



1 [Agreement Amendment - Bayview Hunters Point Foundation for Community  
2 Improvement, Inc. - Behavioral Health Services - Not to Exceed \$46,465,749]

3 **Resolution approving an amendment to the agreement between the Department**  
4 **of Public Health and the Bayview Hunters Point Foundation for Community**  
5 **Improvement, Inc., for behavioral health services, increasing the total contract**  
6 **amount by \$17,215,286 for a total contract amount of \$46,465,749 for the period of**  
7 **July 1, 2010, through December 31, 2017.**

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9 WHEREAS, The Department of Public Health awarded a contract to the Bayview  
10 Hunters Point Foundation for Community Improvement, Inc. under a Request for  
11 Proposals in 2009; and

12 WHEREAS, The Department wishes to amend the contract, increasing the total  
13 contract amount by \$17,215,286 to \$46,465,749 in order to continue services through  
14 December 31, 2017; and

15 WHEREAS, A copy of this amendment is on file with the Clerk of the Board of  
16 Supervisors in File No. 150831, which is hereby declared to be a part of this resolution  
17 as if set forth fully herein; and

18 WHEREAS, Board of Supervisors' approval is required as the total contract amount is  
19 more than \$10,000,000; now, therefore, be it

20 RESOLVED, That the Board of Supervisors hereby authorizes the Director of  
21 Public Health and the Director of the Office of Contract Administration/Purchaser to  
22 amend the contract with Bayview Hunters Point Foundation for Community  
23 Improvement, Inc., to increase the contract by \$17,215,286 for an amount not to exceed  
24 \$46,465,749 for the period July 1, 2010, through December 31, 2017; and, be it

25 FURTHER RESOLVED, That within thirty (30) days of the contract being fully

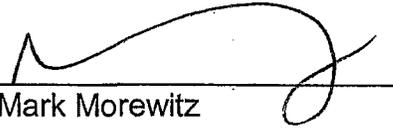
1 executed by all parties, the Director of Health and/or the Director of the Office of  
2 Contract Administration/Purchaser shall provide the final contract to the Clerk of the  
3 Board for inclusion into the official file (File No. 15083).

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5 RECOMMENDED:

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8 Barbara A. Garcia  
9 Director of Health

APPROVED:

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12 Mark Morewitz  
13 Health Commission Secretary  
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<p><b>Item 2</b> <b>File 15-0831</b></p>	<p><b>Department:</b> Department of Public Health (DPH)</p>
<p><b>EXECUTIVE SUMMARY</b></p>	
<p style="text-align: center;"><b>Legislative Objectives</b></p>	
<p>The proposed resolution would approve the second amendment to the contract between the DPH and the Bayview Hunters Point Foundation to (i) increase the total not-exceed amount by \$17,215,286 from \$29,250,463 to \$46,465,749, and (ii) extend the agreement termination date by two years from December 31, 2015 to December 31, 2017.</p>	
<p style="text-align: center;"><b>Key Points</b></p>	
<ul style="list-style-type: none"> <li>• In December 2010, the Board of Supervisors retroactively approved the extension of 22 contracts between the Department of Public Health (DPH) and 19 non-profit organizations, including the Bayview Hunters Point Foundation for Community Improvement, Inc. (Bayview Hunters Point Foundation), for the provision of behavioral health services from July 1, 2010 through December 31, 2015. In June 2015, the Board of Supervisors approved the first amendment to the contract between DPH and Bayview Hunters Point Foundation to increase the not-to-exceed amount by \$1,798,606 from \$27,451,857 to \$29,250,463, without any changes to the contract term.</li> <li>• To meet the requirements of the Affordable Care Act, DPH has been involved in a planning process to optimize and integrate contracted community based services into DPH's San Francisco Health Network, an integrated service delivery system. In June 2015, DPH informed the Board of Supervisors of their intention to request two-year contract extensions for 21 behavioral health services contracts, including the Bayview Hunters Point Foundation.</li> </ul>	
<p style="text-align: center;"><b>Fiscal Impact</b></p>	
<ul style="list-style-type: none"> <li>• Based on actual and projected expenditures from July 1, 2010 through December 31, 2017, the requested not-to-exceed amount of \$46,465,749 should be reduced by \$4,816,043, to a total not-to-exceed amount of \$41,649,706.</li> </ul>	
<p style="text-align: center;"><b>Policy Consideration</b></p>	
<ul style="list-style-type: none"> <li>• DPH is now in the process of determining how to best align contracted services with the requirements of the Affordable Care Act and the State Department of Health Care Services 1115 demonstration, and plans to issue Requests for Proposals (RFP) in approximately March 2016. DPH considers the two-year contract extension to be necessary in order to prepare multiple RFPs for behavioral health services, stagger the timing of the issuance of these RFPs, and award new contracts, while preventing any break in service delivery.</li> </ul>	
<p style="text-align: center;"><b>Recommendations</b></p>	
<ul style="list-style-type: none"> <li>• Amend the proposed resolution to reduce the requested not-to-exceed contract amount by \$4,816,043 from \$46,465,749 to \$41,649,706.</li> <li>• Approve the proposed resolution as amended.</li> </ul>	

**MANDATE STATEMENT**

City Charter Section 9.118(b) requires approval by the Board of Supervisors for contracts or agreements entered into by a Department, Board, or Commission having a term of excess of ten years, or requiring anticipated expenditures by the City and County of \$10 million, or the modification or amendments to such agreements having a cost of more than \$500,000.

**BACKGROUND**

In December 2010, the Board of Supervisors retroactively approved the extension of 22 contracts between the Department of Public Health (DPH) and 19 non-profit organizations, including the Bayview Hunters Point Foundation for Community Improvement, Inc. (Bayview Hunters Point Foundation), for the provision of behavioral health services from July 1, 2010 through December 31, 2015, following either a competitive Request for Proposals (RFP) process or an approval for sole source contracts to provide these services (File 10-0927).

The contract extension between DPH and Bayview Hunters Point Foundation was approved for a not-to-exceed amount of \$27,451,857 for a term of five years and six months through December 31, 2015. Under the contract, the Bayview Hunters Point Foundation provides methadone maintenance, and mental health substance abuse treatment and prevention services for adults, children, youth and their families.<sup>1</sup>

In June 2015, the Board of Supervisors approved the first amendment to the contract between DPH and Bayview Hunters Point Foundation to increase the not-to-exceed amount by \$1,798,606 from \$27,451,857 to \$29,250,463, without any changes to the contract term of July 1, 2010 through December 2015 (File 15-0402).

To meet the requirements of the Affordable Care Act, DPH has been involved in a planning process to optimize and integrate contracted community based services into DPH's San Francisco Health Network, an integrated service delivery system. In June 2015, DPH informed the Board of Supervisors of their intention to request two-year contract extensions for 21 behavioral health services contracts, including the Bayview Hunters Point Foundation. This would allow DPH to have sufficient time to complete the planning process and issue a new RFP, and award new contracts.

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<sup>1</sup> Bayview Hunters Point Foundation supports ten programs including, the Balboa Teen Health Center, Children's Behavioral Health Program, Dimensions LGBT Outpatient, HIV Opt-Out Testing, Jail Methadone Courtesy Dosing Program for incarcerated clients, Jelani Family Program, Jelani House Residential Program, Methadone Maintenance for San Francisco residents, Youth Moving Forward, and Youth Services Primary Prevention.

## DETAILS OF PROPOSED LEGISLATION

The proposed resolution would approve the second amendment to the contract between the DPH and the Bayview Hunters Point Foundation to (i) increase the total not-exceed amount by \$17,215,286 from \$29,250,463 to \$46,465,749, and (ii) extend the agreement termination date by two years from December 31, 2015 to December 31, 2017.

In addition to meeting new requirements for the Affordable Care Act, DPH must also comply with the State Department of Health Care Services 1115 demonstration waiver regarding MediCal organized drug delivery system, which was approved in August 2015. Ms. Michelle Ruggels, Director of the DPH Business Office, explained that DPH will need to make significant changes to the current substance abuse delivery system and in some cases, create new service models. DPH is now in the process of determining how to best align contracted services with the requirements of the Affordable Care Act and the State Department of Health Care Services 1115 demonstration waiver.

## FISCAL IMPACT

Based on actual and projected expenditures from July 1, 2010 through December 31, 2017, the requested not-to-exceed amount of \$46,465,749 should be reduced by \$4,816,043, to a total not-to-exceed amount of \$41,649,706, as shown in Table 1 below.

**Table 1. Actual and Projected Contract Expenditures**

<b>Year</b>	<b>Amount</b>
<b>Actual Expenditures</b>	
FY 2010-11	\$4,568,550
FY 2011-12	5,038,746
FY 2012-13	5,740,619
FY 2013-14	5,229,210
FY 2014-15	5,284,631
<b>Total Actual Expenditures</b>	<b>\$25,861,756</b>
<b>Projected Expenditures</b>	
FY 2015-16	\$5,623,082
FY 2016-17	5,791,774
July 1, 2017 - December 31, 2017	2,982,764
Contingency (12%)*	1,390,330
<b>Total Projected Expenditures</b>	<b>\$15,787,950</b>
<b>Grand Total</b>	<b>\$41,649,706</b>

Source: Department of Public Health staff.

\*The projected contingency funds are 12 percent of the estimated expenditures during the two-year extension period.

**POLICY CONSIDERATION**

Ms. Ruggels advised that the purpose of extending the current contract period by two years until December 31, 2017 is to allow the Department to:

- (a) Complete its planning process to identify any service model changes necessary to better meet the needs of the Department's integrated service delivery system, the San Francisco Health Network, in response to the implementation of the Affordable Care Act;
- (b) Finalize its plan for addressing the new requirements of the State Department of Health Care Services 1115 demonstration waiver (Drug MediCal Organized Delivery System) approved August 2015, which will require significant changes to the current substance abuse delivery system, including entirely new service models; and
- (c) Prepare multiple RFPs for behavioral health services, stagger the timing of the issuance of these RFPs, and award new contracts, while preventing any break in service delivery.

DPH will finalize its RFP schedule, which is estimated to be completed by March 2016, pending the completion of departmental discussions on community-based services that meet the requirements of the Affordable Care Act and the State's 1115 demonstration waiver.

According to Ms. Ruggels, the Department will prepare a schedule for the issuance of the multiple RFPs for behavioral health services that includes the timeline of the issuance of the RFPs, as well as the effective date of the new services. DPH will submit the new contracts to the Board of Supervisors for approval in accordance with Charter Section 9.118(b).

**RECOMMENDATIONS**

1. Amend the proposed resolution to reduce the requested not-to-exceed contract amount by \$4,816,043 from \$46,465,749 to \$41,649,706.
2. Approve the proposed resolution as amended.



City and County of San Francisco

# San Francisco Department of Public Health

Barbara A. Garcia, MPA  
Director of Health

August 3, 2015

Angela Calvillo, Clerk of the Board  
Board of Supervisors  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102-4689

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO, CA  
2015 AUG -3 AM 10:59  
B5

Dear Ms. Calvillo:

Enclosed please find a proposed resolution for Board of Supervisors approval, approving a second amendment to the agreement between the Department of Public Health and Bayview Hunters Point Foundation for Community Improvement.

This contract amendment requires Board of Supervisors approval under San Francisco Charter Section 9.118, as the total contract amount exceeds \$10 million.

The following is a list of accompanying documents:

- o Draft resolution (original and one copy);
- o Proposed second amendment (original and one copy);
- o Original agreement (two copies);
- o First amendment (two copies);
- o Form SFEC-126 for the Board and the Mayor (two copies).

We would appreciate consideration of this contract amendment at the earliest possible date in order to provide continued services without interruption.

The following person may be contacted regarding this matter: Jacquie Hale, Director, Office of Contracts Management and Compliance, Department of Public Health, (415) 554-2609 ([Jacquie.Hale@SFDPH.org](mailto:Jacquie.Hale@SFDPH.org)). Thank you for your time and consideration.

Sincerely,

  
Jacquie Hale  
Director

Office of Contracts Management and Compliance  
DPH Business Office

cc: Barbara Garcia, Director of Health  
Greg Wagner, DPH Chief Financial Officer  
Michelle Ruggels, Director, DPH Business Office

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The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.

We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~  
~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~

Jacquie.hale@sfdph.org – office 415-554-2509 fax 415 554-2555  
101 Grove Street, Room 307, San Francisco, CA 94102

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

**Amendment Number Two**

THIS AMENDMENT (this "Amendment") is made as of July 1<sup>st</sup>, 2015, in San Francisco, California, by and between **Bayview Hunters Point Foundation** ("Contractor"), and the **City and County of San Francisco**, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

**RECITALS**

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

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

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

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

**1a. Agreement.** The term "Agreement" shall mean the Agreement dated July 1<sup>st</sup>, 2010 between Contractor and City, as amended by the:

First amendment dated July 1st, 2014 and this second amendment.

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

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

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

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

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

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

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

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

**5. Compensation.** Compensation shall be made in monthly payments on or before the 30th 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 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Twenty Nine Million Two Hundred Fifty Thousand Four Hundred Sixty Three Dollars (\$29,250,463)**. 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 30th 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 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Forty Six Million Four Hundred Sixty Five Thousand Seven Hundred Forty Nine Dollars (\$46,465,749)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

**2c. Delete Appendix A and replace in its entirety with Appendix A dated 7/1/2014, to Agreement as amended.**

**2d. Delete Appendices A-7 and A-12 and replace in its entirety with Appendices A-7, A-12 and A-13 dated 7/1/2015, to Agreement as amended.**

**2e. Delete Appendix B, and replace in its entirety with Appendix B dated 7/1/2015, to Agreement as amended.**

**2h. Delete Appendices B-1 through B-12, and replace in its entirety with B-1 through B-13 dated 7/1/15, to Agreement as amended.**

**2i. Delete Appendix E and replace in its entirety with Appendix E dated 7/1/15, to Agreement as amended.**

**2j. Delete Appendix F and replace in its entirety with Appendix F dated 7/1/15, to Agreement as amended.**

**3. Effective Date.** Each of the modifications set forth in Section 2 shall be effective on after July 1<sup>st</sup>, 2015.

**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.



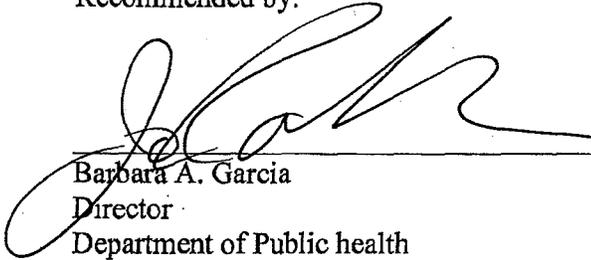
IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

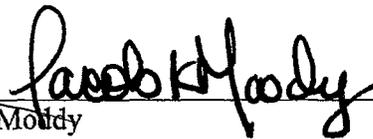
**CITY**

**CONTRACTOR**

Recommended by:

Bayview Hunters Point Foundation

  
Barbara A. Garcia  
Director  
Department of Public health

  
Jacob Moody  
Executive Director

City vendor number: 03121

Approved as to Form:

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**  
**Services to be provided by Contractor**

**1. Terms**

**A. Contract Administrator:**

In performing the Services hereunder, Contractor shall report to Erik Dubon, Program Manager 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. 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.

**G. 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.

**H. 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."

**2. Description of Services**

Detailed description of services are listed below and are attached hereto

Appendix A-01	Methadone Maintenance
Appendix A-02	Jail Methadone Courtesy Dosing Program
Appendix A-03	HIV Set Aside: Routine Opt-Out HIV Screening, Counseling and Placement
Appendices A (4a & 4b)	Youth Moving Forward
Appendix A-05	Youth Services - Primary Prevention

Appendix A-06	Bayview Hunters Point Integrated Behavioral Health Program
Appendix A-07	Bayview Hunters Point Integrated Behavioral Health Program for Children
Appendix A-08	Anchor Program
Appendix A-09	Family Mosaic (Fiscal Intermediary)
Appendix A-10	Jelani House
Appendix A-11	Jelani Family Program
Appendix A-12	Balboa Teen Health Center (BTHC)
Appendix A-13	Fiscal Intermediary, Dimensions Clinic



**1. Agency and Program Information**

**Program Name:**

Bayview Hunters Point Foundation

Bayview Hunters Point Integrated Behavioral Health Program for Children (BVHP IBHPC)

**Program Address:**

5815 Third Street

San Francisco, CA 94124

**Telephone:** (415) 822-7500

**Facsimile:** (415) 822-9767

Jacob K. Moody, Executive Director

Lillian Shine, Deputy Director

Erin Zielinski, Program Director, BVHP IBHPC

**Program Code:** 38516

**2. Nature of Document**

New

Renewal

Modification

Provider of Behavioral Health Services

**3. Goal Statement**

The BVHP IBHPC provides behavioral health and prevention services to children, adolescents, and their families. BVHP IBHPC provides age-specific outpatient behavioral health services to children through the age of 18 to:

- improve functioning in the home, school, and community,
- improve family support to caregivers,
- promote growth and development,
- prevent psychiatric decompensation

Services will be provided in a culturally sensitive, community-based setting. Prevention and early intervention services will be provided through behavioral health consultation on site at the BVHP IBHPC's clinic, in classrooms throughout various SFUSD schools and in community based childcare settings when appropriate.

**4. Target Population**

The BVHP IBHPC will serve a target population of clients in San Francisco's behavioral health system who meet the County's eligibility guidelines and admissions criteria as identified through the Access Information referral system. More specifically, residents of Southeast Neighborhoods to include Potrero Hill, Visitation Valley, and Sunnysdale emphasizing on children and families in public housing, of all cultural backgrounds. In

In addition, we will be focusing on schools that are located specifically within the SFUSD's Bay View's Superintendent Zone. Referrals will be accepted from various city-wide children, youth, and family programs, including Access, ERMHS (Educationally Related Mental Health Services- formally AB3632), Foster Care Mental Health, Child Crisis, Family Mosaic, CPS, and The Juvenile Justice System

BVHP IBHPC has provided services for the following populations of children:

- preschool aged children with social-emotional difficulties, often associated with developmental delays
- school-aged children eligible for ERMHS services who require psychotherapy to benefit from special education
- children and youth with behavioral difficulties, often at risk of school suspension
- children involved with child welfare due to neglect or abuse
- children exposed to family or community violence
- children whose parents are recovering from substance abuse or addiction
- youth involved with juvenile probation due to conduct disorder or gang involvement

Approximately 81% of the children served are African-Americans; about 7% Latino, 6% Asian /Pacific Islander and 5% Caucasian; with 95% are EPTSD Medi-Cal eligible.

**5. Modality of Service/Intervention**

A. Modality: See CRDC, Exhibit B

B. Definition of Billable Services:

Mental Health Services, Assessment, Therapy, Collateral, Case Management, Crisis Intervention, Outreach Services/Consultation Services

The program will adhere to CBHS guidelines regarding assessment and treatment of indigent child and adolescent clients, who will be referred to Medi-Cal, Healthy Families or Healthy Kids, if eligible.

<i>Program A</i>	<i>B</i>	<i>C</i>	<i>D</i>
<i>Units of Service (UOS) Description</i>	<i>Units of Service</i>	<i>Number of Clients</i>	<i>Unduplicated Clients (UDC)</i>
<i>Mental Health Services:</i>	<i>158,001</i>	<i>88</i>	<i>88</i>

<i>Medication Support</i>	939		
<i>Crisis Intervention</i>	750		
<i>Case Management Brokerage</i>	19,000		
<i>Community Client Services</i>	160		
<b><i>Total UDC Served</i></b>			88

**6. Methodology**

**6A. Community Engagement and Outreach**

BVHP IBHPC conducts community engagement and outreach through various community activities and agencies within Bay View, Hunter's Point, Potrero Hill, and Visitation Valley. We will participate in city-wide events. Different staff members will participate in various service provider networks or sit on various boards that involve community organizations and groups specific to the Bay View Hunter's Point neighborhoods. When appropriate, IBHPC fliers are left for advertisement and connections. We use the Internet to reach beyond our targeted neighborhood of the southeast section of the city.

**6B. Admission Criteria**

Clients served at BVHPF's IBHPC must meet requirements of CBHS and SFDPH. They must be a San Francisco County resident and meet medical necessity to be enrolled in BVHP IBHPC. If they are in-between counties, they can be seen for services up to 30 days, meeting the requirements for Medi-Cal eligibility or Healthy San Francisco. An additional option is allowed if one's family income level is within the state's uniform patient fee schedule for community mental health services. They may also qualify based on assessments done through ERMHS, SFUSD, SIT (Student Intervention team) and Child Crisis.

**6C. Delivery Model**

The following is a detailed summary of how IBHPC conducts outpatient services. In all cases, there will be close monitoring and oversight by the clinicians and program supervisors, addressing the different stages of change in recovery to ensure the stability and consistency of treatment:

Program services will be delivered within the context of integrated mental health and substance abuse service guidelines, when appropriate. This includes several components

of integrated programs considered evidence-based according to Drake, Essock, and colleagues (2001). These components include:

- *Staged interventions* where stages of treatment (engagement, persuasion, active treatment and relapse prevention) are delivered based on individual readiness for each stage.
- *Motivational interventions* which involve helping the individual identify goals and recognize that not managing one's illnesses interferes with attaining these goals.
- *Counseling* to help clients develop skills and supports to control symptoms and pursue an abstinent lifestyle.
- *Social support interventions* which recognize the role of social networks and peer support in recovery from dual disorders.
- *Long-term perspective* which recognizes that recovery may occur over months or years.
- *Comprehensiveness* in helping a child and their family transform many aspects of their life habits, stress, management, friends, activities and educational goals.
- *Cultural sensitivity and competence* which are critical to engaging clients.

*Here are some of the following strategies that clinicians and interns will use:*

Motivational Interviewing, Cognitive Behavioral Therapy, Insight Oriented Therapy, Family Systems Therapy, Evidence-Based Practices. These strategies mentioned will use the following in one form or another:

- *Assessments*
- *Group Therapy*
- *Individual Therapy*
- *Collateral Services*
- *Targeted Case Management*
- *Medication Support Services*
- *Crisis Intervention*
- *Case Management/Brokerage*
- *Services to Dually Diagnosed Clients*
- *Referral Services*
- *Urgent Care*

The IBHPC operates from 9:00 A.M. to 6:00 P.M. Monday through Friday. Early morning or evening services are available by appointment. Referral and intake services are coordinated through the IBHPC staff members and supervisors for approval. When parents call, they are offered an intake appointment within 24 to 48 hours. Evening appointments can be arranged. Children are generally seen before or after school.

The IBHPC utilizes brief therapy strategies in a flexible, creative manner. Intensive services are offered during the first two months. Less intensive services are available

afterward for follow-up and support as needed. Information and referral are provided for a wide range of related programs in the community.

