 Addendum 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, suspected breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2. m. of the Addendum, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)].
- c. **Prohibited Uses and Disclosures.** BA shall not use or disclose PHI other than as permitted or required by the Contract and Addendum, 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)(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 implement appropriate safeguards to prevent the use or disclosure of Protected Information other than as permitted by the Contract or Addendum, 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 164.308, 164.310, and 164.312. [45 C.F.R. Section 164.504(e)(2)(ii)(B); 45 C.F.R. Section 164.308(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. [42 U.S.C. Section 17931]
- 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 Protected Information and implement the safeguards required by paragraph 2.d. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2)(ii)(D); 45 C.F.R. Section 164.308(b)]. BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation (see 45 C.F.R. Sections 164.530(f) and 164.530(e)(1)).

- 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 (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. If a patient 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. **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.
- h. **Minimum Necessary.** BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)] 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."

- i. **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- j. **Notification of Possible Breach.** BA shall notify CE within twenty-four (24) hours of any suspected or actual breach of Protected Information; any use or disclosure of Protected Information not permitted by the Contract or Addendum; any security incident (i.e., any attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system) related to Protected Information, and any actual or suspected 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 who unsecured Protected Information has been, or is reasonably believed by the business associate 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. (This provision should be negotiated.) [42 U.S.C. Section 17921; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]
- k. **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)(ii), 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 Addendum or other arrangement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the Contract or other arrangement if feasible. 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 Addendum or other arrangement within five (5) 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 Addendum, as determined by CE, shall constitute a material breach of the Contract and shall provide grounds for immediate termination of the Contract, any provision in the Contract to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
- b. **Judicial or Administrative Proceedings.** CE may terminate the Contract, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or

(ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

- c. **Effect of Termination.** Upon termination of the Contract for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA 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 Addendum 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)(ii)(2)(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.

d. **Disclaimer**

CE makes no warranty or representation that compliance by BA with this Addendum, HIPAA, the HITECH Act, or the HIPAA Regulations will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

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 Addendum 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 Addendum embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable 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 Addendum when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Contract or Addendum providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

5. **Reimbursement for Fines**

In the event that CE pays a fine to a state or federal regulatory agency 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 within thirty (30) calendar days.

Appendix F

Invoices

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

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M38 JL 3

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: General Fund

Invoice Period: July 2013

Final Invoice: (Check if Yes)

ACE Control Number: _____

Contractor: HealthRIGHT360

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

Tel. No.: (415) 746-1916

Fax No.: (415)

CBHS

Funding Term: 07/01/2013 - 06/30/2014

PHP Division: Community Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-27 Crisis Intervention												
60/ 78 Other Non-Medical	241						0%		241		100%	
Client Support Exp												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 11,597.00	\$ -	\$ -	0.00%	\$ 11,597.00
Fringe Benefits	\$ 3,595.00	\$ -	\$ -	0.00%	\$ 3,595.00
Total Personnel Expenses	\$ 15,192.00	\$ -	\$ -	0.00%	\$ 15,192.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 15,192.00	\$ -	\$ -	0.00%	\$ 15,192.00
Indirect Expenses	\$ 1,823.00	\$ -	\$ -	0.00%	\$ 1,823.00
TOTAL EXPENSES	\$ 17,015.00	\$ -	\$ -	0.00%	\$ 17,015.00
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: 08/01/2013 - 08/30/2014

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M39 AU 3

Cl. Blanket No.: BPHM TBD

CL PO No.: POHM TBD

Fund Source: Grant-State CDCR ISMP-HMAD01-14

Invoice Period: August 2013

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

*Unduplicated Counts for AIDS Use Only

DELIVERABLES Program Name/Replg. Unit Modality/Mode # - Svc Func (Mkt 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-5 Bridges Residential PC# - 3806BR-RES (85672)												
Res-51 SA-Res Recov Long Term (Over 30 days)	847				\$ 108.00	\$ -	0.000		0.00%		847.000	
TOTAL	847		0.000				0.000		0.00%		847.000	

\$ 91,476.00

Budget Amount	Expenses To Date	% of Budget	Remaining Budget
\$ 91,516.00	\$ -	0.00%	\$ 91,516.00

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 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