Both individual and conjoint family sessions are provided for children, their caregivers, and their family. The child is usually assessed in a play therapy setting. Classroom observation, on-site collaboration and problem-solving with teachers and other para-professional school support staff, is provided on a regular basis. The assigned therapist at BVHP's IBHPC will attend individual educational placement meetings to determine the medical necessity for out-patient behavioral health services on a case by case basis. Outreach visits to the home, hospital, or juvenile hall are also offered when necessary.

#### **6D. Exit Criteria**

The exit criteria for BVHP IBHPC is based upon the client, family, or other outside agencies in where behavioral health services are required by, indicate that they have met their goals for treatment. Staff will meet with the client and family members, along with any additional collateral program team members, to process terminating treatment and that a client's goals have, in fact, been met. Staff will have provided linkages to outside independent services such as special educational services at another school, housing, case managers, medical providers, job training, substance abuse and medication services during treatment so that there is a network of continuous resources for the client, and their family if need be. These criteria may also be met by a client becoming a meds-only client, transitioning out of children's services and into TAY services, or all other special outside program requirements have been met.

#### **6E. Staffing**

The BVHP IBHPC is a component of a community-based human service agency representing a diverse, multi-ethnic population. The program is staffed with licensed and license-eligible marriage & family therapists, social workers, psychologists, and board certified psychiatrists who are oriented to the community and responsive to the issues of ethnicity, culture, language, and gender. We also have an internship program, consisting of four graduate-level registered interns with the California Board of Behavioral Sciences that represent a broad range of different cultures to serve the diverse population of clients at BVHP IBHPC. The Foundation understands the importance of race, culture and language in its service provision, and maintains staffing and programming which appropriately respond to these issues. Recruitment and hiring of staff ensures competency to deliver and manage culturally and linguistically appropriate services to the population served, and provision of effective program and therapeutic interventions designed to meet the special clinical needs of diverse populations. Diverse populations include those from racial, ethnic and cultural backgrounds, the homeless, and individuals of varied sexual orientations and disabilities.

## **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 14-15.

### B. Individualized Program Objectives

None

## 8. Continuous Quality Improvement

We have a committee of three staff- one licensed that meets once a week for an hour and a half to randomly go through client's charts.

The way that we determine what charts have to be PURQC's is the following:

One month or 15 hours after the date of opening we require all of our clinicians to PURQC their client's chart. We have a 12 point check list:

- 1) Assessment
- 2) Diagnosis (accurate and justified)
- 3) Treatment Plan of Care Goals specific, observable or quantifiable; reflected in notes and client's signature with date
- 4) Progress notes (include intervention and response)
- 5) Treatment modalities/frequency, appropriateness in relation to treatment plan
- 6) Case conference requirements- appropriate ROI's and in the client's file
- 7) Step- down required and why
- 8) Termination and Discharge
- 9) If a Co- Signature is missing and on which document
- 10) Referrals
- 11) Discuss with supervisor
- 12) Other

We have a, 'Recommendation Feedback to the Clinician' section to fill out. This is where we indicate that signatures are missing, ID boxes at the top of each page, front and back, need to be filled out, or make goals quantifiable etc. From this information gathered, we either approve the PURQC and give authorization in accordance with the PURQC SFCBH Children's Service Intensity Guidelines, or not. The other options are, approved with adjustment, based on the information gathered from this form. Conditional approval, authorization is granted and resubmitted within a week's time or denied. The reviewer signs the form and dates it. We keep a log of all of the PURQC forms signed, approved or disallowed, and the number of hours requested for authorization. We return the PURQC recommendations to the clinicians of clients' charts for the clinicians to make appropriate corrections and return the recommendation sheet to the PURQC committee the following week to review again. Once the initial PURQC is authorized, the chart is then PURQC'd once every six months in accordance to the client's treatment plan of care renewal date.

In our monthly staff meetings we will discuss quality performance objectives with all staff members to review what BVHP IBHPC's policies and procedures are so that the 8551-6 (children's program) can stay on track with the mandated CBHS FY 13-14 performance objectives. This will include internal trainings on all objectives relevant to out-patient mental health services as listed in section seven of this document. In addition, the program director and clinical supervisor will run certain AVATAR reports to monitor performance objectives internally and intercede when we find there are issues. This will be done on a weekly/ bi-monthly/monthly basis to assure the quality of clinical documentation for a client's chart. Regarding cultural competency, staff members of BVHP IBHPC will attend trainings on various cultural issues given by CBHS and/or SFDPH when offered. In addition, the program director will set up various guest speakers and trainings to be offered on site to BVHP IBHPC staff. When a direct client request is made, the program director and clinical supervisor will accommodate the client's request to the best of our ability, and in the best interest of the client's treatment. For example, offering a client an African American female therapist. We also make available required forms to be filled out by the client in the language they are the most familiar with.

9. Required Language (If applicable):

N/A



**1. Identifiers:**

Program Name: Balboa Teen Health Center MH Services  
 Program Address: 1000 Cayuga Avenue Room 156  
 City, State, ZIP: San Francisco CA 94112  
 Telephone: 415.469.4512 FAX: 415.337.2135  
 Website Address: www.sfdph.org

Contractor Address:  
 City, State, ZIP:  
 Person Completing this Narrative:  
 Telephone:  
 Email Address:

Program Code(s): RU 38518

**2. Nature of Document:**

New  Renewal  Modification

**3. Goal Statement:**

- Provide prevention and early intervention behavioral health services including (1) prevention activities that address stigma, and increase awareness of and access to services, (2) screening, assessment, short-term crisis and individual/group counseling services to students and their families
- Integrate completely into the student support efforts at Balboa High School provided through the San Francisco Unified School District.

**4. Target Population:**

Age: Youth ages 11-19.  
 Gender: Male, Female, and Transgender youth.  
 Economic Status: low income, general assistance, and unemployed.  
 Ethnic background and language needs: Latino, Asian, Pacific Islander, African American, Filipino, White, and Mixed Race. Languages: English, Spanish, Chinese  
 Zip codes primarily served: 94112, 94134, 94131, 94124, 94127, 94110.

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

Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
Mental Health Promotion hour 1.5 FTE x 40 hours/week x 42 weeks x .3352 level of effort %	817	1200	
Community Client Services 1.5 FTE x 40 hours/week x 42 weeks x .4683 level of effort %	1452	150	
<b>Total UOS Delivered</b>	<b>2269</b>		
<b>Total UDC Served</b>			<b>1200</b>

Units of Service (UOS) Description	Units of Service	Number of Clients	Unduplicated Clients (UDC)
<b>Leadership Development</b>	200	20	
<b>Outreach and Engagement</b>	215	1200	
<b>Screening and Assessment</b>	250	250	
<b>Crisis Intervention</b>	50	20	
<b>Training and Coaching</b>	120	10	
<b>Mental Health Consultation</b>	129	50	
<b>Individual Therapeutic Services</b>	1000	143	
<b>Group Therapeutic Services</b>	180	50	
<b>Total UOS Delivered</b>	2269		
<b>Total UDC Served</b>			1200

**Prevention and Strategies:**

Youth N= 900  
 Adult N= 244  
 Total UOS = 789

**Leadership Development (MHSA Activity Category)**

(1) Youth Advisory Board (YAB): The behavioral health team will work with BTHC's Youth Advisory Board (YAB) and coordinator to (1) train peer advocates/educators and (2) review/update power point presentation and other outreach materials that (a) address the issue of stigma related to youth accessing BH services, (b) educate on minor consent and access to services, and (c) present several behavioral health issues common to our target population with support options.

**Timeline:** July 2014- June 2015: ongoing peer development and training  
 UOS: 200 hours leadership development - youth training/development

**Outreach and Engagement (MHSA Activity Category)**

(2) YAB outreach and engagement: Supports the clinic's Health education curriculum in which the YAB will work with BTHC Health Education staff to provide education for all 9<sup>th</sup> graders at Balboa and other high schools; topics include minor consent laws, access to services for youth, anti-stigma messages as it relates to youth and BH services, adolescent relationship abuse, and other relevant topics. The YAB will also reach other students through school community events and BalTV.

**Timeline:** August/September 2014: revisions to curriculum as needed  
 October: train teachers and youth outreach workers district-wide  
 October – June: implement curriculum  
 UOS: 66 hours outreach and engagement (20 classes X 1.5 hours for each class)

(3)ELL class presentations: Balboa High School has a significant number of students who are newly arrived to the United States and San Francisco. Most are just learning English, have not acculturated to this country, and some have suffered significant trauma in their lives. Bilingual staff (Spanish, Cantonese), will work alone or in collaboration with bilingual youth from the YAB to make presentations in ELL classes. Purpose includes supporting positive acculturation, identifying any issues of concern which may lead to an ongoing lunch group or identifying students interested in individual assessment and early intervention services.

Timeline: August 2014: Review curriculum, update and modify as needed.  
September 2014-June 2015: offer curriculum in all ELL classes  
UOS: 24 hours outreach/engagement (8 classes X 1.25 hours + 16 hours prep)

(4) Parent Outreach/engagement: BTHC staff will work with parent liaisons at Balboa High School to inform parents of services available through BTHC and to engage them in planning activities throughout the year; this may include attendance and presentations at monthly school Parent-Teacher-Student Association (PTSA) meetings and utilizing the PTSA newsletter to send out information and elicit feedback on a monthly basis.

Timeline: September 2014-June 2015:  
UOS: 20 hours total

(5) Parent workshops: BTHC staff and YAB will offer periodic workshops on issues cogent to adolescent development and parent roles in positive interventions and support. These workshops will help parents to understand normal adolescent development, identify issues impacting positive development, and address parental roles in limit setting, boundaries and consequences. With assistance from the YAB, these workshops may also offer help in increasing communication between parent and child.

Timeline: September 2014-May 2015: offer a minimum of 3 workshops as determined by BTHC staff, BHS administration and parent liaison.  
UOS: 15 hours (3 2-hour presentations + 3 hour prep. for each workshop)

#### **Screening and Assessment (MHSA Activity Category)**

##### **(6) Screening: 150 youth**

Any student can self-refer for behavioral health services at BTHC. However, students are most often referred for screening and assessment by someone other than themselves including a friend or parent, school faculty, intra-clinic referral, or from another agency or school. Behavioral health staff meets with the student to screen (identify issues) and assess (determine level of need for intervention). During the assessment phase, staff also determines whether the client meets criteria for minor consent or requires parental consent to continue to treatment phase.

When indicated, parents and/or other family members may be requested to participate in services with their child. In these cases, the family will be asked to come in for an assessment visit which may lead to an agreement for time limited treatment.

Timeline: July 2014 – June 2015, services are ongoing  
UOS: 150 hours screening (150 youth/families X average 60 minute screening)

##### **(7) Assessment: 100 youth will be assessed for services**

Timeline: services are ongoing July 2014 – June 2015  
UOS: 100 hours assessment services (100 youth X one hour)

#### **Crisis Response (MHSA Activity Category)**

(8) Crisis intervention: will be provided as needed; this may include both individual and group services;  
Timeline: services are ongoing August 2014 – June 2015  
UOS: 50 hours crisis intervention (20 youth X 2.5 hours average time spent/client)

**Training and Coaching (MHSA Activity Category)**

(9) Training Seminar: training/client consultation seminar for postgraduate interns and staff; training focus on treatment modalities, specific client presentations, minor consent, ethics, working with families, etc

Timeline: August 2014 – May 2015  
UOS: 90 hours training and coaching (30 seminars @ 2 hours each + 1 hour prep each seminar)

(10) BTHC Behavioral Health Staff will participate in an All CHPY Conference/Consulting Group which will include mental health providers from all CHPY sites.

Timeline: July 2014 – June 2015: provision of monthly consult group  
UOS: 18 hours training and coaching (6 groups at 2 hours each plus 1 hour online prep per group)

(11) Faculty/staff training: BTHC behavioral health staff will provide education and information to Balboa faculty and administration on topics including CPS reporting and follow-up, suicide prevention, and identifying youth with behavioral health issues and successful referral to clinic services. This will occur periodically through faculty/staff meetings.

Timeline: September 2014-June 2015: a minimum of three presentations will be made to Balboa faculty and staff as determined by BHS Principal and BTHC Director  
UOS: 12 hours (3 one hour trainings + 9 hours preparation)

**Mental Health Consultation (MHSA Activity Category)**

(12) Staff Consultation: these services included staff participation in school-based meetings such as Student Success Teams and other student oriented meetings. Staff will also work with individual teachers or other agency staff on behalf of client/family needs. Staff will attend a minimum of 40 school-based meetings and consult with a minimum of 50 adults.

Timeline: September 2014 – June 2015: services are ongoing  
UOS: 50 hours group consultation (25 meetings X 2 hours each)

UOS: 50 hours individual consultation (100 individual consults X 30 minutes average)

**Early Intervention Services**

Youth N= 150 (125 individual, 50 group with duplication)  
+ Family members/Other Adults as indicated  
UOS = 1180

**Individual Therapeutic Services (MHSA Activity Category)**

(13) Brief individual/family therapy: utilizing motivational interviewing, CBT, brief therapy, and systems theory, a minimum of 100 youth will access individual and family services

UOS: 1000 hours individual therapy/counseling (125 youth/families x average 6 one hour sessions plus average 2 hour charting time per youth – includes youth already screened/assessed from prior year)

**Group Therapeutic Services (MHSA Activity Category)**

(14) Groups: High School/ Various: This year BTHC will offer a minimum of 3 group series to meet student needs as determined by student feedback, BHS faculty and staff input, and clinic capacity.

UOS: 180 hours (60 groups x 3 hours group/prep/charting)

**6. Methodology:**

A. The services of Balboa Teen Health Center are targeted to youth that live and/or go to school in the Southeast Sector of San Francisco, particularly the students of Balboa High School. In order to promote services and recruit participants, BTHC maintains an active role in school events in the central quad. Additionally, as a component of the Comprehensive Sexual Education conducted by BTHC health educators annually with all Balboa HS freshmen, students are given tours of the clinic which include a description of the services available and a Q and A session with Clinic staff. The Balboa Teen Health Center has a Youth Advisory Board (YAB) which is comprised annually of 12+ students from Balboa High School. YAB members play a very active role in developing and implementing the outreach and engagement components of the BTHC Outpatient Behavioral Health Program. YAB members provide classroom interventions in collaboration with BTHC health educators, presenting on issues including minor consent and mental health counseling. The YAB also provides a vital sounding board for Behavioral Health staff, providing general feedback on services provided and ideas for how services could be made more youth positive and accessible.

B. Eligibility criteria for YAB membership: (1) brief written application; (2) interviewed by current YAB members who vote on new membership with Coordinator input.

Eligibility for Peer Resources: every school year, students in PULSE/peer resources self-select to work with BTHC staff on a particular health topic after hearing a pitch from BH Services staff.

Intake criteria for individual and group services: services are available to any SFUSD student ages 12-19; whether students are self-referred or referred by someone else, all are screened and assessed, and for those youth who consent to services, goals are developed by mutual agreement between client and counselor.

C. BTHC is open Monday – Friday between the hours of 8:30 am and 5 pm; as needed, services may be offered later in the evening to accommodate family involvement. Direct services are provided in clinic, in classrooms, and in some instances in the community. Outreach and engagement services are provided through use of social media (BalTV, school loop, web-based, etc). BTHC has made considerable efforts to develop a truly multidisciplinary team that provides a seamless, comprehensive system of care for clients which includes:

- Warm handoffs between disciplines including utilizing a behaviorist model in primary care, which tends to work equally as well with health education.
- Use of weekly all-staff client review so that medical, behavioral and education staff can all contribute to treatment plans, and share information to support client success.
- Close working relationships with Balboa High School faculty and Administration (the most significant referral source for BTHC's programs)
- Single point of intake- whichever discipline students' access first completes the preliminary steps for intake (i. e. consents signed, HIPAA signed, psychosocial history completed, etc.) so that this process does not need to be repeated if a client accesses several services.

Linkages: Collaborative relationships are in place to provide additional services for specific populations including:

- RAMS – provides periodic services targeting A/PI youth at BTHC.
- Huckleberry Youth Programs and Larkin Street Youth Services – access to supportive housing and other services

- Urban Services YMCA – partnership offering substance abuse prevention and treatment services for Denman and Balboa students

D. Youth will show readiness for discharge by successfully completing treatment plan goals which may include (1) successful strategies for dealing with stress and mental health issues in the family or with peers (if identified), (2) increased school attendance, participation (3) reduced risky sexual behaviors and increased safer sex practices for those youth who identify as sexually active, and (4) improved health habits as compared to baseline measures particularly related to nutrition, sleep, exercise, and mood. Successful completion may also be tied to youth's ability to follow through and engage in other services he or she is referred to, to support and maintain positive life changes.

E. BTHC Behavioral Health Services staff includes 3 full time MFT mental health/substance abuse counselors, 3 MFT Graduate Interns, 1 Americorps member, 1 full time Health Educator, and one part time Health Educator. Outreach and Engagement and Leadership Development activities are conducted by all BH Services staff. Crisis Intervention and Screening and Assessment are provided by staff MFTs and Graduate Interns. Training and Coaching are conducted with the participation of all staff. Mental Health Consultation is provided by staff MFTs, secondarily by MFT Graduate interns. Individual and Group Therapeutic services are provided by staff and intern MFTs. Funding for this program includes, in addition to MHSA, funding from the California Wellness Foundation, the Metta Fund, and City General Funds; MHSA does not support health education staff or the AmeriCorps member.

Systems Transformation Methodology:

- MHSA →** 1. One of the primary MHSA tenets is consumer participation/engagement. Programs must identify how participants and/or their families are engaged in the development, implementation and/or evaluation of programs. This can include peer-employees, advisory committees, etc.

Consumer/Participant Engagement in program development/implementation/evaluation:

- A. Youth Advisory Board – support peer outreach and engagement, delivery of significant services, and program evaluation (youth are paid a stipend)
- B. Annual CBHS Client Satisfaction Survey – all therapy clients (individual and group) are offered opportunity to complete
- C. Active participation in monthly PTSA meetings allow us to engage parents and obtain feedback on what services they want, how best to deliver

- MHSA →** 2. Efforts to improve service coordination result in a seamless experience for clients.

As stated earlier in 6C., BTHC has made a concerted effort over time to create a multidisciplinary team that can provide a seamless, comprehensive system of care for clients. As stigma around accessing behavioral health services continues to impinge on youths' willingness to utilize these services, we continue to see significant numbers of students coming in with somatic complaints requesting to see "the nurse"; the ability to provide a warm handoff to behavioral health staff helps ensure that youth get what they need. Additionally, the "single point of intake" as described earlier, reduces redundant

paperwork for youth and is more consumer friendly. Finally, we have relationships with a number of CBOs to provide direct linkages for additional services: for example – we work

closely with the OMIE Beacon and refer back and forth between Denman, Leadership and BTHC around substance abuse prevention and treatment. Huckleberry Youth Programs and Larkin Street Youth Services allow us entry into supportive and emergency housing services.

**7. Objectives and Measurements:**

**Individualized Performance Objective:** By 6/30/15, 80% of 9<sup>th</sup> graders participating in a Youth Advisory Board led classroom activity will rate their comfort level in accessing these services as moderately comfortable or better as documented in pre and post tests.

MHSA GOAL: Increased ability to cope with stress and express optimism and hope for the future.

**Individualized Performance Objective:** By 6/30/15, a minimum of 50 youth accessing early intervention services at BTHC will, by self-report post a minimum of 3 sessions, identify (1) one or more skills they have successfully utilized to reduce stress or other related symptoms, and (2) one positive goal they are currently putting time into, as documented in post session tests.

Participant Satisfaction Objective:

By 6/30/15, BTHC will receive an average consumer rating of 4.5 or higher for the question "staff treated me with respect", demonstrating a high a degree of client satisfaction, as documented in the 2014-15 CBHS Consumer Satisfaction Survey.

**8. Continuous Quality Improvement:**

"Quality Assurance and Continuous Quality Improvement requirements will be addressed in the CBHS Declaration of Compliance."

**9. Required Language: N/A**



**1. Identifiers:**

**1. Agency and Program Identification**

Name: Bayview Hunters Point Foundation for Community Improvement  
Fiscal Intermediary for Community Oriented Primary Care, Dimensions Clinic  
Address: 150 Executive Park, Suite 2800  
San Francisco, CA 94134  
Phone: 415-468-5100  
Fax: 415-468-5104  
Contact Name: Amy Peterson, Director, Primary Care Youth Programs

**2. Nature of Document:**

New       Renewal       Modification

**3. Goal Statement**

As a Fiscal Intermediary, Bayview Hunters Point Foundation for Community Improvement shall provide two staff members to support a portion of the outreach and engagement activities of the Dimensions Clinic. The Dimensions Clinic provides primary care services, behavioral health services (mental health and substance use). The goal of the provided staff is to conduct outreach and engagement is to connect individuals to appropriate treatment (i.e. primary care and behavioral health services).

**4. Target Population**

The priority population for the Dimensions Clinic outreach and engagement activities are transitional aged youth (TAY) aged twelve to twenty-five who identify as lesbian, bisexual, transgender, and/or queer (LGBTQ).

**5. Modality and Program Description**

As a fiscal intermediary, Bayview Hunters Point Foundation for Community Improvement shall provide all human resource related services to the two staff. Bayview Hunters Point Foundation for Community Improvement shall work with the Primary Care Youth Programs to ensure that fiscal reporting and payments related to the staff are accurate.

The Dimensions Clinic is a primary care setting, which provides comprehensive care, including primary care, , sexual health, HIV prevention and education, case management mental health, substance use services, and referrals and linkages to youth in the Castro-Mission Health Center. It is primarily staffed by the Department of Public Health (DPH). Bayview Hunters Point Foundation for Community Improvement provides two staff for a portion of Dimensions Clinic's outreach and engagement (outreach services 45/ 20-29).

**6. Methodology**

Bayview Hunters Point Foundation for Community Improvement staff shall provide outreach and engagement in appropriate settings in order to connect individuals to appropriate services. Services take place at the following sites: Castro Mission Health Center, Larkin Street Youth Services, San Francisco LGBT Center, and Lavender Youth and Recreation Center (LYRIC).

**7. Outcome Objectives and Measurements**

Bayview Hunters Point Foundation for Community Improvement staff shall increase the number of individuals who are connected to primary care. This will be measured by collecting data on individuals who receive outreach services and checking which of those individuals also appear as active in E-Clinical Works (ECW) health record. This measurement is an approximation of whether outreach and engagement resulted in connection to services.

This data shall be collected by Bayview Hunters Point Foundation for Community Improvement staff as outreach and engagement activities are conducted. The data shall be compiled 45 days after the close of each fiscal year by the Director, Primary Care Youth Programs.