INVOICE NUMBER: M41 JL 3

Contractor: HealthRIGHT360

Ct. Blanket No.: BPHM TBD

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

CBHS

User Cd _____

Tel. No.: (415) 746-1916

Ct. PO No.: POHM TBD

Fax No.: (415) _____

Fund Source: GF, SDMC Regular FFP, MH Realignment

Invoice Period: July 2013

Funding Term: 07/01/2013 - 06/30/2014

Final Invoice: _____ (Check if Yes)

PHP Division: Community Behavioral Health Services

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

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Replg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-26 Adult Mental Health Medi-Cal PC# - 38CC3												
15/10 - 57 MH Svcs	125,822				\$ 2.61	\$ -	0.000		0.00%		125,822.000	\$ 328,395.42
15/60 - 69 Medication Support	977				\$ 4.83	\$ -	0.000		0.00%		977.000	4,718.91
15/01 - 09 Case Mgt Brokerage	2,054				\$ 1.97	\$ -	0.000		0.00%		2,054.000	4,046.36
TOTAL	128,853		0.000				0.000		0.00%		128,853.000	\$ 337,160.71

Budget Amount		\$ 337,162.00	Expenses To Date	\$ -	% of Budget	0.00%	Remaining Budget	\$ 337,162.00
---------------	--	---------------	------------------	------	-------------	-------	------------------	---------------

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 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

INVOICE NUMBER: 601 JL 3
 Ct.Blanket No.: BPHM TBD
 CL PO No.: POHM TBD
 Fund Source: General Fund - HMHSCCRES227
 Invoice Period: July 2013
 Final Invoice: (Check If Yes)
 ACE Control Number:

Contractor: HealthRIGHT 360

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

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

CBHS

Funding Term: 07/01/2013 - 06/30/2014

PHP Division: Community Behavioral Health Services

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

DELIVERABLES Program Name/Req. Unit Modality/Mode # - Svc Func (Secord)	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# - 3605WR-RSD38062, 38342 & 39572												
Res-51 SA-Res Recov Long Term (over 30 days)	32,056				\$ 90.72	\$ -	0.000	0.00%			32,056,000	2,888,886.72
B-16 WHITS Residential PC# - 3806WT-RES (38062)												
Res-51 SA-Res Recov Long Term (over 30 days)	1,668				\$ 191.18	\$ -	0.000	0.00%			1,668,000	318,888.24
B-12 SF6H Residential PC# - 3805SW-RES, 3805SG-RES, 3834G-RES (3857)												
Res-51 SA-Res Recov Long Term (over 30 days)	3,337				\$ 130.04	\$ -	0.000	0.00%			3,337,000	433,843.48
B-14 Social Detox Residential PC# - 88062												
Res-50 SA-Res Free Standing Res Detox	11,681				\$ 67.35	\$ -	0.000	0.00%			11,681,000	786,715.35
B-19 Transgender Residential PC# - 3805TG-RES, 3805TD-RES (38062, 38342)												
Res-51 SA-Res Recov Long Term (over 30 days)	2,659				\$ 132.74	\$ -	0.000	0.00%			2,659,000	354,283.06
B-24 Representative Payee Program PC# - 88359												
Anc-68 Ancillary Svcs Case Mgmt	963				\$ 81.68	\$ -	0.000	0.00%			963,000	78,850.44
B-11 CARE Lodestar Residential PC# - 3895LC-RES												
Res-51 SA-Res Recov Long Term (over 30 days)	1,635				\$ 105.72	\$ -	0.000	0.00%			1,635,000	183,896.20
B-13 Satellite ONPD Residential PC# - 87087, 88077												
Res-51 SA-Res Recov Long Term (over 30 days)	7,007				\$ 44.07	\$ -	0.000	0.00%			7,007,000	308,798.49
B-17 Women's Hope Residential PC# - 89102												
Res-51 SA-Res Recov Long Term (over 30 days)	5,338				\$ 122.87	\$ -	0.000	0.00%			5,338,000	655,880.06
B-16 Adult Outpatient Non-DMC PC# - 3820OP, 3820 OP (87351)												
Nonres-33 SA-Nonresidnt ODF Grp PC# - 3829OP (87351)	12,234				\$ 90.80	\$ -	0.000	0.00%			12,234,000	1,112,076.60
Nonres-34 SA-Nonresidnt ODF Ind PC# - 3829OP (38291)	1,627				\$ 90.80	\$ -	0.000	0.00%			1,627,000	147,894.30
B-22 Family Strength Outpatient PC# - 38731												
Nonres-33 SA-Nonresidnt ODF Grp	2,138				\$ 62.68	\$ -	0.000	0.00%			2,138,000	134,006.64
Nonres-34 SA-Nonresidnt ODF Ind	1,111				\$ 52.68	\$ -	0.000	0.00%			1,111,000	68,637.48
B-18 African American Family Violence Prevention PC# 87301												
Nonres-33 SA-Non Residnt ODF Grp					\$ 84.44	\$ -	0.000	0.00%			0.000	
Nonres-34 SA-Non Residnt ODF Individual					\$ 84.44	\$ -	0.000	0.00%			0.000	
B-19 African American Family Healing Outpatient PC# 87301												
Nonres-33 SA-Non Residnt ODF Grp	3,135				\$ 84.47	\$ -	0.000	0.00%			3,135,000	264,813.45
Nonres-34 SA-Non Residnt ODF Individual	606				\$ 84.47	\$ -	0.000	0.00%			606,000	51,168.82
TOTAL	87,405		8,000				0.000	0.00%			87,405,000	7,799,856.53
Budget Amount					\$ 7,799,875.00						Expense To Date	Remaining Budget
											\$ -	\$ 7,799,875.00