**8. Continuous Quality Improvement**

Bayview Hunters Point Foundation for Community Improvement shall meet with the Primary Care Youth Programs to develop Quality Improvement plans, as needed, related to the outreach and engagement portion of the Dimensions Clinic.

**9. Required Language (If applicable):**

N/A

**Appendix B**  
**Calculation of Charges**

1. Method of Payment

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

B. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed \$1,268,887 which is twenty-five per cent (25%) of the General Fund and Prop 63 portion of the CONTRACTOR'S allocation for the applicable fiscal year.

C. 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.

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):

Appendices	Invoice #
B-7	M01
B-6	M06
B-1	S01
B-2	S01
B-4	S01
B-5	S01
B-4a	S02
B-3	S06

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):

Appendices	Invoice #
B-9	M02
B-9	M03
B-12	M04

B-8	M05
B-13	M08
B-9	M10
B-4a	S02
B-10	S13
B-11	S14

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  
Fee For Service Reimbursement:

Appendices	Invoice #
B-7	M01
B-6	M06
B-1	S01
B-2	S01
B-4	S01
B-5	S01
B-4a	S02
B-3	S06

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.

(3) Cost Reimbursement:

Appendices	Invoice #
B-9	M02
B-9	M03
B-12	M04
B-8	M05
B-13	M08
B-9	M10
B-4a	S02
B-10	S13
B-11	S14

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."

2. Program Budgets and Final Invoice

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

Appendix B-01	Methadone Maintenance
Appendix B-02	Jail Methadone Courtesy Dosing Program
Appendix B-03	HIV Set Aside: Routine Opt-Out HIV Screening, Counseling and Placement
Appendix B (4a & 4b)	Youth Moving Forward
Appendix B-05	Youth Services - Primary Prevention
Appendix B-06	Bayview Hunters Point Integrated Behavioral Health Program
Appendix B-07	Bayview Hunters Point Integrated Behavioral Health Program for Children
Appendix B-08	Anchor Program
Appendix B-09	Family Mosaic (Fiscal Intermediary)
Appendix B-10	Jelani House
Appendix B-11	Jelani Family Program
Appendix B-12	Balboa Teen Health Center Behavioral Health Services
Appendix B-13	Fiscal Intermediary, Dimensions Clinic

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 Forty Six Million Four Hundred Sixty Five Thousand Seven Hundred Forty Nine Dollars (\$46,465,749) for the period of July 1, 2010 through December 31, 2017.

CONTRACTOR understands that, of this maximum dollar obligation, \$4,628,195 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2010 through June 30, 2011	\$4,979,847
July 1, 2011 through June 30, 2012	\$5,297,012
July 1, 2012 through June 30, 2013	\$5,851,149
July 1, 2013 through June 30, 2014	\$5,966,386

July 1, 2014 through June 30, 2015	\$5,623,082
July 1, 2015 through June 30, 2016	\$5,623,082
July 1, 2016 through June 30, 2017	\$5,623,082
July 1, 2017 through December 31, 2017	\$3,328,615
Total	\$42,292,255

(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:	00341		Prepared By/Phone #:	Lillian Shine / 415-468-5100		Appendix/Page #:	B, Page 1	
Contractor Name:	Bayview Hunters Point Foundation							07/01/15
Contract CMS #:	7013							
Contract Appendix Number:	B-1	B-2	B-3	B-4	B-5	B-6	B-7	
Appendix A/Program Name:	Outpatient Methadone Maintenance	Methadone Jail Courtesy Dosing	AIDS Opt-Out HIV Early Intervention	Youth Moving Forward	Youth Services Prevention/ Strengthening Families	Adult Behavioral Health Services	Children's Behavioral Health Services	
Provider Number:	383816	383816	383816	383817	383817	3851	3851	
Program Code(s):	38164 & 38163	89163	38163 & 38164	38171	N/A	38513	38516	
FUNDING TERM:	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	
<b>FUNDING USES</b>								
Salaries & Employee Benefits:	713,500	134,920	6,870	291,600	85,160	691,400	386,590	
Operating Expenses:	434,787	85,650	15,451	172,384	8,810	270,846	35,725	
Capital Expenses:	-	-	-	-	-	-	-	
<b>Subtotal Direct Expenses:</b>	<b>1,148,287</b>	<b>220,570</b>	<b>22,321</b>	<b>463,984</b>	<b>93,970</b>	<b>962,246</b>	<b>422,315</b>	
Indirect Expenses:	137,794	26,468	2,679	55,678	11,275	115,470	50,678	
Indirect %:	12%	12%	12%	12%	12%	12%	12%	
<b>TOTAL FUNDING USES</b>	<b>1,286,081</b>	<b>247,038</b>	<b>25,000</b>	<b>519,662</b>	<b>105,245</b>	<b>1,077,716</b>	<b>472,993</b>	
<b>FUNDING SOURCES</b>								
MH FED - SDMC Regular FFP (50%)						313,572	222,761	
MH STATE - MH Realignment						154,812		
MH STATE - PSR EPSDT							200,485	
MH STATE - Family Mosaic Capitated Medi-Cal								
MH COUNTY - General Fund						584,332	49,747	
MH STATE - MHSA						25,000		
MH WORK ORDER - Dept. Children, Youth & Families								
MH STATE - SAMHSA								
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>						<b>1,077,716</b>	<b>472,993</b>	
<b>OTHER DPH FUNDING SOURCES</b>								
SA FED - SAPT Fed Discretionary, CFDA #93.959	891,449	243,387		319,497				
SA FED - SAPT Adolescent Tx Svcs, CFDA #93.959				136,908				
SA FED - SAPT Primary Prevention Set-Aside, CFDA #93.959					105,245			
SA FED - SAPT HIV Set-Aside, CFDA #93.959			25,000					
SA FED - SAPT Perinatal Set-Aside, CFDA #93.959								
SA FED - Drug Medi-Cal, CFDA #93.778	187,813							
SA STATE - PSR Drug Medi-Cal	187,813							
SA STATE - PSR Women and Children								
SA COUNTY - General Fund	19,006	3,651		63,257				
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>1,286,081</b>	<b>247,038</b>	<b>25,000</b>	<b>519,662</b>	<b>105,245</b>	<b>-</b>	<b>-</b>	
<b>OTHER DPH FUNDING SOURCES</b>								
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>TOTAL DPH FUNDING SOURCES</b>	<b>1,286,081</b>	<b>247,038</b>	<b>25,000</b>	<b>519,662</b>	<b>105,245</b>	<b>1,077,716</b>	<b>472,993</b>	
<b>NON-DPH FUNDING SOURCES</b>								
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>1,286,081</b>	<b>247,038</b>	<b>25,000</b>	<b>519,662</b>	<b>105,245</b>	<b>1,077,716</b>	<b>472,993</b>	

**DPH 1: Department of Public Health Contract Budget Summary**

DHCS Legal Entity Number:	00341		Prepared By/Phone #: Lillian Shine / 415-468-5100			Appendix/Page #: B, Page 2	
Contractor Name:	Bayview Hunters Point Foundation						
Contract CMS #:	7013						
Contract Appendix Number:	B-8	B-9	B-10	B-11	B-12	B-13	
Appendix A/Program Name:	Anchor Program	Family Mosaic Wraparound	Jelani House	Jelani Family Program	Balboa Teen Health Center	Dimensions LGBT Outpatient	
Provider Number:	38A1	8957	380145	380145	3851	Pending	
Program Code(s):	38AI3	8957	01452 & 01455	38502 & 38505	38518	N/A	
FUNDING TERM:	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	TOTAL
<b>FUNDING USES</b>							
Salaries & Employee Benefits:	44,812	85,080	548,630	532,520	217,863	85,570	3,824,515
Operating Expenses:	567	3,231	86,272	64,488	17,396	524	1,196,131
Capital Expenses:	-	-	-	-	-	-	-
<b>Subtotal Direct Expenses:</b>	<b>45,379</b>	<b>88,311</b>	<b>634,902</b>	<b>597,008</b>	<b>235,259</b>	<b>86,094</b>	<b>5,020,646</b>
Indirect Expenses:	5,600	10,596	76,188	71,641	28,038	10,331	602,436
Indirect %:	12%	12%	12%	12%	12%	12%	12%
<b>TOTAL FUNDING USES</b>	<b>50,979</b>	<b>98,907</b>	<b>711,090</b>	<b>668,649</b>	<b>263,297</b>	<b>96,425</b>	<b>5,623,082</b>
					Employee Fringe Benefits %:		33.30%
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
MH FED - SDMC Regular FFP (50%)							536,333
MH STATE - MH Realignment	11,223						166,035
MH STATE - PSR EPSDT							200,485
MH STATE - Family Mosaic Capitated Medi-Cal		60,656					60,656
MH COUNTY - General Fund	39,756	8,960				1,425	684,220
MH STATE - MHSA					263,297		288,297
MH WORK ORDER - Dept. Children, Youth & Families						95,000	95,000
MH STATE - SAMHSA		29,291					29,291
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>50,979</b>	<b>98,907</b>	<b>-</b>	<b>-</b>	<b>263,297</b>	<b>96,425</b>	<b>2,060,317</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA FED - SAPT Fed Discretionary, CFDA #93.959			130,969	140,491			1,725,793
SA FED - SAPT Adolescent Tx Svcs, CFDA #93.959							136,908
SA FED - SAPT Primary Prevention Set-Aside, CFDA #93.959							105,245
SA FED - SAPT HIV Set-Aside, CFDA #93.959							25,000
SA FED - SAPT Perinatal Set-Aside, CFDA #93.959			303,190				303,190
SA FED - Drug Medi-Cal, CFDA #93.778							187,813
SA STATE - PSR Drug Medi-Cal							187,813
SA STATE - PSR Women and Children			182,286				182,286
SA COUNTY - General Fund			94,645	528,158			708,717
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>711,090</b>	<b>668,649</b>	<b>-</b>	<b>-</b>	<b>3,562,765</b>
<b>OTHER DPH FUNDING SOURCES</b>							
							-
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>50,979</b>	<b>98,907</b>	<b>711,090</b>	<b>668,649</b>	<b>263,297</b>	<b>96,425</b>	<b>5,623,082</b>
<b>NON-DPH FUNDING SOURCES</b>							
							-
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>50,979</b>	<b>98,907</b>	<b>711,090</b>	<b>668,649</b>	<b>263,297</b>	<b>96,425</b>	<b>5,623,082</b>

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

Contractor Name: <u>Bayview Hunters Point Foundation</u>		Appendix/Page #: <u>B-1, Page 1</u>				
Provider Name: <u>BVHP Outpatient Methadone Maintenance</u>		07/01/15				
Provider Number: <u>383816</u>						
Program Name:	Outpatient Methadone Maintenance	Outpatient Methadone Maintenance	Outpatient Methadone Maintenance	Outpatient Methadone Maintenance - Detox	Outpatient Methadone Maintenance - Detox	
Program Code:	38164	38164	38164	38163	38163	
Mode/SFC (MH) or Modality (SA):	NTP-48	NTP-48	NTP-48	NTP-48	NTP-48	
Service Description:	SA-Narcotic Tx Narc Replacement Therapy All Svcs	<b>TOTAL</b>				
Service Description Detail:	Dosing	Individual Counseling	Group Counseling	Detox Dosing	Detox Counseling	
FUNDING TERM:	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	452,823	253,746	2,092	1,106	3,733	713,500
Operating Expenses:	275,935	154,627	1,276	674	2,275	434,787
Capital Expenses:						
<b>Subtotal Direct Expenses:</b>	<b>728,758</b>	<b>408,373</b>	<b>3,368</b>	<b>1,780</b>	<b>6,008</b>	<b>1,148,287</b>
Indirect Expenses:	87,453	49,003	403	214	721	137,794
<b>TOTAL FUNDING USES:</b>	<b>816,210</b>	<b>457,376</b>	<b>3,771</b>	<b>1,994</b>	<b>6,730</b>	<b>1,286,081</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>						
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	-	-	-	-	-	-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
SA FED - SAFT Fed Discretionary, CFDA #93.959	HMHSACCRES227	569,622	319,196	2,631	-	891,449
SA FED - Drug Medi-Cal, CFDA #93.778	HMHSACCRES227	120,009	67,249	555	-	187,813
SA STATE - PSR Drug Medi-Cal	HMHSACCRES227	120,009	67,249	555	-	187,813
SA COUNTY - General Fund	HMHSACCRES227	6,570	3,682	30	1,994	19,006
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>816,210</b>	<b>457,376</b>	<b>3,771</b>	<b>1,994</b>	<b>1,286,081</b>
<b>OTHER DPH FUNDING SOURCES</b>						
<b>TOTAL OTHER DPH FUNDING SOURCES</b>						
<b>TOTAL DPH FUNDING SOURCES</b>		<b>816,210</b>	<b>457,376</b>	<b>3,771</b>	<b>1,994</b>	<b>1,286,081</b>
<b>NON-DPH FUNDING SOURCES</b>						
<b>TOTAL NON-DPH FUNDING SOURCES</b>						
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>816,210</b>	<b>457,376</b>	<b>3,771</b>	<b>1,994</b>	<b>1,286,081</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable):						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:		400			96	
Cost Reimbursement (CR) or Fee-For-Service (FFS):						
		FFS	FFS	FFS	FFS	FFS
DPH Units of Service:		65,612	30,492	1,068	160	449
Unit Type:		Slot Days	Slot Days	Slot Days	Slot Days	Slot Days
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):		12.44	15.00	3.53	12.44	15.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		12.44	15.00	3.53	12.44	15.00
Published Rate (Medi-Cal Providers Only):		12.44	15.00	3.53	12.44	15.00
Unduplicated Clients (UDC):		198	198	198	5	5
						<b>Total UDC:</b>
						198



**DPH 4: Operating Expenses Detail**

Contractor Name: Bayview Hunters Point Foundation  
 Program Name: Outpatient Methadone Maintenance

Appendix/Page #: B-1, Page 3  
07/01/15

Expenditure Category	TOTAL	General Fund HMHSCRES227				
<b>Term:</b>	07/01/14 - 06/30/15	07/01/14 - 06/30/15				
<b>Occupancy:</b>						
Rent	127,980	127,980				
Utilities (telephone, electricity, water, gas)	38,948	38,948				
Building Repair/Maintenance	14,870	14,870				
<b>Materials &amp; Supplies:</b>						
Office Supplies	13,050	13,050				
Photocopying	-	-				
Printing	303	303				
Program Supplies	-	-				
Computer hardware/software	18,007	18,007				
<b>General Operating:</b>						
Training/Staff Development	506	506				
Insurance	17,198	17,198				
Professional License	14,568	14,568				
Permits	-	-				
Equipment Lease & Maintenance	5,463	5,463				
<b>Staff Travel:</b>						
Local Travel	506	506				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor:</b>						
Medical Director: Dr. Alexis Williams @ \$100 per hr - FY14-15	43,753	43,753				
Medical Director: Catherine Olsom, MD, \$100 per hr - FY14-15	43,753	43,753				
	-	-				
<b>Other:</b>						
Medical Supplies & Medical Waste Disposal	38,139	38,139				
Lab Testing	21,244	21,244				
Security Services	30,754	30,754				
Vehicle Expenses	1,416	1,416				
Advertising	1,214	1,214				
Client Activities	3,115	3,115				
<b>TOTAL OPERATING EXPENSE</b>	<b>434,787</b>	<b>434,787</b>				

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

Contractor Name: <u>Bayview Hunters Point Foundation</u>		Appendix/Page #: <u>B-2, Page 1</u>				
Provider Name: <u>BVHP Methadone Jail Courtesy Dosing</u>		07/01/15				
Provider Number: <u>383816</u>						
Program Name:	Methadone Jail Courtesy Dosing					
Program Code:	89163					
Mode/SFC (MH) or Modality (SA):	NTP-41					
Service Description:	SA-Narcotic Tx Prog OP Meth Detox (OMD)					<b>TOTAL</b>
FUNDING TERM:	07/01/14 - 06/30/15					
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	134,920	-	-	-	-	134,920
Operating Expenses:	85,650	-	-	-	-	85,650
Capital Expenses:	-	-	-	-	-	-
<b>Subtotal Direct Expenses:</b>	<b>220,570</b>	-	-	-	-	<b>220,570</b>
Indirect Expenses:	26,468	-	-	-	-	26,468
<b>TOTAL FUNDING USES:</b>	<b>247,038</b>	-	-	-	-	<b>247,038</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>						
						-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
SA FED - SAPT Fed Discretionary, CFDA #93.959	HMHSCCRES227	243,387				243,387
SA COUNTY - General Fund	HMHSCCRES227	3,651				3,651
						-
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>247,038</b>	-	-	-	<b>247,038</b>
<b>OTHER DPH FUNDING SOURCES</b>						
						-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>247,038</b>	-	-	-	<b>247,038</b>
<b>NON-DPH FUNDING SOURCES</b>						
						-
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>247,038</b>	-	-	-	<b>247,038</b>
<b>BHS UNITS OF SERVICE AND UNITS</b>						
Number of Beds Purchased (if applicable):						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:	400					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS					
DPH Units of Service:	19,858					
Unit Type:	Slot Days					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	12.44					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	12.44					
Published Rate (Medi-Cal Providers Only):	12.44					
Unduplicated Clients (UDC):	66					<b>Total UDC:</b>
						66



**DPH 4: Operating Expenses Detail**

Contractor Name: Bayview Hunters Point Foundation

Program Name: Methadone Jail Courtesy Dosing

Appendix/Page #: \_\_\_\_\_

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07/01/15

Expenditure Category	TOTAL	General Fund HMHSCCRES227				
<b>Term:</b>	07/01/14 - 06/30/15	07/01/14 - 06/30/15				
<b>Occupancy:</b>						
Rent	25,090	25,090				
Utilities (telephone, electricity, water, gas)	7,942	7,942				
Building Repair/Maintenance	3,474	3,474				
<b>Materials &amp; Supplies:</b>						
Office Supplies	2,283	2,283				
Photocopying	-	-				
Printing	-	-				
Program Supplies	-	-				
Computer hardware/software	2,830	2,830				
<b>General Operating:</b>						
Training/Staff Development	-	-				
Insurance	2,829	2,829				
Professional License	3,971	3,971				
Permits	-	-				
Equipment Lease & Maintenance	1,390	1,390				
<b>Staff Travel:</b>						
Local Travel	201	201				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor:</b>						
Medical Director: Alexis Williams, MD, \$100 per hr - FY 14-15	15,686	15,686				
	-	-				
	-	-				
<b>Other:</b>						
Medical Supplies	8,340	8,340				
Security Services	4,467	4,467				
Vehicle Expenses	6,949	6,949				
Advertising	198	198				
	-	-				

**TOTAL OPERATING EXPENSE**

**85,650**

**85,650**

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

Contractor Name: <u>Bayview Hunters Point Foundation</u>		Appendix/Page #: <u>B-3, Page 1</u>			
Provider Name: <u>BVHP AIDS Opt-Out HIV Early Intervention</u>		07/01/15			
Provider Number: <u>383816</u>					
Program Name:	AIDS Opt-Out HIV Early Intervention				
Program Code:	38163 & 38164				
Mode/SFC (MH) or Modality (SA):	Anc-72				
Service Description:	SA-Ancillary Svcs HIV Counseling Services				<b>TOTAL</b>
FUNDING TERM:	07/01/14 - 06/30/15				
<b>FUNDING USES</b>					
Salaries & Employee Benefits:	6,870				6,870
Operating Expenses:	15,451				15,451
Capital Expenses:	-				-
<b>Subtotal Direct Expenses:</b>	<b>22,321</b>				<b>22,321</b>
Indirect Expenses:	2,679				2,679
<b>TOTAL FUNDING USES:</b>	<b>25,000</b>	-	-	-	<b>25,000</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>					
					-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
SA FED - SAPT HIV Set-Aside, CFDA #93.959	HMHSCCRES227	25,000			25,000
					-
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		25,000	-	-	25,000
<b>OTHER DPH FUNDING SOURCES</b>					
					-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		25,000	-	-	25,000
<b>NON-DPH FUNDING SOURCES</b>					
					-
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		25,000	-	-	25,000
<b>BHS UNITS OF SERVICE AND DPH COST</b>					
Number of Beds Purchased (if applicable):					
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):					
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS				
DPH Units of Service:	250				
Unit Type:	Number Served				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	100.00				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	100.00				
Published Rate (Medi-Cal Providers Only):					
Unduplicated Clients (UDC):	250				<b>Total UDC: 250</b>



**DPH 4: Operating Expenses Detail**

Contractor Name: Bayview Hunters Point Foundation  
 Program Name: AIDS Opt-Out HIV Early Intervention

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Expenditure Category	TOTAL	General Fund HMHSCRES227				
<b>Term:</b>	07/01/14 - 06/30/15	07/01/14 - 06/30/15				
<b>Occupancy:</b>						
Rent	2,967	2,967				
Utilities (telephone, electricity, water, gas)	1,762	1,762				
Building Repair/Maintenance	-					
<b>Materials &amp; Supplies:</b>						
Office Supplies	-					
Photocopying	-					
Printing	-					
Program Supplies	1,821	1,821				
Computer hardware/software	-					
<b>General Operating:</b>						
Training/Staff Development	-					
Insurance	-					
Professional License	-					
Permits	-					
Equipment Lease & Maintenance	-					
<b>Staff Travel:</b>						
Local Travel	-					
Out-of-Town Travel	-					
Field Expenses	-					
<b>Consultant/Subcontractor:</b>						
Phelbotomist: Corina Flores 4 hrs x \$18 per hr FY 14-15	5,934	5,934				
	-					
<b>Other:</b>						
Lab Tests	2,967	2,967				
	-					
	-					
	-					
<b>TOTAL OPERATING EXPENSE</b>	<b>15,451</b>	<b>15,451</b>				

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

Contractor Name: Bayview Hunters Point Foundation  
 Provider Name: BVHP Youth Moving Forward  
 Provider Number: 383817

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Program Name:	Youth Moving Forward	Youth Moving Forward	Youth Moving Forward			
Program Code:	38171	38171	38171			
Mode/SFC (MH) or Modality (SA):	Nonres-33	Nonres-34	SecPrev-19			
Service Description:	SA-Nonresidntl ODF Grp	SA-Nonresidntl ODF Indv	SA-Sec Prev Outreach			<b>TOTAL</b>
FUNDING TERM:	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15			
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	\$47,390	142,170	102,040	-	-	291,600
Operating Expenses:	40,450	121,831	10,103	-	-	172,384
Capital Expenses:						
Subtotal Direct Expenses:	87,840	264,001	112,143	-	-	463,984
Indirect Expenses:	10,540	31,680	13,458			55,678
<b>TOTAL FUNDING USES:</b>	<b>98,380</b>	<b>295,681</b>	<b>125,601</b>	<b>-</b>	<b>-</b>	<b>519,662</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>						
						-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	-	-	-	-	-	-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
SA FED - SAPT Fed Discretionary, CFDA #93.959	HMHSCCRES227	60,569	181,706	77,222		319,497
SA FED - SAPT Adolescent Tx Svcs, CFDA #93.959	HMHSCCRES227	25,954	77,864	33,090		136,908
SA COUNTY - General Fund	HMHSCCRES227	11,857	36,111	15,289		63,257
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>98,380</b>	<b>295,681</b>	<b>125,601</b>	<b>-</b>	<b>519,662</b>
<b>OTHER DPH FUNDING SOURCES</b>						
						-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>98,380</b>	<b>295,681</b>	<b>125,601</b>	<b>-</b>	<b>519,662</b>
<b>NON-DPH FUNDING SOURCES</b>						
						-
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>98,380</b>	<b>295,681</b>	<b>125,601</b>	<b>-</b>	<b>519,662</b>
<b>DPH UNITS OF SERVICE AND UNITS COSTS</b>						
Number of Beds Purchased (if applicable):						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):		100				
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:						
Cost Reimbursement (CR) or Fee-For-Service (FFS):		FFS	FFS	CR		
DPH Units of Service:		1,042	3,132	1,256		
Unit Type:		Staff Hour	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):		94.40	94.40	100.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		94.40	94.40	100.00		
Published Rate (Medi-Cal Providers Only):						<b>Total UDC:</b>
Unduplicated Clients (UDC):		54	90	25		90



**DPH 4: Operating Expenses Detail**

Contractor Name: Bayview Hunters Point Foundation

Program Name: Youth Moving Forward

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Expenditure Category	TOTAL	Nonres-33/34 General Fund HMHSCRES227	SecPrev-19 General Fund HMHSCRES227			
<b>Term:</b>	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15			
<b>Occupancy:</b>						
Rent	79,792	75,115	4,677			
Utilities (telephone, electricity, water, gas)	11,401	10,733	668			
Building Repair/Maintenance	11,400	10,732	668			
<b>Materials &amp; Supplies:</b>						
Office Supplies	4,276	4,025	251			
Photocopying	-					
Printing	-					
Program Supplies	-					
Computer hardware/software	6,268	5,901	367			
<b>General Operating:</b>						
Training/Staff Development	2,136	2,011	125			
Insurance	3,420	3,220	200			
Professional License	11,400	10,732	668			
Permits	-					
Equipment Lease & Maintenance	2,565	2,415	150			
<b>Staff Travel:</b>						
Local Travel	6,412	6,036	376			
Out-of-Town Travel	-					
Field Expenses	-					
<b>Consultant/Subcontractor:</b>						
All Cover IT Support Services: FY 13-14, \$398 per month	8,550	8,049	501			
	-					
<b>Other:</b>						
Recreational/Project Supplies	7,126	6,708	418			
Food for Client Activities	4,276	4,025	251			
Security Services	1,710	1,610	100			
Advertising	211	199	12			
Vehicle Expenses	11,441	10,770	671			
	-					

**TOTAL OPERATING EXPENSE**

**172,384**

**162,281**

**10,103**

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

Contractor Name: <u>Bayview Hunters Point Foundation</u>					Appendix/Page #: <u>B-5, Page 1</u>	
Provider Name: <u>BVHP Youth Services Prevention/Strengthening Families</u>					07/01/15	
Provider Number: <u>383817</u>						
Program Name:	Youth Services Prevention/ Strengthening Families					
Program Code:	N/A	N/A	N/A	N/A		
Mode/SFC (MH) or Modality (SA):	PriPrev-13	PriPrev-12	PriPrev-15	PriPrev-16		
Service Description:	SA-PriPrevention Education	SA-PriPrevention Info Dissemination	SA-PriPrevention Problem Id's/Referrals	SA-PriPrevention Cmnty Based		<b>TOTAL</b>
FUNDING TERM:	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15		
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	\$57,814	10,642	346	16,358	-	85,160
Operating Expenses:	5,981	1,101	36	1,692	-	8,810
Capital Expenses:						
Subtotal Direct Expenses:	63,795	11,743	382	18,050	-	93,970
Indirect Expenses:	7,655	1,409	45	2,166	-	11,275
<b>TOTAL FUNDING USES:</b>	<b>71,450</b>	<b>13,152</b>	<b>427</b>	<b>20,216</b>	<b>-</b>	<b>105,245</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>						
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	-	-	-	-	-	-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
SA FED - SAPT Primary Prevention Set-Aside, CFDA #93.959	HMHSCRES227	71,450	13,152	427	20,216	-
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>71,450</b>	<b>13,152</b>	<b>427</b>	<b>20,216</b>	<b>-</b>
<b>OTHER DPH FUNDING SOURCES</b>						
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>71,450</b>	<b>13,152</b>	<b>427</b>	<b>20,216</b>	<b>-</b>
<b>NON-DPH FUNDING SOURCES</b>						
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>71,450</b>	<b>13,152</b>	<b>427</b>	<b>20,216</b>	<b>-</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable):						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS		
DPH Units of Service:	837	154	5	237		
Unit Type:	Staff Hour	Staff Hour	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):	85.36	85.40	85.40	85.30		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	85.36	85.40	85.40	85.30		
Published Rate (Medi-Cal Providers Only):						<b>Total UDC:</b>
Unduplicated Clients (UDC):	40	40	40	40		40



**DPH 4: Operating Expenses Detail**

Contractor Name: Bayview Hunters Point Foundation  
 Program Name: Youth Services Prevention/Strengthening Families

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Expenditure Category	TOTAL	General Fund HMHSCCRES227				
<b>Term:</b>	07/01/14 - 06/30/15	07/01/14 - 06/30/15				
<b>Occupancy:</b>						
Rent	4,777	4,777				
Utilities (telephone, electricity, water, gas)	645	645				
Building Repair/Maintenance	611	611				
<b>Materials &amp; Supplies:</b>						
Office Supplies	218	218				
Photocopying	-					
Printing	-					
Program Supplies	-					
Computer hardware/software	489	489				
<b>General Operating:</b>						
Training/Staff Development	-					
Insurance	133	133				
Professional License	167	167				
Permits	-					
Equipment Lease & Maintenance	88	88				
<b>Staff Travel:</b>						
Local Travel	133	133				
Out-of-Town Travel	-					
Field Expenses	-					
<b>Consultant/Subcontractor:</b>						
	-					
	-					
<b>Other:</b>						
Recreational/Project Supplies	378	378				
Food for Client Activities	882	882				
Security Services	38	38				
Advertising	17	17				
Vehicle Expenses	234	234				
	-					
<b>TOTAL OPERATING EXPENSE</b>	<b>8,810</b>	<b>8,810</b>				

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

Contractor Name: <u>Bayview Hunters Point Foundation</u>							Appendix/Page #: <u>B-6, Page 1</u>	
Provider Name: <u>BVHP Adult Behavioral Health Services</u>							Date: <u>07/01/15</u>	
Provider Number: <u>3851</u>								
Program Name:	Adult Behavioral Health Services							
Program Code:	38513	38513	38513	38513	38513	N/A		
Mode/SFC (MH) or Modality (SA):	15/10-57	15/60-69	15/70-79	15/01-09	45/20-29	60/72		
Service Description:	MH Svcs	Medication Support	Crisis Intervention-OP	Case Mgt Brokerage	Crnmtly Client Svcs	CS-Client Flexible Support Exp	<b>TOTAL</b>	
FUNDING TERM:	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	05/01/15 - 06/30/15		
<b>FUNDING USES</b>								
Salaries & Employee Benefits:	500,611	108,394	3,595	51,326	27,474	-	691,400	
Operating Expenses:	179,946	38,962	1,292	18,449	9,876	22,321	270,846	
Capital Expenses:								
Subtotal Direct Expenses:	680,557	147,356	4,887	69,775	37,350	22,321	962,246	
Indirect Expenses:	81,666	17,683	587	8,373	4,482	2,679	115,470	
<b>TOTAL FUNDING USES:</b>	<b>762,223</b>	<b>165,039</b>	<b>5,474</b>	<b>78,148</b>	<b>41,832</b>	<b>25,000</b>	<b>1,077,716</b>	
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>								
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	236,439	51,194	1,698	24,241	-	313,572	
MH STATE - MH Realignment	HMHMCC730515	112,092	24,271	805	11,492	6,152	154,812	
MH COUNTY - General Fund	HMHMCC730515	413,692	89,574	2,971	42,415	35,680	584,332	
MH STATE - MHSA (PEI)	HMHMPROP63					25,000	25,000	
	PMHS63-1510							
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>762,223</b>	<b>165,039</b>	<b>5,474</b>	<b>78,148</b>	<b>41,832</b>	<b>1,077,716</b>	
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>								
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>								
<b>OTHER DPH FUNDING SOURCES</b>								
<b>TOTAL OTHER DPH FUNDING SOURCES</b>								
<b>TOTAL DPH FUNDING SOURCES</b>		<b>762,223</b>	<b>165,039</b>	<b>5,474</b>	<b>78,148</b>	<b>41,832</b>	<b>1,077,716</b>	
<b>NON-DPH FUNDING SOURCES</b>								
<b>TOTAL NON-DPH FUNDING SOURCES</b>								
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>762,223</b>	<b>165,039</b>	<b>5,474</b>	<b>78,148</b>	<b>41,832</b>	<b>1,077,716</b>	
<b>BHS UNITS OF SERVICE AND UTILIZATION</b>								
Number of Beds Purchased (if applicable):								
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):								
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:								
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	CR		
DPH Units of Service:	293,163	34,672	1,386	39,074	400	126		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	2.60	4.76	3.95	2.00	104.58	198.41		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.60	4.76	3.95	2.00	104.58	198.41		
Published Rate (Medi-Cal Providers Only):	2.67	4.88	4.36	2.05	114.61			
Unduplicated Clients (UDC):	350	75	5	125	45		<b>Total UDC: 350</b>	



**DPH 4: Operating Expenses Detail**

Contractor Name: Bayview Hunters Point Foundation  
 Program Name: Adult Behavioral Health Services

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07/01/15

Expenditure Category	TOTAL	General Fund HMHMCC730515	MHSA (PEI) HMHMPROP63 PMHS63-1510			
<b>Term:</b>	07/01/14 - 06/30/15	07/01/14 - 06/30/15	05/01/15 - 06/30/15			
<b>Occupancy:</b>						
Rent	144,948	144,948				
Utilities (telephone, electricity, water, gas)	27,453	27,453				
Building Repair/Maintenance	3,452	3,452				
<b>Materials &amp; Supplies:</b>						
Office Supplies	6,135	6,135				
Photocopying	-	-				
Printing	407	407				
Program Supplies	686	686				
Computer hardware/software	-	-				
<b>General Operating:</b>						
Training/Staff Development	699	699				
Insurance	30,504	30,504				
Professional License	-	-				
Permits	-	-				
Equipment Lease & Maintenance	6,609	6,609				
<b>Staff Travel:</b>						
Local Travel	712	712				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor:</b>						
Intern Stipends 3 interns \$20.00 per hr.469.35 hrs.	8,555	8,555				
All Cover IT Support Services \$150.00 Hr x 62.59 Hrs.	9,547	9,547				
Abner Boles; \$129.53/hr, 15 hrs/wk, 8.4 wks (May-June)	16,321	-	16,321			
<b>Other:</b>						
Vehicle Expenses	2,185	2,185				
Client Related Expenses	305	305				
Advertising	76	76				
Client Services/Peer/Stipends	4,794	4,794				
Security Services	1,458	1,458				
Stipends	6,000	-	6,000			
	-	-				

**TOTAL OPERATING EXPENSE**

**270,846**

**248,525**

**22,321**

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

Contractor Name: <u>Bayview Hunters Point Foundation</u>			Appendix/Page #: <u>B-7, Page 1</u>			
Provider Name: <u>BVHP Children's Behavioral Health Services</u>			07/01/15			
Provider Number: <u>3851</u>						
Program Name:	Children's Behavioral Health Services					
Program Code:	38516	38516	38516	38516	38516	
Mode/SFC (MH) or Modality (SA):	15/10-57	15/60-69	15/70-79	15/01-09	45/20-29	
Service Description:	MH Svcs	Medication Support	Crisis Intervention-OP	Case Mgt Brokerage	Cmnty Client Svcs	<b>TOTAL</b>
FUNDING TERM:	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	335,760	3,614	2,482	31,057	13,677	386,590
Operating Expenses:	31,028	334	229	2,870	1,264	35,725
Capital Expenses:						-
Subtotal Direct Expenses:	366,788	3,948	2,711	33,927	14,941	422,315
Indirect Expenses:	44,014	474	325	4,072	1,793	50,678
<b>TOTAL FUNDING USES:</b>	<b>410,802</b>	<b>4,422</b>	<b>3,036</b>	<b>37,999</b>	<b>16,734</b>	<b>472,993</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	201,352	2,083	1,430	17,896	222,761
MH STATE - PSR EPSDT	HMHMCP751594	181,218	1,874	1,287	16,106	200,485
MH COUNTY - General Fund	HMHMCP751594	28,232	465	319	3,997	49,747
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>410,802</b>	<b>4,422</b>	<b>3,036</b>	<b>37,999</b>	<b>472,993</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
						-
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-	-	-	-
<b>OTHER DPH FUNDING SOURCES</b>						
						-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>410,802</b>	<b>4,422</b>	<b>3,036</b>	<b>37,999</b>	<b>472,993</b>
<b>NON-DPH FUNDING SOURCES</b>						
						-
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>410,802</b>	<b>4,422</b>	<b>3,036</b>	<b>37,999</b>	<b>472,993</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable):						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	
DPH Units of Service:	158,001	929	750	19,000	160	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):	2.60	4.76	4.05	2.00	104.58	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.60	4.76	4.05	2.00	104.58	
Published Rate (Medi-Cal Providers Only):	2.67	4.88	4.36	2.05	114.61	<b>Total UDC:</b>
Unduplicated Clients (UDC):	88	25	3	50	25	88



**DPH 4: Operating Expenses Detail**

Contractor Name: Bayview Hunters Point Foundation  
 Program Name: Children's Behavioral Health Services

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07/01/15

Expenditure Category	TOTAL	General Fund HMMCP751594				
<b>Term:</b>	07/01/14 - 06/30/15	07/01/14 - 06/30/15				
<b>Occupancy:</b>						
Rent	17,799	17,799				
Utilities (telephone, electricity, water, gas)	4,715	4,715				
Building Repair/Maintenance	2,051	2,051				
<b>Materials &amp; Supplies:</b>						
Office Supplies	1,326	1,326				
Photocopying	-	-				
Printing	104	104				
Program Supplies	820	820				
Computer hardware/software	-	-				
<b>General Operating:</b>						
Training/Staff Development	123	123				
Insurance	4,060	4,060				
Professional License	148	148				
Permits	-	-				
Equipment Lease & Maintenance	984	984				
<b>Staff Travel:</b>						
Local Travel	185	185				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor:</b>						
hrs.	1,722	1,722				
	-	-				
	-	-				
<b>Other:</b>						
Vehicle Expenses	433	433				
Client Related Expenses	492	492				
Advertising	246	246				
Books/Publications	66	66				
Medical Supplies	33	33				
Security Services	270	270				
Client Services/Peer/Stipends	148	148				
<b>TOTAL OPERATING EXPENSE</b>	<b>35,725</b>	<b>35,725</b>				

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

Contractor Name: <u>Bayview Hunters Point Foundation</u>		Appendix/Page #: <u>B-8, Page 1</u>			
Provider Name: <u>BVHP Anchor Program</u>		07/01/15			
Provider Number: <u>38A1</u>					
Program Name:	Anchor Program				
Program Code:	38A13				
Mode/SFC (MH) or Modality (SA):	15/10-57				
Service Description:	MH Svcs				<b>TOTAL</b>
FUNDING TERM:	07/01/14 - 06/30/15				
<b>FUNDING USES</b>					
Salaries & Employee Benefits:	44,812				44,812
Operating Expenses:	567				567
Capital Expenses:					-
Subtotal Direct Expenses:	45,379	-	-	-	45,379
Indirect Expenses:	5,600				5,600
<b>TOTAL FUNDING USES:</b>	<b>50,979</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>50,979</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>					
MH STATE - MH Realignment	HMHMCC730515	11,223			11,223
MH COUNTY - General Fund	HMHMCC730515	39,756			39,756
					-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>50,979</b>	<b>-</b>	<b>-</b>	<b>50,979</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
					-
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>OTHER DPH FUNDING SOURCES</b>					
					-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>50,979</b>	<b>-</b>	<b>-</b>	<b>50,979</b>
<b>NON-DPH FUNDING SOURCES</b>					
					-
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>50,979</b>	<b>-</b>	<b>-</b>	<b>50,979</b>
<b>BHS UNITS OF SERVICE AND UNITS COST</b>					
Number of Beds Purchased (if applicable):					
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):					
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR				
DPH Units of Service:	16,993				
Unit Type:	Staff Minute				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	3.00				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	3.00				
Published Rate (Medi-Cal Providers Only):					
Unduplicated Clients (UDC):	5				<b>Total UDC: 5</b>



**DPH 4: Operating Expenses Detail**

Contractor Name: Bayview Hunters Point Foundation  
 Program Name: Anchor Program

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07/01/15

Expenditure Category	TOTAL	MH Realignment HMHMCC730515	General Fund HMHMCC730515			
<b>Term:</b>	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15			
<b>Occupancy:</b>						
Rent	-					
Utilities (telephone, electricity, water, gas)	-					
Building Repair/Maintenance	-					
<b>Materials &amp; Supplies:</b>						
Office Supplies	467		467			
Photocopying	-					
Printing	-					
Program Supplies	-					
Computer hardware/software	-					
<b>General Operating:</b>						
Training/Staff Development						
Insurance	100		100			
Professional License	-					
Permits	-					
Equipment Lease & Maintenance	-					
<b>Staff Travel:</b>						
Local Travel	-					
Out-of-Town Travel	-					
Field Expenses	-					
<b>Consultant/Subcontractor:</b>						
	-					
	-					
<b>Other:</b>						
	-					
	-					
	-					
	-					
<b>TOTAL OPERATING EXPENSE</b>	<b>567</b>		<b>567</b>			

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

Contractor Name: <u>Bayview Hunters Point Foundation</u>			Appendix/Page #: <u>B-9, Page 1</u>		
Provider Name: <u>BVHP Family Mosaic Wraparound</u>			07/01/14		
Provider Number: <u>8957</u>					
Program Name:	Family Mosaic Wraparound	Family Mosaic Wraparound	Family Mosaic Wraparound		
Program Code:	8957	8957	8957		
Mode/SFC (MH) or Modality (SA):	60/70	60/70	60/70		
Service Description:	CS-Client Hsg Support Exp	CS-Client Hsg Support Exp	CS-Client Hsg Support Exp		<b>TOTAL</b>
FUNDING TERM:	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15		
<b>FUNDING USES</b>					
Salaries & Employee Benefits:	50,927	8,000	26,153		85,080
Operating Expenses:	3,231				3,231
Capital Expenses:					-
Subtotal Direct Expenses:	54,158	8,000	26,153	-	88,311
Indirect Expenses:	6,498	960	3,138		10,596
<b>TOTAL FUNDING USES:</b>	<b>60,656</b>	<b>8,960</b>	<b>29,291</b>	-	<b>98,907</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>					
	Index Code:				
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	60,656			60,656
MH COUNTY - General Fund	HMHMCP751594		8,960		8,960
MH STATE - SAMHSA	HMHMCHGRANTS HMM007-1502			29,291	29,291
					-
					-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>60,656</b>	<b>8,960</b>	<b>29,291</b>	<b>98,907</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
					-
					-
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-	-	-
<b>OTHER DPH FUNDING SOURCES</b>					
					-
					-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>60,656</b>	<b>8,960</b>	<b>29,291</b>	<b>98,907</b>
<b>NON-DPH FUNDING SOURCES</b>					
					-
					-
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>60,656</b>	<b>8,960</b>	<b>29,291</b>	<b>98,907</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>					
Number of Beds Purchased (if applicable):					
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):					
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR	CR		
DPH Units of Service:	9,613	1,420	4,642		
Unit Type:	Staff Hour	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):	6.31	6.31	6.31		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	6.31	6.31	6.31		
Published Rate (Medi-Cal Providers Only):					<b>Total UDC:</b>
Unduplicated Clients (UDC):	57				57



**DPH 4: Operating Expenses Detail**

Contractor Name: Bayview Hunters Point Foundation  
 Program Name: Family Mosaic Wraparound

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07/01/15

Expenditure Category	TOTAL	General Fund HMHMCP751594	Family Mosaic Capitated Med-Cal HMHMCP8828CH	SAMHSA HMHMRCGRANTS HMM007-1402		
Term:	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15	07/01/14 - 06/30/15		
<b>Occupancy:</b>						
Rent	-					
Utilities (telephone, electricity, water, gas)	-					
Building Repair/Maintenance	-					
<b>Materials &amp; Supplies:</b>						
Office Supplies						
Photocopying	-					
Printing	-					
Program Supplies	-					
Computer hardware/software	-					
<b>General Operating:</b>						
Training/Staff Development	-					
Insurance	-					
Professional License	-					
Permits	-					
Equipment Lease & Maintenance						
<b>Staff Travel:</b>						
Local Travel						
Out-of-Town Travel	-					
Field Expenses	-					
<b>Consultant/Subcontractor:</b>						
<b>Other:</b>						
Wrap Around Services	3,231		3,231			
<b>TOTAL OPERATING EXPENSE</b>	<b>3,231</b>		<b>3,231</b>			