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 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: S02 JL 3

Contractor: HealthRIGHT 360

Ct. Blanket No.: BPHM TBD

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

User Cd

Tel. No.: (415) 746-1916

Fax No.: (415)



Ct. PO No.: POHM TBD

Funding Source: SAPT HIV Set-Aside

Invoice Period: July 2013

Funding Term: 07/01/2013 - 12/31/2013

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-29 HIV Set-Aside Coordinator - HMHSCCRES227												
Anc-72 SA-Ancillary Svcs	460	460					0%		460		100%	
HIV Counseling Svcs												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 45,777.00	\$ -	\$ -	0.00%	\$ 45,777.00
Fringe Benefits	\$ 14,191.00	\$ -	\$ -	0.00%	\$ 14,191.00
Total Personnel Expenses	\$ 59,968.00	\$ -	\$ -	0.00%	\$ 59,968.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 300.00	\$ -	\$ -	0.00%	\$ 300.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 300.00	\$ -	\$ -	0.00%	\$ 300.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 60,268.00	\$ -	\$ -	0.00%	\$ 60,268.00
Indirect Expenses	\$ 7,232.00	\$ -	\$ -	0.00%	\$ 7,232.00
TOTAL EXPENSES	\$ 67,500.00	\$ -	\$ -	0.00%	\$ 67,500.00
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: _____
 Printed Name: _____
 Title: _____

Date: _____
 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:

S03 JL 3

Contractor: HealthRIGHT 360

Cl. Blanket No.: BPHM

TBD

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

Cl. PO No.: POHM

TBD

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



Funding Source:

General Fund

Invoice Period:

July 2013

Funding Term: 07/01/2013 - 12/31/2013

Final Invoice:

(Check if Yes)

PHP Division: Community Behavioral Health Services

Acc 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-29 Project Homeless Connect												
Anc-68 SA-Ancillary Svcs	4,508				-		0%		4,508		100%	
Case Mgmt												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 151,399.00	\$ -	\$ -	0.00%	\$ 151,399.00
Fringe Benefits	\$ 42,695.00	\$ -	\$ -	0.00%	\$ 42,695.00
Total Personnel Expenses	\$ 194,094.00	\$ -	\$ -	0.00%	\$ 194,094.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 300.00	\$ -	\$ -	0.00%	\$ 300.00
General Operating	\$ 440.00	\$ -	\$ -	0.00%	\$ 440.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 740.00	\$ -	\$ -	0.00%	\$ 740.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 194,834.00	\$ -	\$ -	0.00%	\$ 194,834.00
Indirect Expenses	\$ 23,382.00	\$ -	\$ -	0.00%	\$ 23,382.00
TOTAL EXPENSES	\$ 218,216.00	\$ -	\$ -	0.00%	\$ 218,216.00
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