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

Contractor Name: Bayview Hunters Point Foundation		Appendix/Page #: B-10, Page 1			
Provider Name: BVHP Jelani House		07/01/15			
Provider Number: 380145					
Program Name:	Jelani House				
Program Code:	01452 & 01455				
Mode/SFC (MH) or Modality (SA):	Res-51				
Service Description:	SA-Res Recov Long Term (over 30 days)				<b>TOTAL</b>
FUNDING TERM:	07/01/14 - 06/30/15				
<b>FUNDING USES</b>					
Salaries & Employee Benefits:	548,630				548,630
Operating Expenses:	86,272				86,272
Capital Expenses:					
Subtotal Direct Expenses:	634,902				634,902
Indirect Expenses:	76,188				76,188
<b>TOTAL FUNDING USES:</b>	<b>711,090</b>				<b>711,090</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>					
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>					
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
SA FED - SAPT Perinatal Set-Aside, CFDA #93.959	HMHSCCRES227	303,190			303,190
SA STATE - PSR Women and Children	HMHSCCRES227	182,286			182,286
SA COUNTY - General Fund	HMHSCCRES227	94,645			94,645
SA FED - SAPT Fed Discretionary, CFDA #93.959	HMHSCCRES227	130,969			130,969
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>711,090</b>			<b>711,090</b>
<b>OTHER DPH FUNDING SOURCES</b>					
<b>TOTAL OTHER DPH FUNDING SOURCES</b>					
<b>TOTAL DPH FUNDING SOURCES</b>		<b>893,376</b>			<b>893,376</b>
<b>NON-DPH FUNDING SOURCES</b>					
<b>TOTAL NON-DPH FUNDING SOURCES</b>					
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>893,376</b>			<b>893,376</b>
<b>BHS UNITS OF SERVICE AND UNIT COSTS</b>					
Number of Beds Purchased (if applicable):		8			
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):					
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:					
Cost Reimbursement (CR) or Fee-For-Service (FFS):		FFS			
DPH Units of Service:		3,102			
Unit Type:		Bed Days			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):		288.00			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		288.00			
Published Rate (Medi-Cal Providers Only):					
Unduplicated Clients (UDC):		15			<b>Total UDC: 15</b>



**DPH 4: Operating Expenses Detail**

Contractor Name: Bayview Hunters Point Foundation

Program Name: Jelani House

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07/01/15

Expenditure Category	TOTAL	General Fund HMHSCCRES227				
<b>Term:</b>	07/01/14 - 06/30/15	07/01/14 - 06/30/15				
<b>Occupancy:</b>						
Rent	-	-				
Utilities (telephone, electricity, water, gas)	51,902	51,902				
Building Repair/Maintenance	5,540	5,540				
<b>Materials &amp; Supplies:</b>						
Office Supplies	-	-				
Photocopying	-	-				
Printing & Reproduction	-	-				
Program Supplies	-	-				
Computer hardware/software	-	-				
<b>General Operating:</b>						
Training/Staff Development	-	-				
Insurance	20,150	20,150				
Professional License	5,860	5,860				
Permits	-	-				
Equipment Lease & Maintenance	1,440	1,440				
<b>Staff Travel:</b>						
Local Travel	-	-				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor:</b>						
mos.	1,380	1,380				
	-	-				
	-	-				
<b>Other:</b>						
	-	-				
	-	-				
	-	-				
	-	-				

**TOTAL OPERATING EXPENSE**

**86,272**

**86,272**

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

Contractor Name: <u>Bayview Hunters Point Foundation</u>		Appendix/Page #: <u>B-11, Page 1</u>				
Provider Name: <u>BVHP Jelani Family Program</u>		07/01/15				
Provider Number: <u>380145</u>						
Program Name:	Jelani Family Program					
Program Code:	38502 & 38505					
Mode/SFC (MH) or Modality (SA):	Res-51					
Service Description:	SA-Res Recov Long Term (over 30 days)					<b>TOTAL</b>
FUNDING TERM:	07/01/14 - 06/30/15					
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	532,520	-	-	-	-	532,520
Operating Expenses:	64,488	-	-	-	-	64,488
Capital Expenses:						-
<b>Subtotal Direct Expenses:</b>	<b>597,008</b>	-	-	-	-	<b>597,008</b>
Indirect Expenses:	71,641					71,641
<b>TOTAL FUNDING USES:</b>	<b>668,649</b>	-	-	-	-	<b>668,649</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>						
						-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
SA COUNTY - General Fund	HMHS CCRES227	528,158				528,158
SA FED - SAPT Fed Discretionary, CFDA #93.959	HMHS CCRES227	140,491				140,491
						-
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>668,649</b>	-	-	-	<b>668,649</b>
<b>OTHER DPH FUNDING SOURCES</b>						
						-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>668,649</b>	-	-	-	<b>668,649</b>
<b>NON-DPH FUNDING SOURCES</b>						
						-
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>668,649</b>	-	-	-	<b>668,649</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable):		8				
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:						
Cost Reimbursement (CR) or Fee-For-Service (FFS):		FFS				
DPH Units of Service:		2,322				
Unit Type:		Bed Days				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):		288.00				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		288.00				
Published Rate (Medi-Cal Providers Only):						<b>Total UDC:</b>
Unduplicated Clients (UDC):		20				20



**DPH 4: Operating Expenses Detail**

Contractor Name: Bayview Hunters Point Foundation  
 Program Name: Jelani Family Program

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 07/01/15

Expenditure Category	TOTAL	General Fund HMHSCRES227				
Term:	07/01/14 - 06/30/15	07/01/14 - 06/30/15				
<b>Occupancy:</b>						
Rent	\$ -					
Utilities (telephone, electricity, water, gas)	\$ 35,178.00	\$ 35,178.00				
Building Repair/Maintenance	\$ 7,510.00	\$ 7,510.00				
<b>Materials &amp; Supplies:</b>		\$ -				
Office Supplies	\$ -	\$ -				
Photocopying	\$ -	\$ -				
Printing	\$ -	\$ -				
Program Supplies	\$ -	\$ -				
Computer hardware/software	\$ -	\$ -				
<b>General Operating:</b>		\$ -				
Training/Staff Development	\$ -	\$ -				
Insurance	\$ 7,810.00	\$ 7,810.00				
Professional License	\$ 3,320.00	\$ 3,320.00				
Permits	\$ -	\$ -				
Equipment Lease & Maintenance	\$ -	\$ -				
<b>Staff Travel:</b>		\$ -				
Local Travel	\$ -	\$ -				
Out-of-Town Travel	\$ -	\$ -				
Field Expenses	\$ -	\$ -				
<b>Consultant/Subcontractor:</b>		\$ -				
Clinical Director: Heather Brown \$50 x 10.82 hrs / mo x 12 mos.	\$ 4,740.00	\$ 4,740.00				
	\$ -	\$ -				
	\$ -	\$ -				
	\$ -	\$ -				
<b>Other:</b>		\$ -				
	\$ -	\$ -				
Bank, PR processing & Legal Fees	\$ -	\$ -				
Childcare supplies	\$ 950.00	\$ 950.00				
Food	\$ 890.00	\$ 890.00				
Equipment Maintenance	\$ 1,600.00	\$ 1,600.00				
Household Supplies	\$ 710.00	\$ 710.00				
Taxes, Licenses, permits, subscriptions, memberships	\$ -	\$ -				
Subscriptions	\$ -	\$ -				
Vehicle expenses	\$ 1,190.00	\$ 1,190.00				
Resident related expenses	\$ 590.00	\$ 590.00				
	\$ -	\$ -				

**TOTAL OPERATING EXPENSE**

**\$64,488**

**\$64,488**

**\$0**

**\$0**

**\$0**

**\$0**

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

Contractor Name: <u>Bayview Hunters Point Foundation</u>				Appendix/Page #: <u>B-12, Page 1</u>	
Provider Name: <u>BVHP Balboa Teen Health Center</u>				07/01/15	
Provider Number: <u>3851</u>					
Program Name:	Balboa Teen Health Center	Balboa Teen Health Center			
Program Code:	38518	38518			
Mode/SFC (MH) or Modality (SA):	45/10-19	45/20-29			
Service Description:	MH Promotion	Commty Client Svcs			<b>TOTAL</b>
FUNDING TERM:	07/01/14 - 06/30/15	07/01/14 - 06/30/15			
<b>FUNDING USES</b>					
Salaries & Employee Benefits:	76,288	141,575	-	-	217,863
Operating Expenses:	7,349	10,047	-	-	17,396
Capital Expenses:					
Subtotal Direct Expenses:	83,637	151,622	-	-	235,259
Indirect Expenses:	9,969	18,069	-	-	28,038
<b>TOTAL FUNDING USES:</b>	<b>93,606</b>	<b>169,691</b>	<b>-</b>	<b>-</b>	<b>263,297</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>					
MH STATE - MSA (PEI)	HMHMPROP63 PMHS63-1510	93,606	169,691		263,297
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>93,606</b>	<b>169,691</b>	<b>-</b>	<b>263,297</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>OTHER DPH FUNDING SOURCES</b>					
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>93,606</b>	<b>169,691</b>	<b>-</b>	<b>263,297</b>
<b>NON-DPH FUNDING SOURCES</b>					
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>93,606</b>	<b>169,691</b>	<b>-</b>	<b>263,297</b>
<b>BHS UNITS OF SERVICE AND UNIT COSTS</b>					
Number of Beds Purchased (if applicable):					
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):					
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR			
DPH Units of Service:	817	1,452			
Unit Type:	Staff Hour	Staff Hour			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	114.60	116.89			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	114.60	116.89			
Published Rate (Medi-Cal Providers Only):					<b>Total UDC:</b>
Unduplicated Clients (UDC):	1,200	150			1,200



**DPH 4: Operating Expenses Detail**

Contractor Name: Bayview Hunters Point Foundation

Program Name: Balboa Teen Health Center

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07/01/15

Expenditure Category	TOTAL	MHSA (PEI) HMHMPROP63 PMHS63-1510				
<b>Term:</b>	07/01/14 - 06/30/15	07/01/14 - 06/30/15				
<b>Occupancy:</b>						
Rent	-					
Utilities (telephone, electricity, water, gas)	-					
Building Repair/Maintenance	-					
<b>Materials &amp; Supplies:</b>						
Office Supplies	-					
Photocopying	-					
Printing	-					
Program Supplies	5,528	5,528				
Computer hardware/software	-					
<b>General Operating:</b>						
Training/Staff Development	24	24				
Insurance	4,213	4,213				
Professional License	-					
Permits	-					
Equipment Lease & Maintenance	-					
<b>Staff Travel:</b>						
Local Travel	-					
Out-of-Town Travel	-					
Field Expenses	-					
<b>Consultant/Subcontractor:</b>						
	-					
	-					
<b>Other:</b>						
Participant Incentives/Food for Groups	4,783	4,783				
YAB Member Stipends	2,848	2,848				
	-					
	-					
<b>TOTAL OPERATING EXPENSE</b>	<b>17,396</b>	<b>17,396</b>				

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

Contractor Name: Bayview Hunters Point Foundation  
 Provider Name: BVHP Dimensions LGBT Outpatient  
 Provider Number: Pending

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Program Name:	Dimensions LGBT Outpatient						
Program Code:	N/A						
Mode/SFC (MH) or Modality (SA):	45/20-29						
Service Description:	Cmmty Client Svcs						<b>TOTAL</b>
FUNDING TERM:	07/01/14 - 06/30/15						
<b>FUNDING USES</b>							
Salaries & Employee Benefits:	85,570	-	-	-	-	-	85,570
Operating Expenses:	524	-	-	-	-	-	524
Capital Expenses:							-
Subtotal Direct Expenses:	86,094	-	-	-	-	-	86,094
Indirect Expenses:	10,331						10,331
<b>TOTAL FUNDING USES:</b>	<b>96,425</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>96,425</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
MH WORK ORDER - Dept. Children; Youth & Families	95,000						95,000
MH COUNTY - WO CODB General Fund	1,425						1,425
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>96,425</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>96,425</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>96,425</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>96,425</b>
<b>NON-DPH FUNDING SOURCES</b>							
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>96,425</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>96,425</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable):							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:							
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR						
DPH Units of Service:	950						
Unit Type:	Staff Hour						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	101.50						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	101.50						
Published Rate (Medi-Cal Providers Only):							
Unduplicated Clients (UDC):	50						<b>Total UDC:</b> 50

DPH 3: Salaries & Benefits Detail

Contractor Name: Bayview Hunters Point Foundation  
 Program Name: Dimensions LGBT Outpatient

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Position Title	TOTAL		DCYF Workorder HMMCHDMCLWO									
	Term: 07/01/14 - 06/30/15 FTE	Salaries	Term: 07/01/14 - 06/30/15 FTE	Salaries	Term: FTE	Salaries	Term: FTE	Salaries	Term: FTE	Salaries	Term: FTE	Salaries
Therapist 1	0.80	49,920	0.80	49,920								
Therapist 2	0.28	17,650	0.28	17,650								
	-	-										
	-	-										
	-	-										
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	-	-										
	-	-										
<b>Totals:</b>	1.08	\$67,570	1.08	\$67,570	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	27%	\$ 18,000.00	27%	\$18,000								
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TOTAL SALARIES & BENEFITS      **\$85,570**      **\$85,570**      **\$0**      **\$0**      **\$0**      **\$0**

**DPH 4: Operating Expenses Detail**

Contractor Name: Bayview Hunters Point Foundation

Program Name: Dimensions LGBT Outpatient

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Expenditure Category	TOTAL	DCYF Workorder HMHMCHDMCLWO				
Term:	07/01/14 - 06/30/15	07/01/14 - 06/30/15				
<b>Occupancy:</b>						
Rent	-					
Utilities (telephone, electricity, water, gas)	-					
Building Repair/Maintenance	-					
<b>Materials &amp; Supplies:</b>						
Office Supplies	-					
Photocopying	-					
Printing	-					
Program Supplies	-					
Computer hardware/software	-					
<b>General Operating:</b>						
Training/Staff Development	-					
Insurance	-					
Professional License	-					
Permits	-					
Equipment Lease & Maintenance	-					
<b>Staff Travel:</b>						
Local Travel	-					
Out-of-Town Travel	-					
Field Expenses	-					
<b>Consultant/Subcontractor:</b>						
	-					
	-					
<b>Other:</b>						
Participant Incentives	524	524				
	-					
	-					

**TOTAL OPERATING EXPENSE**

**524**

**524**

-

-

-

-





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

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

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

## RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information (“PHI”) (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the CONTRACT in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”), and regulations promulgated there under by the U.S. Department of Health and Human Services (the “HIPAA Regulations”) and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the “California Regulations”).
- C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations (“C.F.R.”) and contained in this Agreement.
- D. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this Agreement to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the HIPAA Regulations.

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

### 1. Definitions.

- a. **Breach** means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an



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### San Francisco Department of Public Health Business Associate Agreement

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unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

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



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provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this Agreement, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

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

## 2. Obligations of Business Associate.

- a. **Permitted Uses.** BA may use, access, and/or disclose PHI only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the Contract [MOU] and Agreement, or as required by law. Further, BA shall not use PHI in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2), and 164.504(e)(4)(i)].
- b. **Permitted Disclosures.** BA shall disclose Protected Information only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the Contract [MOU] and Agreement, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Agreement and used or disclosed only as required by law



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- or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2. k. of the Agreement, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].
- c. **Prohibited Uses and Disclosures.** BA shall not use or disclose PHI other than as permitted or required by the Contract and Agreement, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
- d. **Appropriate Safeguards.** BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Contract or this Agreement, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).
- e. **Business Associate's Subcontractors and Agents.** BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.d. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.
- f. **Accounting of Disclosures.** Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least



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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 [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.

- g. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.
- h. **Amendment of Protected Information.** Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].
- i. **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- j. **Minimum Necessary.** BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum



necessary” to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.

- k. **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- l. **Notification of Breach.** BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the Agreement; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been, or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws.

[42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]

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

### 3. Termination.

- a. **Material Breach.** A breach by BA of any provision of this Agreement, as determined by CE, shall constitute a material breach of the CONTRACT and this Agreement and shall provide grounds for immediate termination of the CONTRACT and this Agreement, any provision in the CONTRACT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
- b. **Judicial or Administrative Proceedings.** CE may terminate the CONTRACT and this Agreement, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or



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

- c. **Effect of Termination.** Upon termination of the CONTRACT and this Agreement for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this Agreement to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.
- d. **Civil and Criminal Penalties.** BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure or Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).
- e. **Disclaimer.** CE makes no warranty or representation that compliance by BA with this Agreement, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

**4. Amendment to Comply with Law.**

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

**5. Reimbursement for Fines or Penalties.**



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

Attachments (links)

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

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

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

**Amendment Number One**

THIS AMENDMENT (this "Amendment") is made as of July 1<sup>st</sup>, 2014, in San Francisco, California, by and between **Bayview Hunters Point Foundation** ("Contractor"), and the **City and County of San Francisco**, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

**RECITALS**

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

WHEREAS, City and Contractor desire to amend the Agreement on the terms and conditions set forth herein to increase the contract amount, FY14-15 renewal, and update standard contractual clauses;

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

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

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

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

of the Administrative Code or its implementing Rules and Regulations, it shall be construed to mean "Contract Monitoring Division" or "CMD" respectively.

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

**2. Amendment to the Agreement.** The Agreement is hereby amended as follows:

**2a. Section 5.** Section 5 Compensation of the Agreement currently reads as follows:

**5. Compensation.** Compensation shall be made in monthly payments on or before the 30th 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 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Twenty Seven Million Four Hundred Fifty One Thousand Eight Hundred Fifty Seven Dollars (\$27,451,857)**. 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 30th 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 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Twenty Nine Million Two Hundred Fifty Thousand Four Hundred Sixty Three Dollars (\$29,250,463)**. 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.

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

**15. Insurance.**

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

1) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and

2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence and \$2,000,000 general aggregate for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and

3) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

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

5) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with the Services.

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

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

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

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

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

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

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

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

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

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

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

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

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

c. Contractor shall incorporate by reference in all subcontracts the provisions of Chapter 12T, and shall require all subcontractors to comply with such provisions. Contractor’s failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

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

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

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

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

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

**2d. Replacing "Supervision of Minors" Section with "Supervision of Minors" Section.**  
Section 55 "Supervision of Minors" is hereby replaced in its entirety to read as follows:

**55. Supervision of Minors.** In accordance with California Public Resources Code Section 5164, if Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach, Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or a volunteer position in a position having supervisory or disciplinary authority over a minor if that person has been convicted of any offense listed in Public Resources Code Section 5164. In addition, if Contractor, or any subcontractor, is providing services to the City involving the supervision or discipline of minors, Contractor and any subcontractor shall comply with any and all applicable requirements under federal or state law mandating criminal history screening for positions involving the supervision of minors. In the event of a conflict between this section and Section 32, "Consideration of Criminal History in Hiring and Employment Decisions," of this Agreement, this section shall control.

**2e. Protected Health Information.** Section 63. is hereby replaced in its entirety to read as follows:

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

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

**3. Effective Date.** Each of the amendments set forth in Section 2 shall be effective on and after July 1<sup>st</sup>, 2014.

**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.

**2f. Delete Appendix A and replace in its entirety with Appendix A. Dated 7/1/14, to Agreement as amended.**

**2g. Delete Appendices A-1 through A-12 and replace in its entirety with Appendices A-1 through A-12, dated 7/1/14, to Agreement as amended.**

**2h. Delete Appendix B, and replace in its entirety with Appendix B dated 7/1/14, to Agreement as amended.**

**2i. Delete Appendices B-1 through B-12, and replace in its entirety with Appendices B-1 through B-13, dated 7/1/14, to Agreement as amended.**

**2j. Delete Appendix E and replace in its entirety with Appendix E dated 7/1/14, to Agreement as amended.**

**2k. Delete Appendix F and replace in its entirety with Appendix F dated 7/1/14, to Agreement as amended.**

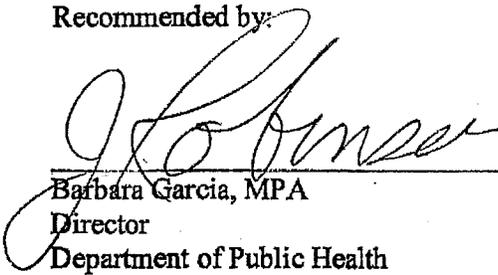
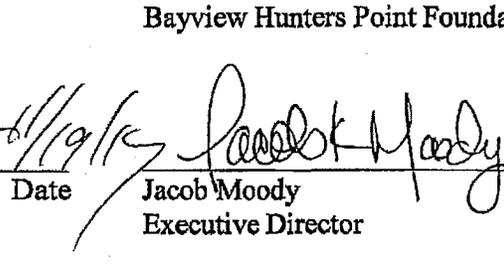
IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

**CITY**

**CONTRACTOR**

Recommended by:

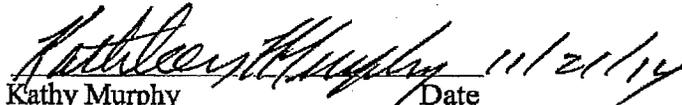
Bayview Hunters Point Foundation

 11/14/14  11/14/14  
Barbara Garcia, MPA Date Jacob Moody Date  
Director Executive Director  
Department of Public Health

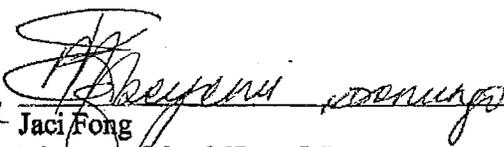
City vendor number: 03121

Approved as to Form:

Dennis J. Herrera  
City Attorney

By:  11/21/14  
Kathy Murphy Date  
Deputy City Attorney

Approved:

 7/15/15  
for Jaci Fong Date  
Director of the Office of Contract  
Administration, and Purchaser

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**Appendix A**  
**Services to be provided by Contractor**

**1. Terms**

**A. Contract Administrator:**

In performing the Services hereunder, Contractor shall report to Erik Dubon, 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. 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.

**G. 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.

**H. 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."

**2. Description of Services**

Detailed description of services are listed below and are attached hereto

- Appendix A-01 Methadone Maintenance
- Appendix A-02 Jail Methadone Courtesy Dosing Program
- Appendix A-03 HIV Set Aside: Routine Opt-Out HIV Screening, Counseling and Placement

<b>Appendix A (4a &amp; 4b)</b>	<b>Youth Moving Forward</b>
<b>Appendix A-05</b>	<b>Youth Services - Primary Prevention</b>
<b>Appendix A-06</b>	<b>Bayview Hunters Point Integrated Behavioral Health Program</b>
<b>Appendix A-07</b>	<b>Bayview Hunters Point Integrated Behavioral Health Program for Children</b>
<b>Appendix A-08</b>	<b>Anchor Program</b>
<b>Appendix A-09</b>	<b>Family Mosaic (Fiscal Intermediary)</b>
<b>Appendix A-10</b>	<b>Jelani House</b>
<b>Appendix A-11</b>	<b>Jelani Family Program</b>
<b>Appendix A-12</b>	<b>Balboa Teen Health Center Behavioral Health Services</b>
<b>Appendix A-13</b>	<b>Fiscal Intermediary, Dimensions Clinic</b>



### Appendix A-1

**1. Identifiers:**

Bayview Hunters Point Foundation for Community Improvement  
Narcotic Treatment Program: Methadone Maintenance  
1625 Carroll Avenue  
San Francisco, CA 94124  
Ph. (415) 822-8200 Fax: (415) 822-6822  
[www.bayviewci.org](http://www.bayviewci.org)  
Alfredta Nesbitt, Program Director, Substance Abuse Services  
Ph. (415) 822-8200 x12  
[www.alfredta.nesbitt@bayviewci.org](mailto:www.alfredta.nesbitt@bayviewci.org)  
Program Code: 38163 & 38164

**2. Nature of Document**

New     Renewal     Modification

**3. Goal Statement**

The goal of the Bayview Outpatient Methadone Maintenance Treatment Program is to support clients in the development of a productive and independent life through the provision of appropriate medical, psychological, and case management treatment services to improve the clients' quality of life and support successful rehabilitation.