**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: 07/01/2013 - 06/30/2014

PHP Division: Community Behavioral Health Services

CBHS

INVOICE NUMBER : SD5 JL 3

Ct. Blanket: BPHM TBD

Ct PO No.: POHM TBD User Cd

Fund Source: General Fund

Invoice Period : July 2013

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

*Unduplicated Counts for AIDS Use Only

DELIVERABLES Program Name/Replg. Unit Modality/Mode # - Svc Func (Mkt Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL	Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS		UOS	CLIENTS
B-10 CARE Variable Length Residential PC# - 3834CV-RES (Data entered into ARIES)											
Res-51 SA-Res Recov Long Term (Over 30 days)	2,503				\$ 88.21	\$ -	0.000		0.00%	2,503.000	\$ 220,789.63
B-8 CARE-MDSP Residential PC# - 3806CM-RES (Data entered into ARIES)											
Res-51 SA-Res Recov Long Term (Over 30 days)	1,835				\$ 196.76	\$ -	0.000		0.00%	1,835.000	\$ 361,054.60
B-9 CARE DETOX Residential PC# - 3806CS-RSD (Data entered into ARIES)											
Res-51 SA-Res Recov Long Term (Over 30 days)	1,502				\$ 143.28	\$ -	0.000		0.00%	1,502.000	\$ 215,206.56
TOTAL	5,840		0.000				0.000		0.00%	5,840.000	\$ 797,060.79
	Budget Amount				\$ 797,043.00			Expenses To Date	% of Budget	Remaining Budget	
								\$ -	0.00%	\$ 797,043.00	

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
 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: 07/01/2013 - 06/30/2014

PHP Division: Community Behavioral Health Services

CBHS

INVOICE NUMBER: S07 JL 3

Cl. Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD

Fund Source: GF, Parolee Svcs Network BASN

Invoice Period: July 2013

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

*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-2 BASN Residential PC# - 88342												
Res-51 SA-Res Recov Long Term (over 30 days)	7,424				\$ 94.05	\$ -	0.000		0.00%		7,424.000	\$ 698,227.20
B-4 BASN Social Detox PC# - 84982												
Res-50 SA-Res Free Standing Res Detox	985				\$ 66.70	\$ -	0.000		0.00%		985.000	\$ 65,699.50
B-3 BASN ONPD Residential PC# - 3807BT-CLV												
Res-51 SA-Res Recov Long Term (over 30 days)	2,847				\$ 35.19	\$ -	0.000		0.00%		2,847.000	\$ 100,185.93
TOTAL	11,256		0.000				0.000		0.00%		11,256.000	\$ 864,112.63
Budget Amount					\$ 864,066.00		\$ -		0.00%		\$ 864,066.00	

Expenses To Date	\$ -	% of Budget	0.00%	Remaining Budget	\$ 864,066.00
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)



Funding Term: 07/01/2013 - 06/30/2014

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S08 JL 3

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: General Fund

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-21 Buprenorphine Medical Monitoring Outpatient PC# - 88201												
NTP-44 Prog Rehab/Amb Detox (other than Methadone)	475	60			-	-	0%	0%	475	60	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 34,797.00	\$ -	\$ -	0.00%	\$ 34,797.00
Fringe Benefits	\$ 10,787.00	\$ -	\$ -	0.00%	\$ 10,787.00
Total Personnel Expenses	\$ 45,584.00	\$ -	\$ -	0.00%	\$ 45,584.00
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	\$ 45,750.00	\$ -	\$ -	0.00%	\$ 45,750.00
Indirect Expenses	\$ 5,489.00	\$ -	\$ -	0.00%	\$ 5,489.00
TOTAL EXPENSES	\$ 51,239.00	\$ -	\$ -	0.00%	\$ 51,239.00
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: **HealthRIGHT 360**

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

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

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

CBHS

Funding Term: 07/01/2013 - 12/31/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S09 JL 3

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: General Fund

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-29 CBHS Admin Svcs												
Supt-01 SA-Support QA's	920				-		0%	#DIV/0!	920	-	100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 36,990.00	\$ -	\$ -	0.00%	\$ 36,990.00
Fringe Benefits	\$ 11,467.00	\$ -	\$ -	0.00%	\$ 11,467.00
Total Personnel Expenses	\$ 48,457.00	\$ -	\$ -	0.00%	\$ 48,457.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 250.00	\$ -	\$ -	0.00%	\$ 250.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Food Supplies/ Incentives	\$ -	\$ -	\$ -	0.00%	\$ -
License	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 250.00	\$ -	\$ -	0.00%	\$ 250.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 48,707.00	\$ -	\$ -	0.00%	\$ 48,707.00
Indirect Expenses	\$ 5,845.00	\$ -	\$ -	0.00%	\$ 5,845.00
TOTAL EXPENSES	\$ 54,552.00	\$ -	\$ -	0.00%	\$ 54,552.00
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: S11 SE 3

Contractor: HealthRIGHT 360

Cl. Blanket No.: BPHM TBD

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

User Cd

Tel. No.: (415) 746-1916

Cl. PO No.: POHM TBD

Fax No.: (415)

Funding Source: Grant - SAMHSA SHOP

Invoice Period: September 2013

Funding Term: 09/30/2013 - 09/29/2014

Final Invoice: _____ (Check if Yes)

PHP Division: Community Behavioral Health Services

Acc 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 SHOP PC# - 85731 - HCSA03-14												
Nonres-33 SA-Nonresidntl ODF Grp	4,109	75			-	-	0%	0%	4,109	75	100%	100%
Nonres-34 SA-Nonresidntl ODF Indv	1,152	40			-	-	0%	0%	1,152	40	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 189,784.00	\$ -	\$ -	0.00%	\$ 189,784.00
Fringe Benefits	\$ 58,833.00	\$ -	\$ -	0.00%	\$ 58,833.00
Total Personnel Expenses	\$ 248,617.00	\$ -	\$ -	0.00%	\$ 248,617.00
Operating Expenses:					
Occupancy	\$ 36,141.00	\$ -	\$ -	0.00%	\$ 36,141.00
Material and Supplies	\$ 2,551.00	\$ -	\$ -	0.00%	\$ 2,551.00
General Operating	\$ 2,775.00	\$ -	\$ -	0.00%	\$ 2,775.00
Staff Travel	\$ 982.00	\$ -	\$ -	0.00%	\$ 982.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Transportation	\$ 3,375.00	\$ -	\$ -	0.00%	\$ 3,375.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 45,824.00	\$ -	\$ -	0.00%	\$ 45,824.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 294,441.00	\$ -	\$ -	0.00%	\$ 294,441.00
Indirect Expenses	\$ 35,332.00	\$ -	\$ -	0.00%	\$ 35,332.00
TOTAL EXPENSES	\$ 329,773.00	\$ -	\$ -	0.00%	\$ 329,773.00
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: _____
 Printed Name: _____
 Title: _____

Date: _____
 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: S12 OC 3

Contractor: HealthRIGHT360

Ct. Blanket No.: BPHM TBD

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

User Cd

Cl. PO No.: POHM DPHM13000123

Tel. No.: (415) 746-1916

Funding Source: Grant - Fed DOJ Second Chance

Fax No.: (415)

Invoice Period: October 2013

Funding Term: 10/01/2013 - 09/30/2014

Final Invoice: (Check if Yes)

PHP Division: Community Behavioral Health Services

Acc 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-25 Second Chances - Case Management PC# - 3835SC-ANS - HCSA02-14												
Anc-68 SA-Ancillary Svcs Case Mgmt	8,417	86			-	-	0%	0%	8,417	86	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 203,000.00	\$ -	\$ -	0.00%	\$ 203,000.00
Fringe Benefits	\$ 62,930.00	\$ -	\$ -	0.00%	\$ 62,930.00
Total Personnel Expenses	\$ 265,930.00	\$ -	\$ -	0.00%	\$ 265,930.00
Operating Expenses:					
Occupancy	\$ 20,700.00	\$ -	\$ -	0.00%	\$ 20,700.00
Material and Supplies	\$ 1,000.00	\$ -	\$ -	0.00%	\$ 1,000.00
General Operating	\$ 5,345.00	\$ -	\$ -	0.00%	\$ 5,345.00
Staff Travel	\$ 19,240.00	\$ -	\$ -	0.00%	\$ 19,240.00
Consultant/ Subcontractor	\$ 109,760.00	\$ -	\$ -	0.00%	\$ 109,760.00
Other: Client Expenses, Evaluation Incentives	\$ 30,345.00	\$ -	\$ -	0.00%	\$ 30,345.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 186,390.00	\$ -	\$ -	0.00%	\$ 186,390.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 452,320.00	\$ -	\$ -	0.00%	\$ 452,320.00
Indirect Expenses	\$ 54,278.00	\$ -	\$ -	0.00%	\$ 54,278.00
TOTAL EXPENSES	\$ 506,598.00	\$ -	\$ -	0.00%	\$ 506,598.00
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: S16 JL 3