**4. Target Population**

The Methadone Maintenance Program targets San Francisco residents who are abusing, addicted, or at-risk for addiction to heroin and suffer from its attendant mental health and physical health disorders, and who are unable to cease the use of heroin without medical assistance. These individuals are adults and older adults aged 18 and over. The African-American population and the following communities in the Southeast sector of San Francisco such as the Bayview Hunters Point and Sunnydale are targeted. However, any individual may reside anywhere in San Francisco. There are no residency requirements for MediCal beneficiaries.

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

<i>Units of Service (UOS) Description</i>	<i>Units of Service</i>	<i>Number of Clients</i>	<i>Unduplicated Clients (UDC)</i>
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<i>Dispensing Slot Days = UOS = 65,772</i> <i>Dispensing-Detox Slot Days = UOS 160</i>	65,772	198	198
<i>Individual Counseling Slot Days = UOS 24,212</i> <i>Dispensing-Detox Slot Days = UOS 6,729</i>	30,941	198	198
<i>Groups Slot Days = 1,068 UOS</i>	1,068	85	85
<i>Total UOS/NOC/UDC</i>	97,781	481	198

**6. Methodology**

**Program Description/Philosophy:**

The Methadone Maintenance Program embraces the San Francisco Department of Public Health's principles of Harm Reduction and Cultural Competency to provide the highest quality treatment services for clients. Adherence to these principles facilitates efforts by clients to return to successful community living in as productive and independent lifestyle as possible.

Each client entering the Methadone Maintenance Program receives an intake assessment, medical examination, and a mental status examination. No more than five percent of clients will be placed on a detoxification regimen designed to facilitate their transition to methadone maintenance treatment. Additionally, clients participate with counselors in developing and regularly reviewing their individualized treatment plans which identify quantifiable quarterly and annual goals. In the ongoing phases of treatment, clients are required to participate in individual counseling sessions. Support groups, structured educational experiences, and recovery activities are available on a voluntary basis for interested clients. All clients will come to the clinic daily for their methadone dosing.

All clients will be offered the opportunity to participate in both individual and group mental health counseling provided by the Bayview Hunters Point Foundation Mental Health services. Staff from both programs will hold regular case conferences to determine clients' needs, the best methodology for psychological support towards recovery, and monitor client progress.

The Methadone Maintenance Treatment Program will also assist clients in reaching and maintaining productive opiate-free lives.

**A. Outreach:**

The Methadone Maintenance Program's primary outreach relationship is with the Centralized Opiate Program Evaluation (COPE). Currently, clients being referred from the COPE for Methadone Maintenance treatment may be either admitted directly to the Methadone Maintenance program, or a detoxification may occur prior to assignment to the Methadone Maintenance Program. Additional outreach relationships have been developed with Project Homeless Connect (PHC), Southeast Health Center, and the PAES counseling service. Street outreach is also conducted to recruit clients.

**B. Admission Criteria:**

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

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

**C. Service Delivery Model:**

**Treatment Plan**

- Quantifiable short-term (requires 90 days or less to achieve) and long-term (requires over 90 days to achieve) goals to be achieved by the client that are based on identified needs with estimated target dates for their attainment;
- Specific behavioral tasks the client must accomplish to achieve each treatment plan goal within the time period of the estimated target dates;

- A description of the type, purpose and frequency of counseling and program activities the client will be participating in;
- Clients' primary counselors will formally evaluate and update the needs assessments and treatment plans every three months (or sooner if indicated) from the date of clients' signed admission to the program. A twice a year review will also occur at joint mental health case conferences. This review process will be documented and includes:
  - An evaluation of the results stemming from the monthly progress notes;
    - A summary of the client's progress or lack thereof towards achieving each of the identified goals in their previous treatment plan. Changes, adjustments, and additions to the client needs assessment;
    - New goals and behavioral tasks for any newly identified needs, and related changes in the type and frequency of the counseling
    - Services being provided to the client as well as their level of participation in the program;
    - The completed, updated treatment plan becoming effective on the day the primary counselor signs it.

The Coordinator of the Methadone Maintenance Program and the Medical Director will review all initial and updated treatment plans and needs assessments within 14 calendar days from the effective dates of the plans. They both will countersign these documents upon their final review to signify concurrence with the findings and will both record and sign any amendments to the individual plans where it is deemed clinically or medically (for the Medical Director only) appropriate.

**Schedule:**

The schedule for Methadone Maintenance dosing is as follows:

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

**Intended and Average Length of Stay:**

The intended length of stay for new clients admitted to the Methadone Maintenance Program is two (2) years and the current average length of stay is three + (3+) years. The goal is to taper the client off methadone as the client makes progress towards recovery. However, clients in consultation with his/her

counselor, therapist, and physician, may choose to remain on methadone if the methadone benefits the clients. Extended treatment can be provided based upon approved treatment plans and client involvement.

**Strategies:**

The Methadone Maintenance Program's administrative staff manages its list of interested persons who are awaiting methadone maintenance services. The Clinical Director and Methadone Program Coordinator have responsibility for holding regularly scheduled individual and group supervision sessions with the counseling staff. The dual purpose of these sessions is to both oversee the counseling staff's ongoing clinical work and to provide them with in-service training to further develop their skills for the continued operation of a client-directed and rehabilitation-oriented therapeutic milieu. This milieu program will include the following levels of client participation:

- Intake and orientation
- Program operation
- Transition
- Aftercare

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

**Linkages:**

Outside resources are regularly utilized for all Methadone Maintenance clients when they are ready to receive these services. For life skills classes, vocational training, job placement, counseling services, and financial support. These programs include, Integrated Behavioral Health; Northern California Service League; San Francisco Homeless Connect; Bayview Mental Health Services; Swords to Plowshares; Westside Community Services; SF Department of Human Services County Adult Assistance Programs.

**D. Discharge Planning and Exit**

**Criteria for Successful Participation:**

Continued presence at the clinic for daily dosing counseling sessions with primary counselor; adherence to self-developed treatment goals and adherence to daily presence at the clinic for dosing and counseling sessions

**Criteria for Successful Completion:**

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

**Discharge Criteria for non-compliance:**

Fourteen (14) days of no showing for dosing and/or threats or acts of violence against staff or other clients. Clients may request a fair hearing if they feel that discharge is unfair. In circumstances where clients are immediately discharged and terminated from the Methadone Maintenance Program, they are referred to other Narcotic Treatment Programs in the San Francisco Bay Area.

**E. Program Staffing:**

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

**7. Objectives and Measurements**

**A. Standardized Objectives**

"All Objectives and descriptions of how objectives will be measured are contained in the CBHS document entitled CBHS Performance Objectives FY14-15".

**B. Individualized Program Objectives**

None

**8. Continuous Quality Improvement**

The Bayview Hunters Point Narcotic Treatment Programs: Methadone Maintenance/Jail Dosing Programs CQI activities are designed to enhance, improve and monitor quality of services.

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

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

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

- B. The Program monitors documentation quality by reviewing case files through periodic reviews. The review process is conducted based on guidelines set forth by the Department of Public Health (DPH) and Community Behavior Health Services (CBHS), with standards and practices defined by Department of Health Care Services (DHCS) and Commission of Accredited Rehabilitative Facilities (CARF). To ensure compliance with documentation of treatment plans, case notes and timely signatures, monthly chart reviews are conducted by Medical Records Staff and Counselors, then discussed with Unit Coordinator/Supervisor for follow-up issues. All staff participates in annual documentation trainings provided internally and by Community Behavioral Health Services. Staff meetings are also held on a monthly basis as a venue where staff can discuss administrative and clinical issues.**
- C. All program staff participates in an annual Cultural Competency/ Law, Ethics and Boundaries Training- geared towards providing an understanding and acceptance of beliefs, values, ethics of others and skills that are necessary to work with and serve diverse populations. Staff also participates in Cultural Competency Trainings sponsored by Department of Public Health (DPH) and Community Behavior Health Services (CBHS).**
- D. Bayview values client opinions and suggestions for program improvements. Clients are provided an opportunity to express their views through annual focus groups and client satisfaction surveys administered on an annual basis. Clients**

suggestions from focus groups are documented and then discussed with the multi-disciplinary staff. Changes that improve the efficacy, quality or outcomes of program services are prioritized for implementation. Results of the focus groups are posted throughout the facility which encourages clients to give additional feedback. We also provide a suggestion box for clients and staff. CBHS client satisfaction results are reviewed and discussed with staff and clients. Continuous quality improvement assures that program will remain licensed by the State Department of Health Care Services (DHCS), be in compliance with its licensing regulation and maintain accreditation as required through the Substance Abuse and Mental Health Services Administration (SAMSHA) under new federal regulations.

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

**9. Required Language (if applicable):**  
N/A

## Appendix A-2

### 1. Identifiers:

Bayview Hunters Point Foundation for Community Improvement  
Jail Methadone Courtesy Dosing Program  
1625 Carroll Street  
San Francisco, CA 94124  
Ph. (415) 822-8200 Fax: (415) 822-6822  
Alfredta Nesbitt, Program Director, Substance Abuse Services  
Ph. (415) 822-8200 x 12  
Program Code: 89163

### 2. Nature of Document

New     Renewal     Modification

### 3. Goal Statement

The Bayview Hunters Point Foundation's Jail Methadone Courtesy Dosing will provide daily doses of methadone to incarcerated clients as provided in community-based Narcotic Treatment Programs (whether Methadone Maintenance or Detoxification) in order to facilitate transition back to the community Narcotic Treatment Program once the client is released.

### 4. Target Population

All programs target San Francisco residents who are abusing, addicted, or at-risk for addiction. The population served in this Jail Methadone Courtesy Dosing Program consists of multi-cultural, incarcerated adult male, female and transgender heroin abusers who are unable to cease the use of heroin without medical assistance, are currently registered in a Narcotic Treatment Program, and are incarcerated in the San Francisco City and County jails.

### 5. Modality(ies)/Intervention

<i>Units of Service (UOS) Description</i>	<i>Units of Service</i>	<i>Number of Clients</i>	<i>Unduplicated Clients (UDC)</i>
<b>Dispensing Slot Days = 19,565 UOS</b>	19,858	66	66
<b>Total UDC/NOC/UDC</b>	19,858	66	66

## **6. Methodology**

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

The Jail Methadone Maintenance and Detoxification Programs provide methadone maintenance or detoxification dosing services to eligible incarcerated clients. The staff dispensing nurses for this program, after obtaining the appropriate documentation and medical orders from the treating physicians of the incarcerated clients' at their home clinics, provide daily methadone maintenance or detoxification dosing services as prescribed by the clients' clinic physicians.

The Jail Methadone Dosing Program embraces the San Francisco Department of Public Health's principles of Harm Reduction and Cultural Competency to provide the highest quality treatment services resources for clients. Adherence to these principles facilitates efforts by clients to return to successful community living in a productive and independent lifestyle as possible.

### **Admission Criteria:**

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

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

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

### **Strategies:**

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

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

The discharge standards for non-compliance are those, which are applicable to and required by the client's home clinic. If clients are tapered off methadone while in jail, they cannot receive methadone after being

tapered off. If clients are transferred to state prison, their participation in the program will be terminated as state prisons do not provide methadone dosing.

**Schedule:**

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

**Progression:**

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

**Linkages:**

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

**Staffing:**

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

**7. Objectives and Measurements**

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

**8. Continuous Quality Improvement**

The Bayview Hunters Point Narcotic Treatment Programs: Methadone Maintenance/Jail Dosing Programs CQI activities are designed to enhance, improve and monitor quality of services.

- A. Our Program identifies areas of improvement through chart reviews and case conferences which are conducted on a monthly basis. Avatar reports are reviewed and reconciled on a monthly basis by the Medical

Records Staff. Participants in the case conference meetings include Medical Director/Staff Physician, Unit Coordinator/Supervisor and counselors. Our Counselors receives monthly supervision from the Unit Coordinator/Supervisor where they are advised on client cases such as treatment planning, continued care and discharge status.

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

- B. Our Program monitors documentation quality by reviewing case files through periodic reviews. The review process is conducted based on guidelines set forth by the Department of Public Health (DPH) and Community Behavior Health Services (CBHS), with standards and practices defined by Department of Health Care Services (DHCS) and Commission of Accredited Rehabilitative Facilities (CARF). To ensure compliance with documentation of treatment plans, case notes and timely signatures, monthly chart reviews are conducted by Medical Records Staff and Counselors; then discussed with Unit Coordinator/Supervisor for follow-up issues. All staff participates in annual documentation trainings provided internally and by Community Behavioral Health Services (CBHS). Staff meetings are also held on a monthly basis as a venue where staff can discuss administrative and clinical issues.
- C. All program staff participates in an annual Cultural Competency/ Law, Ethics and Boundaries Training- geared towards providing an understanding and acceptance of beliefs, values, ethics of others and skills that are necessary to work with and serve diverse populations. Staff also participates in Cultural Competency Trainings sponsored by Department of Public Health (DPH) and Community Behavior Health Services (CBHS).

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

- D. Bayview values client opinions and suggestions for program improvements. Clients are provided an opportunity to express their views through annual focus groups and client satisfaction surveys administered on an annual basis. Clients suggestions from focus groups are documented and then discussed with the multi-disciplinary staff. Changes that improve the efficacy, quality or outcomes of program services are prioritized for implementation. Results of the focus groups are posted throughout the facility which encourages clients to give additional

feedback. We also provide a suggestion box for clients and staff. CBHS client satisfaction results are reviewed and discussed with staff and clients.

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

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



### Appendix A-3

**1. Identifiers:**

Bayview Hunters Point Foundation for Community Improvement  
HIV Set Aside: Routine Opt-Out HIV Screening, Counseling, and  
Placement

1625 Carroll Street

San Francisco, CA 94124

Ph. (415) 822-8200 Fax (415) 822-6822

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

Alfredta Nesbitt, Program Director, Substance Abuse Services

Ph. (415) 822-8200 x12

[www.alfredta.nesbitt@bayviewci.org](mailto:www.alfredta.nesbitt@bayviewci.org)

Program Code: 38164

**2. Nature of Document**

New     Renewal     Modification

**3. Goal Statement**

The goal of opt-out HIV screening is to reduce the spread of HIV/AIDS by providing routine testing to clients who are enrolled in our narcotic treatment program. In addition, it is the program's goal to reduce risk among clients who are at-risk for HIV infection and to link those who test positive for HIV to care.

**4. Target Population**

The program targets adults aged eighteen and over who are being admitted to the narcotic treatment program and those who are presently enrolled in the narcotic treatment program, who are abusing, addicted, or at-risk for addiction and do not know their HIV status. The African-American population and the following communities in the Southeast sector of San Francisco such as the Bayview Hunters Point and Sunnydale are targeted. However, any individual may reside anywhere in San Francisco. Those individuals who are also homeless/indigent are also targeted.

Program services will also be offered to the partners of clients served by the Narcotic Treatment Program and to the targeted populations in the communities of Bayview Hunters Point, Sunnydale, and Potrero Hill.

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

**A. Modality: Ancillary Services**

Strategy 65 – HIV Early Intervention Services

Those activities involved in the prevention and delay of the

progression of HIV by encouraging HIV counseling, testing, assessment of the progression of the disease and the provision of prophylactic and anti-viral prescription drugs.

<i>Units of Service (UOS) Description</i>	<i>Units of Service</i>	<i>Number of Clients</i>	<i>Unduplicated Clients (UDC)</i>
<i>Testing 250 x 1 cycle 1 Cycle equals Pre-Counseling plus Blood Draw/Test plus Post-Counseling and Results plus Referral equals 197 cycles</i>	250	250	250
<b>Total UOS/NOC/UDC</b>	250	250	250

## 6. Methodology

### Program Description/Philosophy:

“Opt-out” HIV screening means that medical care providers do not need to obtain written consent for HIV testing and may incorporate testing as part of primary or general medical care. Prior to ordering a test that identifies infection with HIV, a medical care provider shall inform the client that the test is planned, provide information about the test, inform the patient that there are numerous treatment options available for a client who tests positive for HIV and that a person who tests negative for HIV should continue to be routinely tested, and advise the client that he or she has the right to decline the test. If a client declines the test, the medical care provider shall note that fact in the client’s medical file. A significant program goal of opt-out HIV screening is disclosure of HIV status to potential and/ or current sexual and/ or needle sharing partners and program design should prioritize the completion of this phase, as well as successful linkage strategies for those patients testing HIV-positive.

HIV/AIDS is having a devastating effect on poor communities and communities of color. Combined with substance use and abuse these effects are compounded and pose a significant threat to the continued well-being of these communities. This program is designed to reduce the negative effects of HIV/AIDS and improve the life of the recovering client. For those seeking treatment for addiction this program embodies a belief that early detection can prolong both the quantity and quality of a person’s life, that no one needs to face this disease alone, and that families and their support are integral to long-term survival. This philosophy echoes the goal of this program which is to reduce risk of HIV infection and link those who are HIV positive to care. The treatment

philosophy of this program is to fully embrace the principles of Harm Reduction and Cultural Competency in order to provide the highest quality treatment services and resources for clients.

**Admission Criteria:**

Clients being treated in one of the Bayview Substance Abuse Services treatment programs, who are residents of San Francisco and have a history of substance abuse or those who are in treatment and do not know their HIV status.

**Strategies:**

Each program participant will receive the following services:

- At the time of admission/induction to treatment and annually, each client will be informed that they will receive an HIV test, which they may decline to take.
- Intake assessment to determine clients' needs and HIV-related risk behaviors;
- Individualized treatment plan and risk-reduction plans will be developed to reduce HIV-related drug and sexual risk behaviors.
- Post-test counseling will be conducted after test results have been received by the program. If client tests HIV positive, referrals to care will be made.
- Individual and group counseling, referrals, partner disclosure, and follow-up services for individual and partner of individual in the narcotic treatment program who is receiving services
- Advocacy and assistance with appropriate health and social service agencies

**Schedule:**

Services are available Monday through Friday, 6:00am to 2:00pm.

A typical weekly schedule would be:

Monday – Friday: Intake, risk reduction counseling, and advocacy.

**Progression:**

A client's need for support services and risk-reduction counseling is usually intensified during the initial stages of treatment. However, support services and risk-reduction counseling will remain ongoing as long as the client remains in treatment. For those who opt-out of HIV screening or still have not been screened, counselors will check-in with those clients every 90 days about getting tested for HIV. Additionally, treatment plans are revised and updated every 90 days. All clients' risk will be re-assessed for HIV infection every 90 days, and all clients will receive ongoing risk reduction counseling.

**Linkages:**

State, Federal and/or Funding Source policies and requirements such as Health Insurance Portability Accountability Act (HIPAA) and Cultural Competency. The Jail Methadone Courtesy Dosing Program is an ancillary program that is jail-based; therefore the client satisfaction surveys objective is waived.

**Appendix A-4**

**1. Identifiers:**

Program Name: Youth Moving Forward (YMF)  
 Program Address: 5015 Third Street  
 City, State, ZIP: San Francisco, CA, 94124  
 Telephone: (415) 822-1585 FAX: (415) 822-6443  
 Website Address: www.bayviewci.org

Program Code(s): 38171

**2. Nature of Document:**

New  Renewal  Modification

**3. Goal Statement:**

To provide evidence based coordinated substance abuse treatment services including individual, group, counseling services including (assessment/intake/ collateral /crisis and treatment planning services, outreach and engagement services) to African-American youth and their families in the Southeastern section of San Francisco. seeks to replace environmental contingencies that supports alcohol or drug use by substituting pro-social activities and behaviors that promote healthier choices along with recovery.

**4. Target Population:**

The target population for the Youth Moving Forward (YMF) program is African-American youth ages 12-18 who reside in the Southeastern section of San Francisco (Bayview-Hunter's Point, Sunnydale). The YMF target populations are youth who are at risk or who have a history of alcohol, drugs or tobacco use and have a sincere desire to improve their lives through counseling intervention services. The YMF program also offer services to the emerging Latino, Asian-Pacific and LGBTQ communities .

**5. Modality(s)/Intervention(s) (See instruction on the use of this table):**

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
Individual Counseling: 4 substance abuse counselors x 30 hrs. of direct services per 1.0 FTE counselor per wk x 46 wks per year (2 wks vacation, 2 wks holiday, 2 wks sick leave)	3,132	90	
Group Counseling:	1,042	54	
Community/Outreach/Engagement	1,256	25	
<b>Total UOS Delivered</b>	<b>5,430</b>		
<b>Total UDC Served</b>			<b>90</b>

## 6. Methodology:

The Youth Moving Forward program uses two evidence-based practices: Motivational Enhancement Therapy and Cognitive Behavioral Therapy Cannabis Youth Treatment and (CYT). The program modality uses two interventions, Motivational Enhancement Therapy and Cognitive Behavioral Therapy (MET/CBT 5-7) and Adolescent Community Reinforcement Approach (A-CRA). Both are from the Cannabis Youth Treatment Series Evidence Based practice approved by the Substance Abuse and Mental Health Services. These are proven models that effectively treat youth with marijuana and other drug and behavior issues.

## Program Operation

### *Outreach, Engagement – Intake Assessment, and Counseling*

The YMF program conducts outreach through and has a long working relationship with Community Based Organization, San Francisco Unified School District, San Francisco Juvenile Probation Department and various City and County of San Francisco social service agencies. Our counseling staff provides onsite services at YMF as well as services to students enrolled in many High Schools and Middle Schools through the SFUSD Wellness Centers Schools including: Thurgood Marshall, Phillip and Sala Burton, Mission, Balboa, International Studies Academy, Galileo, Visitation Valley and Martin Luther King, and Woodside Learning Center (located at Juvenile Hall).

Program eligibility for admission is based on an individual participant's sincere desire to address issues of substance abuse that has had a negative detrimental effect on the quality of life of that individual because of their family issues, behavioral issues and lack of educational effort, due to substance abuse. The prospective partnership provides the counselor with all relevant initial history using an evidenced based assessment tool that provides the counselor, with the guidance of the Clinical Director the ability to formulate a relevant treatment plan in partnership with the participant.