Contractor: HealthRIGHT360

Ct. Blanket No.: BPHM TBD

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

Ct. PO No.: POHM TBD

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

Funding Source: General Fund

Invoice Period: July 2013

Funding Term: 07/01/2013 - 12/31/2013

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-29 PHC Everyday Connect												
Anc-68 SA-Ancillary Svcs	5,980						0%		5,980		100%	
Case Mgmt												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 183,877.00	\$ -	\$ -	0.00%	\$ 183,877.00
Fringe Benefits	\$ 51,853.00	\$ -	\$ -	0.00%	\$ 51,853.00
Total Personnel Expenses	\$ 235,730.00	\$ -	\$ -	0.00%	\$ 235,730.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 1,800.00	\$ -	\$ -	0.00%	\$ 1,800.00
General Operating	\$ 2,250.00	\$ -	\$ -	0.00%	\$ 2,250.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 4,050.00	\$ -	\$ -	0.00%	\$ 4,050.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 239,780.00	\$ -	\$ -	0.00%	\$ 239,780.00
Indirect Expenses	\$ 28,777.00	\$ -	\$ -	0.00%	\$ 28,777.00
TOTAL EXPENSES	\$ 268,557.00	\$ -	\$ -	0.00%	\$ 268,557.00
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: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

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
 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 : 07/01/2013 - 06/30/2014

PHP Division: Community Behavioral Health Services

CBHS

INVOICE NUMBER: S28 JA 3

Cl.Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD

Fund Source: APD CJ Realignment (AB109) Work Order

Invoice Period: January 2014

Final Invoice: (Check if Yes)

ACE Control Number: _____

HMHSCCADM367	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/Replg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-6 AB109 Residential PC# - 87342												
Res-51 SA-Res Recov Long Term (over 30 day)	8,213				\$ 94.93	\$ -	0.000		0.00%		8,213.000	
B-7 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	
TOTAL	15,018		0.000				0.000		0.00%		15,018.000	

\$ 779,660.09
 \$ 280,161.85

Budget Amount	\$ 1,059,815.00	Expenses To Date	\$ -	% of Budget	0.00%	Remaining Budget	\$ 1,059,815.00
---------------	-----------------	------------------	------	-------------	-------	------------------	-----------------

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

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

Signature: _____ 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

INVOICE NUMBER: S29 JL 3

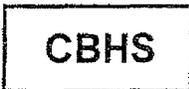
Contractor: **HealthRIGHT360**

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



Funding Source: DCYF CRN Work Order

Fax No.: (415)

Invoice Period: July 2013

Funding Term: 07/01/2013 - 12/31/2013

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-29 SF Violence Intervention Program - HCHCCHCCRNWO					-		#DIV/0!		-		#DIV/0!	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 306,852.00	\$ -	\$ -	0.00%	\$ 306,852.00
Fringe Benefits	\$ 95,124.00	\$ -	\$ -	0.00%	\$ 95,124.00
Total Personnel Expenses	\$ 401,976.00	\$ -	\$ -	0.00%	\$ 401,976.00
Operating Expenses:					
Occupancy	\$ 13,733.00	\$ -	\$ -	0.00%	\$ 13,733.00
Materials and Supplies	\$ 1,800.00	\$ -	\$ -	0.00%	\$ 1,800.00
General Operating	\$ 8,339.00	\$ -	\$ -	0.00%	\$ 8,339.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Vehicle Expense, Client Incentives, Client Outings and Groups	\$ 19,870.00	\$ -	\$ -	0.00%	\$ 19,870.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 43,742.00	\$ -	\$ -	0.00%	\$ 43,742.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 445,718.00	\$ -	\$ -	0.00%	\$ 445,718.00
Indirect Expenses	\$ 53,486.00	\$ -	\$ -	0.00%	\$ 53,486.00
TOTAL EXPENSES	\$ 499,204.00	\$ -	\$ -	0.00%	\$ 499,204.00
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: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