The participant is then provided an initial 30 day treatment plan followed up with a mandated treatment plan every 90 days thereafter. The service delivery model is accomplished by providing individual and group counseling sessions, which provides the participant with support that addresses their goals and objectives set forth in the initial treatment plan. The treatment plans are consistently reviewed and updated every 90 days or earlier if needed as participants' progress through the phases of treatment.

The individual sessions are provided on a one on one basis in a private confidential setting, while the group sessions are conducted in a comfortable group room. Groups are gender and age specific and one co-ed groups are held weekly. The weekly group focuses on building character through peer-to-peer exchange of thoughts and feelings that in turn fosters positive relationships between the participants. The individual and group sessions are conducted on a weekly basis, unless the behavior of the participant calls for more contact and engagement.

The program modality uses two interventions, Motivational Enhancement Therapy and Cognitive Behavioral Therapy (MET/CBT 5-7) and Adolescent Community Reinforcement Approach (A-CRA). Both are from the Cannabis Youth Treatment Series Evidence Based practice approved by the Substance Abuse and Mental Health Services. These are proven models that effectively treat youth with marijuana and other drug and behavior issues.

The Motivational Enhancement Therapy and Cognitive Behavioral Therapy (MET/CBT 5-7) is an individual and group service model that focus on factors that motivate participants to change and to learn skills to cope with problems and meet their needs in ways that do not involve turning to marijuana or alcohol.

- Feedback regarding personal risk or impairment
- Emphasis on personal responsibility
- Clear advice to change
- A menu of alternative change options
- Therapist empathy
- Facilitation of participant self-efficacy or optimism

The Adolescent Community Reinforcement Approach (A-CRA)) is a substance use treatment is a behavioral intervention approach that seeks to replace environmental contingencies that supports alcohol or drug use by substituting pro-social activities and behaviors that promote healthier choices along with recovery.

The hours of operation are from 10 am until 7 pm, with positive social activities provided along with a community cleanup incentive program where participants work on the weekends. The YMF is a dual evidence based modality able to provide both long and short-term treatment services to its targeted population. The average length of stay is 3 years.

#### Exit and Continued Care

Once the participant has accomplished their goals, the participant work with their counselor on an exit plan that provides the participant with a resources and referrals to other community programs and private agencies that is tailored to continue the person's long term goals and objectives. The eligible participant can still obtain services through various other Bayview Hunter's Point Hunters Point Youth programs funded by the San Francisco Department of Children, Youth and Families. The program completion criteria is strictly monitored by the Clinical Director and the Counselor to ensure that the participant has completed all stated goal and objectives and is eligible for a step down in individual and group treatment sessions.

#### Program Supervision and Clinical Supervision

All program staff is supervised by the Program Director. Training, direct case management, and clinical supervision are provided by the Clinical Director and the Assistant Director. Staff meets weekly with the Clinical Director for clinical supervision and case conferences. The Youth Services Leadership Team - Program Director, Clinical Director and Quality Assistant Director/Quality Assurance Compliance monitor's counselor documentation into the Avatar system

#### 7. Objectives and Measurements:

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

#### 8. Continuous Quality Improvement:

The Bayview Hunters Point Youth Service Programs Quality Assurance Plan and Activities are designed to enhance, improve and monitor quality of services.

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

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

Our Program monitors documentation quality by reviewing case files through periodic reviews. The review process is conducted based on guidelines set forth by the Department of Public Health (DPH) and Community Behavior Health Services (CBHS). To ensure compliance with documentation of treatment plans, case notes and timely signatures, monthly chart reviews are conducted by Program Director, then discussed with Unit Coordinator and Clinical Supervisor for follow-up issues. All staff participates in annual documentation trainings provided internally and by Community Behavioral Health Services. Staff meetings are also held on a monthly basis as a venue where staff can discuss administrative and clinical issues.

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

Bayview values client opinions and suggestions for program improvements. Clients are provided an opportunity to express their views through annual client satisfaction surveys administered on an annual basis. Client's suggestions from are documented and then discussed with the multi-disciplinary staff. Changes that improve the efficacy, quality or outcomes of program services are prioritized for implementation. CBHS client satisfaction results are reviewed and discussed with staff and clients.

The Youth Service Programs: Youth Moving Forward Program & Prevention Program (Strengthening Families Program) will comply with San Francisco Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Health Insurance Portability Accountability Act (HIPAA), and Cultural Competency.

**9. Required Language: N/A**

Appendix A-5

1. Identifiers:

Program Name: Youth Services Primary Prevention  
 Program Address: 5015 Third Street  
 City, State, ZIP: San Francisco, CA, 94124  
 Telephone: (415) 822-1585 FAX: (415) 822-6443  
 Website Address: www.bayviewci.org  
 Program Code(s): N/A

2. Nature of Document:

New  Renewal  Modification

3. Goal Statement:

The Strengthening Families Program (SFP) is an evidenced-based family skills training program that reduces problem behaviors, delinquency, alcohol and drug abuse in children by bringing the parent and child together in a learning environment. Bayview Hunter's Point Foundation (BVHP) will reduce the initiation of alcohol use by middle school age youth through the Strengthening Families Program (SFP), as measured by an 80% improvement in risk and protective factors from program enrollment to graduation.

4. Target Population:

The primary target population for the Bayview Hunters Point Foundation Prevention Program who will receive universal substance use disorder prevention activities are middle school age youth ages 12-16 years old and their parents/caregivers who reside in the Southeastern section of San Francisco (Bayview Hunters Point, Sunnyside and Potrero Hill).

5. Modality(s)/Intervention(s) (See Instruction on the use of this table):

Prevention Activity	# of unduplicated youth completing	# of unduplicated parents/caregivers completing
1. Strengthening Families Program (SFP)	20	20

Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
Information Dissemination Strategy (Code 12)	413		
Education (Code 13)	691	20 families (youth & parents/caregivers)	20 families (youth & parents/caregivers)
Alternatives (Code 14)	0		
Problem Identification & Referral (Code 15)	6		
Community-Based Process Strategy (Code 16)	300		
Environmental Strategy (Code 17)	0		
<b>Total Units of Service</b>	<b>1,410</b>	<b>40</b>	<b>40</b>

## 6. Methodology:

The Strengthening Families Program is designed to address the needs of youth and their families in the Southeast section of San Francisco that are at risk for dysfunctional family behavior including substance and child abuse. The program is linked to the SFDPH Prevention Plan and the goals and objectives of the Prevention Plan. The Strengthening Families Program engages youth and the youth's primary caregivers in activities that promote effective parenting skills and reduce problem behaviors, delinquency, and alcohol and drug abuse in children and improves social competencies and school performance. The SFP program promotes family unity and community connections that reinforce positive messages and expands conduct outreach to local churches, family shelters, the community and other agencies. These agencies include Juvenile Probation and the San Francisco Unified School District. Methods used will include flyers, invitation letters, presentations, church bulletins and word of mouth.

The SFP does not have an admission policy. The program is an integrated component of a comprehensive set of programs that accepts participants from these other components, as well as referrals from other non-profit and city agencies.

The BVHPF Youth Services will use the SFP Model to train youth and their primary caregivers in the SFP 14 week evidenced based practice curriculum is specifically designed for high-risk families. SFP sessions include all the critical core components of effective evidence-based parenting programs (CDC, 2008) including but not limited to: parent positive interactions amongst family members; effective discipline, communication and healthy eating habits.

The parenting sessions review appropriate developmental expectations and teach the caregivers to interact positively with children (such as showing enthusiasm and attention for good behavior and letting the children take the lead in play activities, increasing attention and praise for positive children behaviors, positive family communication and healthy eating habits.

The children skills training content includes communication skills to improve parents, peers and teacher relationships, hopes and dreams, resilience skills, problem solving, peer resistance, feeling identification, anger management and coping skills.

The family practice sessions allow the parents and children time to practice what they learned in their individual sessions in experimental exercises. This is also a time for the four group leaders to coach and encourage family members for improvement in parent/child interactions. The major skills to learn are: Child game, similar to therapeutic child play where the parent allows the child to determine the play or recreation activity-Family meetings and effective communication exercises.

Outcomes include increased family strengths and resilience and reduced risk factors for problem behavior in high risk children. This includes behavioral, emotional, academic and other related social problems. The SFP builds on protective factors by improving family relationships, parenting skills and improving the youth's social and life skills.

Services will be provided onsite at our Youth Service located at 5015 Third Street. Depending on the needs of the families services will be provided off-site at an approved community based facility.

### Exit criteria and Process

Once the caregivers and youth complete the 14 week program they provide the staff with a post-test evaluation. The youth are eligible for other programs within the BVHPF for aftercare services. Booster Sessions will be provided at 6 and 12 months following completion of the SFP class.

### Compliance Requirements

- a. In FY 2014-15, Contractor will enter data in compliance with the SFHN-BHS CalOMS Data Entry and Reporting Guidelines for all prevention activities funded through the Substance Abuse Prevention and Treatment Block Grant on a weekly basis in full compliance with California Department of Health Care Services and SFHN-BHS CalOMS data entry and reporting requirements.
- b. In FY 2014-15, Contractor will achieve full compliance with the quarterly CalOMS Prevention review and release of data by the California Department of Health Care Services and SFHN-BH as directed by the designated CYF SUD Prevention Coordinator per the following timetable: Quarter 1: 10/15/2014, Quarter 2: 1/15/2015, Quarter 3: 4/15/2015, and Quarter 4: 7/15/2015.
- c. In FY 2014-15, Contractor will achieve 90% of CSAP Strategy service hour goals contained within FY 2014-15 SFHN-BH-approved SUD Prevention Services work plans.
- d. In FY 2014-15, Contractor will submit quarterly reports to the CYF SUD Prevention Services Program Manager and designated Prevention Coordinator on progress toward the City and County of San Francisco Substance Abuse Prevention Services Strategic Plan goals and objectives in a format and manner requested by SFHN-BH per the following timetable: Quarter 1: 10/31/2014, Quarter 2: 1/31/2015, Quarter 3: 4/30/2015, and Quarter 4/Annual Report: 7/31/2015.
- e. In FY 2014-15, Contractor will meet SFP model fidelity requirements for ensuring that four certificated (completion of 16 hours of SFP training) staff offer SFP for each cycle.

In FY 2014-15, Contractor will administer pre- and retro pre-/post-tests to participating youth and caregivers as part of the FY 2014-15 SFP Annual Program Evaluation and submit completed tests to SFHN-BHS within two weeks after graduation.

## **7. Objectives and Measurements:**

### **A. Standardized Objectives**

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY14-15."

## **8. Continuous Quality Improvement:**

- A. Our program identifies areas of improvement through multi-disciplinary case conferences which are conducted on a monthly basis. CAL OMS reports are reviewed and reconciled on a monthly basis by the Prevention Specialist, Clinical Director and Quality Assurance/Compliance person. The Prevention Specialist and the Youth Service staff receive continuing advice as to use of evidence based practices in dealing with family issues of the participants.

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

- B. Our program monitors documentation and quality of services by utilizing the SFP interventions which are evaluated annually using validated pre/post surveys that measure change in youth attitudes, beliefs, knowledge and behavior toward alcohol use, as well as the increase in protective factors within a

young person's life that can prevent or reduce alcohol use. The review process is conducted based on guidelines established by SFP curriculum. To ensure compliance with documentation of services, prevention data is analyzed by the Program Director in conjunction with the Clinical Director. All staff participants in scheduled documentation trainings provided by Department of Health Services. Staff meetings are also held on a weekly basis as a venue where staff can discuss administrative and clinical issues. The pre- and post-test questionnaires evaluation results are used to inform program planning.

- C. All program staff participants in an annual Cultural Competency/Law, Ethics and Boundaries training that utilizes and evidence based practice in working with our targeted population of diverse underserved populations. Staff also participates in Cultural Competency Trainings sponsored by the Department of Health (DPH) and CBHS.
- D. Bayview values program participants' opinions and suggestions for program improvements. Participants are provided an opportunity to express views through annual client satisfaction surveys administered on an annual basis. Participant suggestions are documented and then discussed with the multi-disciplinary staff. Changes that improve the efficacy, quality or outcomes of program services are prioritized for implementation. CBHS client satisfaction results are reviewed and discussed with staff and clients.

The Youth Programs: Youth Moving Forward and the SFP will comply with the San Francisco Health Commission, Local, State Federal and/or funding source policies and requirements such as Health Insurance Portability Accountability Act (HIPAA), and Cultural Competency.

#### 9. Required Language:

- A. For CBHS CYF SOC SUD Prevention Services: Contractor will adhere to all stipulated SFHN-BHS CYF requirements for SUD Prevention Services including all stipulations of content, service strategies, timelines, standards of practice, and reporting requirements as put forth by the SFHN-BHS CYF-SUD Prevention Services Program Manager, Mega-RFP-23-2009, and the California Department of Health Care Services.
- B. Changes may occur to the composition of CSAP Strategy prevention service targets during the contract year due to a variety of circumstances. Any such changes will be coordinated between the contractor and the CBHS CYF SOC SUD Prevention Services Program Manager and will not necessitate a modification to the Appendix-A target population table. Contractor is responsible for fulfilling approved work plan service targets and for collaborating with the SFHN-BHS CYF SUD Prevention Services Program Manager on any needed changes.

Program Name: Bayview Hunters Point Foundation  
Bayview Hunters Point Integrated  
Behavioral Health Program (BVHP IBHP)

7/1/14

## Appendix A-6

### 1. Identifiers:

Program Name:

Bayview Hunters Point Foundation

Bayview Hunters Point Integrated Behavioral Health Program (BVHP IBHP)

Program Address:

5815 Third Street

San Francisco, CA 94124

Telephone: (415) 822-7500 or (415) 822-8200

Facsimile: (415) 822-9767 or (415) 822-6822

Jacob K. Moody, Executive Director

Lillian Shine, Deputy Director

Erin Zielinski, Program Director, Integrated Behavioral Health Services

Alfreda Nesbitt, Director, Narcotics & Substance Abuse

Program Code: 38513

### 2. Nature of Document

New     Renewal     Modification

### 3. Goal Statement

The Bayview Hunters Point Foundation Integrated Behavioral Health Program will provide integrated mental health and substance abuse services for adults, adolescents, and children.

The Foundation's goal is to:

- Continue and expand mental health outpatient services for adults of all ages in a newly formed and integrated *Bay View Hunters Point Foundation Integrated Behavioral Health Program (BVHP IBHP)*.
- Establish adult substance abuse outpatient treatment for 70 adults annually, co-located with mental health services at the BVHP IBHP.
- Provide group behavioral health services so clients become self sufficient and independent

### 4. Target Population

The BVHP IBHP will serve target population clients in San Francisco's mental health system who meet the County's eligibility guidelines and admissions criteria as identified through the ACCESS Information referral system. More specifically, residents of Southeast Neighborhoods to include Potrero Hill and Visitation Valley, emphasizing on residents in public housing, including families and children of all cultural back rounds. In addition to schools that are located specifically within the SFUSD's Bay View's Superintendent Zone. The Foundation plans to deliver outpatient behavioral health services that proportionally break down as follows:

- About 90% of outpatient services delivered will be to mental health and/or integrated dual-diagnosis clients (e.g., to clients with serious behavioral health or co-occurring mental health and substance abuse disorders). We estimate providing 285 adults with 7,939 units of service in this service track each year.
- About 10% of services will be delivered to single substance-abuse-only diagnosis clients. We estimate providing 70 adults with 2,050 units of service in this service track each year.

Both service tracks will serve all adult age ranges (ages 18+) from transition age youth (TAY) to adults and older-adults (60+). Because of the nature of the challenges and inequities in the community, targeted populations will naturally include adults from the following sub-groups:

- Indigent, homeless or marginally housed: Due to poverty in the target area, many clients – about 35% - have these housing challenges.
- Victims of any type violence: Approximately 65% of clients present with trauma issues related to community, domestic, and or sexual violence.

The target population to be served will include registered residents, meeting CBHS eligibility criteria who are:

- Victims of racial/cultural/language discrimination: Based on current data, we expect 65% of clients to be low-income African American, 15% to be low-income Latino, 5% to be low-income Caucasian, and 15% to be low-income Asian/Pacific Islander. Most have been victims of discrimination.
- TAY aged 18-24: Historically, about 25% of clients fall in this age range. This group is developmentally distinct from other adults and can access services in our Youth Services Division as a first point of entry.
- Older Adults aged 60+: Historically, about 10% of clients fall in this age range, however, most of these have entered services under age 60, and turned 60 while in services.
- Families: The focus of the BVHP IBHP is in fact whole-family treatment. Recognizing that everyone is a product of family and environment, The Foundation will seek to increase integrated behavioral health services to pregnant women, who statistically fall into a higher risk category for becoming victims of violence.
- LGBTQQ: Historically, about 1% of clients identify themselves as LGBTQQ.
- Men who have sex with men/intravenous or methamphetamine users: Historically, about 1-2% of clients identify themselves in these categories.

Clients will be residents from zip codes (but not limited to) 94124, 94134 and 94107. This will include Potrero Hill and Visitation Valley neighborhoods, with special attention paid to residents in public housing and parents of children attending schools within The Bayview Superintendent School Zone. There is also a special focus on the provision of outpatient services to mentally ill ethnic minority populations, and to offer information and services in the primary language of the client. The IBHP provides mental health interventions to residents of San Francisco who have co-occurring chronic mental and substance abuse disorders, with an emphasis on reducing the number of people requiring more intensive levels of care. Through treatment and community services, logical, coordinated interventions will be provided to adult, adolescent and child residents of San Francisco.

These services will be rehabilitation oriented and directed toward relieving or reversing the symptoms of emotional and mental disorders, and to reduce inpatient hospitalizations. These services are provided to children, adolescents, and adults. Outpatient services are provided on a regularly scheduled basis, with arrangements made for non-scheduled visits during times of increased stress or crisis. In promoting comprehensive care, services are provided at sites other than the mental health clinic (i.e., schools, etc.). As indirect and collaborative services are provided to other individuals who play significant roles in the care of clients, as well as to agencies and programs offering direct services in the community.

**5. Modality of Service/Intervention**

<i>Units of Service (UOS) Description</i>	<i>Units of Service</i>	<i>Number of Clients</i>	<i>Unduplicated Clients (UDC)</i>
<i>Mental Health Services:</i>	293,163	100	350
<i>Medication Support</i>	34,672	75	
<i>Crisis Intervention</i>	1,386	5	
<i>Case Management Brokerage</i>	39,074	125	
<i>Community Client Services</i>	400	45	
<b>Total UDC Served</b>	368,695		350

**6. Methodology**

**A. Community Engagement and Outreach**

BVHPF IBHP conducts community engagement and outreach through various community activities and agencies within Bay View Hunter's Point, Potrero Hill, and Visitation Valley. We will participate in city-wide events such as Homeless Connect. Different staff members will participate in various service provider networks or sit on various boards that involve community organizations and groups specific to the Bay View Hunter's Point neighborhoods. When appropriate, IBHP fliers are left for advertisement and connections. We use the Internet to reach beyond our targeted neighborhood of the southeast section of the city.

**B. Admission Criteria**

Clients served at BVHPF's IBHP must meet requirements of CBHS and SFDPH. They must be a San Francisco County resident and meet medical necessity to be enrolled in our outpatient IBHP. If they are in-between counties, they can be seen for services up to 30 days, meeting the requirements for Medi-Cal eligibility or Healthy San Francisco. An additional option is allowed if one's income level is within the state's uniform patient fee

schedule for community mental health services. They may also qualify based on assessments done through ERMHS and the SFUSD.

### C. Delivery Model

The following is a detailed summary of how IBHP conducts outpatient services. In all cases, there will be close monitoring and oversight by the clinician addressing the different stages of change in recovery to ensure the stability and consistency of treatment:

Program services will be delivered within the context of guidelines, which include:

System-wide standards of accountability based on cost, access, quality and outcomes.

A single point of entry for adult and children's services

A common definition of the priority target population

The use of common admission and discharge criteria coordinated care for all clients

To provide services that are culturally and linguistically appropriate

The provision of a standard core of services in each cluster

To fulfill the public mental health system's mission of serving as the system of care for San Franciscans, the IBHP will participate in the CBHS Advanced Access initiative by:

- Providing intake assessment and medication evaluation, as needed, within 24-48 hours of request
- Ensuring timely collection and reporting of data to CBHS as required. The Outpatient Mental Health Family Center will provide quarterly measures of new client demand according to Advanced Access reporting methodology, and more frequently if required by CBHS
- Providing and documenting the initial risk assessment using CBHS' short assessment form within AVATAR within 24-48 hours of request for service;
- Adhering to CBHS guidelines regarding assessment and treatment of indigent (uninsured) clients.
- Measuring delay of access for both new and ongoing clients on at least a monthly basis according to Advanced Access reporting methodology, and more frequently if required by CBHS.

Within the Foundation's ongoing program and services planning, strategies for the design and implementation of Wellness and Recovery models of care represent efforts of highest priority. In promoting integrated services based on behavioral health models, the Foundation is developing Wellness and Recovery models specifically within its mental health and substance abuse programs. Staff and clients of these programs have participated in a number of forums and activities, which serve as the basis for the implementation of a newly formed rehabilitative and wellness/recovery project. The principles guiding the work of this project support vocational, rehabilitative, and consumer-operated projects, and promote enhanced and sustainable levels of functioning and well-being for program clients. Beginning July 1<sup>st</sup>, for clients needing substance abuse services, these services will be provided by a mental health licensed or licensed eligible staff member through the Integrated Behavioral Health Program, the services

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provided will be substance abuse specific and will be charted in a separate section of the client's mental health chart. The mental health clinician will include substance abuse services within the client's mental health treatment plan of care, and use substance abuse severity screening tools such as CAGE or the Addiction Severity Index, in addition to completing the substance abuse specific treatment plan of care within Avatar.

The Integrated Behavioral Health Program will participate in the CBHS Advanced Access initiative, including ensuring timely measurement of data at the site and reporting of data to CBHS as required and which may be changed from time to time with prior notice from CBHS. The Behavioral Health Program will provide and document the initial risk assessments using the CBHS Short Assessment form within 24-48 hours of request for service. The Behavioral Health Program will adhere to CBHS guidelines regarding assessment and treatment of indigent (uninsured) clients.

Additionally, IBHP BVHPF will be creating a partnership with Foster Care Mental Health Services (FCMHS) that will be billed as a carve out specialty at a specific cost reimbursement rate (TBD). This partnership will allow 1.0 FTE to work specifically with the parents of children that come through the FCMHS. This service is meant to start the engagement process for the at risk parent of the FCMH youth client, in behavioral health and after care services. This 1.0 FTE will provide five individual sessions focused on risk screening and determining if the parent meets medical necessity for outpatient behavioral health services. The first three sessions will focus on behavioral health assessment, the remaining two sessions will focus on collaborative and case management services to make sure that the parent of the FCMH youth can obtain necessary services i.e, vocational training services, medication management, wrap around to succeed as a permanent support person in their child's life outside of the Foster Care Mental Health system.