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: 07/01/2013 - 06/30/2014

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S30 JL 3

Ct. Blanket No.: BPHM TBD

User Cd

Cl. PO No.: POHM TBD

Fund Source: General Fund

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-6 AB109 Reentry Pod Counseling												
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

Contractor: HealthRIGHT360

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

Tel. No.: (415) 692-8225

Fax No.: (415)

Funding Term: 07/01/2013 - 12/31/2013

PHP Division: Community Oriented Primary Care

INVOICE NUMBER: PC4 JL 3

Ct. Blanket No.: TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: COPC- General Fund

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-29 Primary Care Encounters - HCHAPADMINGF												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ -	\$ -	\$ -	0.00%	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	0.00%	\$ -
Total Personnel Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 89,286.00	\$ -	\$ -	0.00%	\$ 89,286.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 89,286.00	\$ -	\$ -	0.00%	\$ 89,286.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 89,286.00	\$ -	\$ -	0.00%	\$ 89,286.00
Indirect Expenses	\$ 10,714.00	\$ -	\$ -	0.00%	\$ 10,714.00
TOTAL EXPENSES	\$ 100,000.00	\$ -	\$ -	0.00%	\$ 100,000.00
Less: initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ 0.00			

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

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YY)
6/27/13

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

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

PRODUCER Heffernan Insurance Brokers 1350 Cariback Avenue Walnut Creek, CA 94596 CA License #0564249	CONTACT NAME: Shelaine Gonsalves	
	PHONE (A/C, No, Ext): 925-934-2600	FAX (A/C, No): 925-934-8276
EMAIL ADDRESS: ShelaineG@heffins.com		
INSURERS AFFORDING COVERAGE		NAIC #
INSURER A: Arch Specialty Insurance Company	INSURER B: Cypress Insurance Company	11150 10855
INSURER C: Travelers	INSURER D: Great American	19038 39896
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADBL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY	X		NTPKG0088202	07/01/13	07/01/14	EACH OCCURRENCE	\$1,000,000	
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 10,000	
	GEN'L AGGREGATE LIMIT APPLIES PER						PERSONAL & ADV INJURY	\$1,000,000	
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>					GENERAL AGGREGATE	\$3,000,000		
						PRODUCTS - COM/OP AGG	\$3,000,000		
							\$		
A	AUTOMOBILE LIABILITY	X		NTAUTO0026002	07/01/13	07/01/14	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
	X ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/>						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						PROPERTY DAMAGE (Per accident)	\$	
							\$		
A	UMBRELLA LIAB	X		NTUMB0032602	07/01/13	07/01/14	EACH OCCURRENCE	\$3,000,000	
	X EXCESS LIAB						AGGREGATE	\$3,000,000	
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>							\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			3300084772131	07/01/13	07/01/14	X <input type="checkbox"/> WE STATUTORY LIMITS	OTHER <input type="checkbox"/>	
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in N.H.)	<input type="checkbox"/>	N/A				X	E.L. EACH ACCIDENT	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	1,000,000
								E.L. DISEASE - POLICY LIMIT	1,000,000
A	Professional Liability			NTPKG0088202	07/01/13	07/01/14	Each claim/aggregate	\$1mm/\$3mm	
A	Excess Professional Liability			NTUMB0032602	07/01/13	07/01/14	Each claim/aggregate	\$3mm/\$3mm	
C	Crime			105642284	07/01/13	07/01/14	Limit	\$10,000,000	
D	Excess Crime			SAA024161702	07/01/13	07/01/14	Limit	\$10,000,000	
A	Sexual Misconduct			NTPKG0088202	07/01/13	07/01/14	Each claim/aggregate	\$2mm/\$2mm	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: As Per Contract or Agreement on File with Insured.
 City and County of San Francisco, It's officers, agents & Employees, Office of Contract Management & Compliance is named as additional insured as respects to General Liability & Automobile liability per attached endorsements. Insurance is primary and non-contributory. Waiver of subrogation applies to Workers Compensation policy - endorsement to follow from carrier.

CERTIFICATE HOLDER City and County of San Francisco It's officers, agents & Employees Office of Contract Management & Compliance 101 Grove Street, Room 307 San Francisco, CA 94102	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	---