Program services will be delivered within the context of integrated mental health and substance abuse service guidelines, which include several components of integrated programs considered evidence-based according to Drake, Essock, and colleagues (2001). These components include:

- *Staged interventions* where stages of treatment (engagement, persuasion, active treatment and relapse prevention) are delivered based on individual readiness for each stage.
- *Motivational interventions* which involve helping the individual identify goals and recognize that not managing one's illnesses interferes with attaining these goals.
- *Counseling* to help clients develop skills and supports to control symptoms and pursue an abstinent lifestyle.
- *Social support interventions* which recognize the role of social networks and peer support in recovery from dual disorders.
- *Long-term perspective* which recognizes that recovery may occur over months or years.

- *Comprehensiveness* in helping an individual transform many aspects of their life habits, stress, management, friends, activities and housing.
- *Cultural sensitivity and competence* which are critical to engaging clients.

*Here are some of the following strategies that clinicians, interns and trainees will use:*

Motivational Interviewing, Cognitive Behavioral Therapy, Insight Oriented Therapy, Family Systems Therapy, Evidence-Based Practices. All strategies listed will use in one form or another:

- *Assessments*
- *Group Therapy*
- *Individual Therapy*
- *Collateral Services*
- *Targeted Case Management*
- *Medication Support Services*
- *Crisis Intervention*
- *Case Management/Brokerage*
- *Services to Dually Diagnosed Clients*
- *Referral Services*
- *Urgent Care*

The Behavioral Health Program operates from 9:00 A.M. to 5:00 P.M. Monday through Friday. Early morning or Late evening services are available by appointment. Referral and intake services are coordinated through the IBHP staff members.

The IBHP will provide services in the preferred language of the consumer (including sign language as provided through the Department of Public Health) and will make provisions for the use of trained interpreters when needed.

#### **D. Exit Criteria**

The exit criteria for BVHP IBHP is based upon the client indicating that they have met their goals for treatment. Staff will meet with clients to process terminating treatment and that a client's goals have, in fact, been met. Staff will have provided linkages to outside independent services such as housing, case managers, medical providers, job training, substance abuse and medication services during treatment so that there is a network of continuous resources for the client, if need be. These criteria may also be met by a client becoming a meds-only client.

#### **E. Staffing**

The Bayview Hunters Point Integrated Behavioral Health Program is a component of a community-based human service agency representing a diverse, multi-ethnic population. The program is staffed with licensed and license-eligible marriage & family therapists, social workers, psychologists, and board certified psychiatrists who are oriented to the community and responsive to the issues of ethnicity, culture, language, and gender. We also have an internship (trainee) program, consisting of four graduate-

levelled PsyD. Candidates, that represents a broad range of different cultures to serve the diverse population of clients at BVHPFCI IBHP. These trainees are supervised by our licensed clinical supervisor, and provide six hours of direct service to our clients at the IBHP. The Foundation understands the importance of race, culture and language in its service provision, and maintains staffing and programming which appropriately respond to these issues. Recruitment and hiring of staff ensures competency to deliver and manage culturally and linguistically appropriate services to the population served, and provision of effective program and therapeutic interventions designed to meet the special clinical needs of diverse populations. Diverse populations include those from racial, ethnic and cultural backgrounds, homeless individuals, and individuals of varied sexual orientations and disabilities.

## **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 14-15.

### **B. Individualized Program Objectives**

None

## **8. Continuous Quality Improvement**

A committee of three staff- one licensed that meets once a week for an hour and a half to randomly go through client's charts.

The way that we determine what charts have to be PURQC's is the following:

Two months or 15 hours after the date of opening we require all of our clinicians to PURQC their client's chart. We have a 12 point check list:

- 1) Assessment
- 2) Diagnosis (accurate and justified)
- 3) Treatment Plan of Care Goals specific, observable or quantifiable; reflected in notes and client's signature with date
- 4) Progress notes (include intervention and response)
- 5) Treatment modalities/frequency, appropriateness in relation to treatment plan
- 6) Case conference requirements- ROI's appropriate and in clt's file
- 7) Step- down required and why
- 8) Termination and Discharge
- 9) Co- Signature is missing which document
- 10) Referrals
- 11) Discuss w supervisor

## 12) Other

With a, "Recommendation Feedback to the Clinician" section to fill out. This is where we indicate that signatures are missing, ID boxes at the top of each page front and back need to be filled out, make goals quantifiable etc. From this info gathered, we either approve the PURQC and give authorization in accordance with the PURQC SFCBH Adult/Older Adult Service Intensity Guidelines, or not. The other options are approved with adjustment based on the information gathered from this form, conditional approval and resubmit within a week's time or denied, and for what reason. The reviewer signs the form and dates it. We keep a log of all of the PURQC forms signed, approved or disallowed, and the number of hours requested for authorization. We return the PURQC recommendations to the clinicians of clients' charts for the clinicians to make appropriate corrections and return the recommendation sheet to the PURQC committee the following week to review again. Once the initial PURQC is authorized, the chart is then PURQC'd once a year in accordance to the client's treatment plan of care renewal date.

In the monthly staff meetings we will discuss quality performance objectives with all staff members to review what BVHP IBHP's policies and procedures are so that the 8551-3 (adult program) can stay on track with the mandated CBHS FY 14-15 performance objectives. This will include internal trainings on all objectives relevant to out-patient mental health services as listed in section seven of this document. In addition, the program director and clinical supervisor will run certain AVATAR reports to monitor performance objectives internally and intercede when we find there are issues. This will be done on a weekly/bi-monthly/monthly basis to assure the quality of clinical documentation for a client's chart. Regarding cultural competency, staff members of BVHP IBHP will attend trainings on various cultural issues given by CBHS and/or SFDPH when offered. In addition, the program director will set up various guest speakers and trainings to be offered on site to BVHPF IBHP staff. When a direct client request is made, the program director and clinical supervisor will accommodate the client's request to the best of our ability, and in the best interest of the client's treatment. For example, offering a client an African American female therapist. We also make available required forms to be filled out by the client in the language they are the most familiar with.

**9. Required Language (if applicable):**

N/A.

## **Appendix A-7**

### **1. Agency and Program Information**

**Program Name:**

Bayview Hunters Point Integrated Behavioral Health Program for Children (BVHP IBHPC)

**Program Address:**

5815 Third Street

San Francisco, CA 94124

**Telephone:** (415) 822-7500

**Facsimile:** (415) 822-9767

Jacob K. Moody, Executive Director

Lillian Shine, Deputy Director

Erin Zielinski, Program Director, BVHP IBHPC

**Program Code:** 38516

### **2. Nature of Document**

New       Renewal       Modification

### **3. Goal Statement**

The BVHP IBHPC provides behavioral health and prevention services to children, adolescents, and their families. BVHP IBHPC provides age-specific outpatient behavioral health services to children through the age of 18 to:

- improve functioning in the home, school, and community,
- improve family support to caregivers,
- promote growth and development,
- prevent psychiatric decompensation

Services will be provided in a culturally sensitive, community-based setting. Prevention and early intervention services will be provided through behavioral health consultation on site at the BVHP IBHPC's clinic, in classrooms throughout various SFUSD schools and in community based childcare settings when appropriate.

### **4. Target Population**

The BVHP IBHPC will serve a target population of clients in San Francisco's behavioral health system who meet the County's eligibility guidelines and admissions criteria as identified through the Access Information referral system. More specifically, residents of Southeast Neighborhoods to include Potrero Hill, Visitation Valley, and Sunnydale emphasizing on children and families in public housing, of all cultural backgrounds. In addition, we will be focusing on schools that are located specifically within the SFUSD's Bay View's Superintendent Zone. Referrals will be accepted from various city-wide children, youth, and family programs, including Access, ERMHS (Educationally Re-

Mental Health Services- formally AB3632), Foster Care Mental Health, Child Crisis, Family Mosaic, CPS, and The Juvenile Justice System

BVHP IBHPC has provided services for the following populations of children:

- preschool aged children with social-emotional difficulties, often associated with developmental delays
- school-aged children eligible for ERMHS services who require psychotherapy to benefit from special education
- children and youth with behavioral difficulties, often at risk of school suspension
- children involved with child welfare due to neglect or abuse
- children exposed to family or community violence
- children whose parents are recovering from substance abuse or addiction
- youth involved with juvenile probation due to conduct disorder or gang involvement

Approximately 81% of the children served are African-Americans; about 7% Latino, 6% Asian /Pacific Islander and 5% Caucasian; with 95% are EPTSD Medi-Cal eligible.

**5. Modality of Service/Intervention**

**A. Definition of Billable Services:**

Mental Health Services, Assessment, Therapy, Collateral, Case Management, Crisis Intervention, Outreach Services/Consultation Services

The program will adhere to CBHS guidelines regarding assessment and treatment of indigent child and adolescent clients, who will be referred to Medi-Cal, Healthy Families or Healthy Kids, if eligible.

<i>Units of Service (UOS) Description</i>	<i>Units of Service</i>	<i>Number of Clients</i>	<i>Unduplicated Clients (UDC)</i>
<i>Mental Health Services:</i>	<i>160,025</i>	<i>88</i>	<i>88</i>
<i>Medication Support</i>	<i>3,388</i>		
<i>Crisis Intervention</i>	<i>758</i>		
<i>Case Management Brokerage</i>	<i>12,526</i>		
<i>Community Client Services</i>	<i>121</i>		
<b><i>Total UDC Served</i></b>	<b><i>1 76,818</i></b>		<b><i>88</i></b>

**6. Methodology**

## 6A. Community Engagement and Outreach

BVHP IBHPC conducts community engagement and outreach through various community activities and agencies within Bay View, Hunter's Point, Potrero Hill, and Visitation Valley. We will participate in city-wide events. Different staff members will participate in various service provider networks or sit on various boards that involve community organizations and groups specific to the Bay View Hunter's Point neighborhoods. When appropriate, IBHPC fliers are left for advertisement and connections. We use the Internet to reach beyond our targeted neighborhood of the southeast section of the city.

## 6B. Admission Criteria

Clients served at BVHPF's IBHPC must meet requirements of CBHS and SFDPH. They must be a San Francisco County resident and meet medical necessity to be enrolled in BVHP IBHPC. If they are in-between counties, they can be seen for services up to 30 days, meeting the requirements for Medi-Cal eligibility or Healthy San Francisco. An additional option is allowed if one's family income level is within the state's uniform patient fee schedule for community mental health services. They may also qualify based on assessments done through ERMHS, SFUSD, SIT (Student Intervention team) and Child Crisis.

## 6C. Delivery Model

The following is a detailed summary of how IBHPC conducts outpatient services. In all cases, there will be close monitoring and oversight by the clinicians and program supervisors, addressing the different stages of change in recovery to ensure the stability and consistency of treatment:

Program services will be delivered within the context of integrated mental health and substance abuse service guidelines, when appropriate. This includes several components of integrated programs considered evidence-based according to Drake, Essock, and colleagues (2001). These components include:

- *Staged interventions* where stages of treatment (engagement, persuasion, active treatment and relapse prevention) are delivered based on individual readiness for each stage.
- *Motivational interventions* which involve helping the individual identify goals and recognize that not managing one's illnesses interferes with attaining these goals.
- *Counseling* to help clients develop skills and supports to control symptoms and pursue an abstinent lifestyle.
- *Social support interventions* which recognize the role of social networks and peer support in recovery from dual disorders.

- *Long-term perspective* which recognizes that recovery may occur over months or years.
- *Comprehensiveness* in helping a child and their family transform many aspects of their life habits, stress, management, friends, activities and educational goals.
- *Cultural sensitivity and competence* which are critical to engaging clients.

*Here are some of the following strategies that clinicians and interns will use:*

Motivational Interviewing, Cognitive Behavioral Therapy, Insight Oriented Therapy, Family Systems Therapy, Evidence-Based Practices. These strategies mentioned will use the following in one form or another:

- *Assessments*
- *Group Therapy*
- *Individual Therapy*
- *Collateral Services*
- *Targeted Case Management*
- *Medication Support Services*
- *Crisis Intervention*
- *Case Management/Brokerage*
- *Services to Dually Diagnosed Clients*
- *Referral Services*
- *Urgent Care*

The IBHPC operates from 9:00 A.M. to 6:00 P.M. Monday through Friday. Early morning or evening services are available by appointment. Referral and intake services are coordinated through the IBHPC staff members and supervisors for approval. When parents call, they are offered an intake appointment within 24 to 48 hours. Evening appointments can be arranged. Children are generally seen before or after school.

The IBHPC utilizes brief therapy strategies in a flexible, creative manner. Intensive services are offered during the first two months. Less intensive services are available afterward for follow-up and support as needed. Information and referral are provided for a wide range of related programs in the community.

Both individual and conjoint family sessions are provided for children, their caregivers, and their family. The child is usually assessed in a play therapy setting. Classroom observation, on-site collaboration and problem-solving with teachers and other para-professional school support staff, is provided on a regular basis. The assigned therapist at BVHP's IBHPC will attend individual educational placement meetings to determine the medical necessity for out-patient behavioral health services on a case by case basis. Outreach visits to the home, hospital, or juvenile hall are also offered when necessary.

#### **6D. Exit Criteria**

The exit criteria for BVHP IBHPC is based upon the client, family, or other outside agencies in where behavioral health services are required by, indicate that they have met their goals for treatment. Staff will meet with the client and family members, along with any additional collateral program team members, to process terminating treatment and that a client's goals have, in fact, been met. Staff will have provided linkages to outside independent services such as special educational services at another school, housing, case managers, medical providers, job training, substance abuse and medication services during treatment so that there is a network of continuous resources for the client, and their family if need be. These criteria may also be met by a client becoming a meds-only client, transitioning out of children's services and into TAY services, or all other special outside program requirements have been met.

#### **6E. Staffing**

The BVHP IBHPC is a component of a community-based human service agency representing a diverse, multi-ethnic population. The program is staffed with licensed and license-eligible marriage & family therapists, social workers, psychologists, and board certified psychiatrists who are oriented to the community and responsive to the issues of ethnicity, culture, language, and gender. We also have an internship program, consisting of four graduate-level registered interns with the California Board of Behavioral Sciences that represent a broad range of different cultures to serve the diverse population of clients at BVHP IBHPC. The Foundation understands the importance of race, culture and language in its service provision, and maintains staffing and programming which appropriately respond to these issues. Recruitment and hiring of staff ensures competency to deliver and manage culturally and linguistically appropriate services to the population served, and provision of effective program and therapeutic interventions designed to meet the special clinical needs of diverse populations. Diverse populations include those from racial, ethnic and cultural backgrounds, the homeless, and individuals of varied sexual orientations and disabilities.

### **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 14-15.

#### **B. Individualized Program Objectives**

None

### **8. Continuous Quality Improvement**

We have a committee of three staff- one licensed that meets once a week for an hour and a half to randomly go through client's charts.

The way that we determine what charts have to be PURQC's is the following:

One month or 15 hours after the date of opening we require all of our clinicians to PURQC their client's chart. We have a 12 point check list:

- 1) Assessment
- 2) Diagnosis (accurate and justified)
- 3) Treatment Plan of Care Goals specific, observable or quantifiable; reflected in notes and client's signature with date
- 4) Progress notes (include intervention and response)
- 5) Treatment modalities/frequency, appropriateness in relation to treatment plan
- 6) Case conference requirements- appropriate ROI's and in the client's file
- 7) Step- down required and why
- 8) Termination and Discharge
- 9) If a Co- Signature is missing and on which document
- 10) Referrals
- 11) Discuss with supervisor
- 12) Other

We have a, 'Recommendation Feedback to the Clinician' section to fill out. This is where we indicate that signatures are missing, ID boxes at the top of each page, front and back, need to be filled out, or make goals quantifiable etc. From this information gathered, we either approve the PURQC and give authorization in accordance with the PURQC SFCBH Children's Service Intensity Guidelines, or not. The other options are, approved with adjustment, based on the information gathered from this form. Conditional approval, authorization is granted and resubmitted within a week's time or denied. The reviewer signs the form and dates it. We keep a log of all of the PURQC forms signed, approved or disallowed, and the number of hours requested for authorization. We return the PURQC recommendations to the clinicians of clients' charts for the clinicians to make appropriate corrections and return the recommendation sheet to the PURQC committee the following week to review again. Once the initial PURQC is authorized, the chart is then PURQC'd once every six months in accordance to the client's treatment plan of care renewal date.

In our monthly staff meetings we will discuss quality performance objectives with all staff members to review what BVHP IBHPC's policies and procedures are so that the 8551-6 (children's program) can stay on track with the mandated CBHS FY 13-14 performance objectives. This will include internal trainings on all objectives relevant to out-patient mental health services as listed in section seven of this document. In addition, the program director and clinical supervisor will run certain AVATAR reports to monitor performance objectives internally and intercede when we find there are issues. This will be done on a weekly/ bi-monthly/monthly basis to assure the quality of clinical documentation for a client's chart.

Regarding cultural competency, staff members of BVHP IBHPC will attend trainings on various cultural issues given by CBHS and/or SFDPH when offered. In addition, the program director will set up various guest speakers and trainings to be offered on site to BVHP IBHPC staff. When a direct client request is made, the program director and clinical supervisor will accommodate the client's request to the best of our ability, and in the best interest of the client's treatment. For example, offering a client an African American female therapist. We also make available required forms to be filled out by the client in the language they are the most familiar with.

**9. Required Language (If applicable):**

N/A



## Appendix A-8

### 1. Identifiers:

Program Name: Anchor Program  
Program Address: 1701 Ocean Avenue  
City, State, ZIP: San Francisco, CA 94112  
Telephone: (415) 452-2202 FAX: (415) 334-5712  
Website Address:

**Contractor Address:** 150 Executive Park Blvd., Suite 2800  
City, State, ZIP: San Francisco, CA 94135  
Person Completing this Narrative: Kim Shine  
Telephone: (415) 468-5100  
Email Address: Lillian.shine@bayviewci.org  
**Program Code(s):** 38A13

### 2. Nature of Document:

New  Renewal  Modification

### 3. Goal Statement:

The Anchor Project is a collaborative venture between Community Behavioral Health Services and Golden Gate Regional Center. It involves a multi-disciplinary team working out of the O.M.I. Family Center. The program is funded by Community Behavioral Health Services.

### 4. Target Population:

The target population for this project will be forty (40 - 60) "high risk" adults with developmental and mental health disabilities and/or accompanying behavioral difficulties.

#### State Definition of Developmental Disability:

"Developmental Disability" means a disability which originates

#### Federal Definition of Developmental Disability:

For purposes of the Developmental Disabilities Act, a developmental disability is a severe, chronic disability of a person which

- Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- Is manifest before age 22,
- Is likely to continue indefinitely,
- Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent language, capacity for independent living, or economic self-sufficiency; and

- Reflects the need for combination and sequence of special, interdisciplinary, or generic care, treatment or other services that are lifelong or extended duration and individually planned and coordinated.

The target population includes males and females 18 to 65 year of age who:

- Have histories of multiple admissions to psychiatric emergency services and inpatient facilities,
- Have seizure disorders,
- Have histories of unsuccessful placements,
- Have drug and alcohol problems,
- Have a history of one or more of the following behaviors: aggressive physical and verbal behaviors, assaultive or self-injurious behavior, suicidal threats, fire-setting, sexual assault or sexually acting out, and dementia.
- The zip code where services will be delivered is 94112.

Adolescents will be admitted to the project on a case-by-case basis.

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

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
<b>Mental Health Services</b> 1.0 FTE x 40 hrs/wk x 12 wks x 87% LOE	16,993	5	
<b>Total UOS Delivered</b>	16,993		
<b>Total UDC Served</b>			5

**6. Methodology:**

- Prioritization of limited resources to serve those most in need. Need clearly defined by target population criteria used uniformly across the system;
- Development of a single network of services by strengthening the partnership between private (contractors) and public (civil service) services, working toward a common goal of serving the identified target population;
- Linkage of high user clients to services in order to hospitalize fewer Anchor Project patients annually;
- Deliver cost effective services in a manner consistent with maximizing the use of limited staff resources via treatment methods (groups, off-site services, urgent care) which maximizes treatment effectiveness while reducing client dysfunction and therefore reducing cost of service

## 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 14-15.

### B. Individualized Program Objectives

None

## 8. Continuous Quality Improvement:

The Anchor Program CQI activities are designed to enhance, improve and monitor the quality of services delivered at both programs.

- A. The program identifies areas of improvement through chart reviews and case conferences which are conducted on a monthly basis. Avatar reports are reviewed and reconciled on a monthly basis by the Medical Records Staff. Participants in the case conference meetings include Program Director and Clinical Supervisor. The clinical supervisor receives monthly supervision from the Program Director where they are advised on client cases such as treatment planning, continued care and discharge status.

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

- B. The program monitors documentation quality by reviewing case files through periodic reviews. The review process is conducted based on guidelines set forth by the Department of Public Health (DPH) and Community Behavior Health Services (CBHS). To ensure compliance with documentation of treatment plans, case notes and timely signatures, monthly chart reviews are conducted by clinical supervisor, then discussed with program director for follow-up issues. All staff participates in annual documentation trainings provided internally and by Community Behavioral Health Services. Staff meetings are also held on a monthly basis as a venue where staff can discuss administrative and clinical issues.

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

D. The Anchor Program values client opinions and suggestions for program improvements. Clients are provided an opportunity to express their views through client satisfaction surveys administered on an annual basis. CBHS client satisfaction results are reviewed and discussed with staff and clients.

The Anchor Program will comply with San Francisco Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Health Insurance Portability Accountability Act (HIPAA), and Cultural Competency.

**9. Required Language:**

N/A

### Appendix A-9

**1. Identifiers:**

Program Name: Bayview Hunters Point Foundation (Fiscal Intermediary)

Family Mosaic Project

Program Address: 1309 Evans Street

City, State, ZIP: San Francisco, CA 94124

Telephone: (415) 206-7645 FAX: (415) 206-7630

Website Address:

Contractor Address: 150 Executive Park Blvd, Suite 2800

City, State, ZIP: San Francisco, CA 94134

Person Completing this Narrative: Kim Shine, Deputy Director

Telephone: (415) 468-5100

Email Address: Lillian.shine@bayviewci.org

Program Code(s): 8957

**2. Nature of Document:**

New  Renewal  Modification

**3. Goal Statement:**

The goals of the Family Mosaic Project are to provide a system of coordinated interdepartmental services to severely emotionally disturbed children and their families; reduce out-of-home placements of children; stabilize existing placements, and improve the overall functioning of children served by the Project.

**4. Target Population:**

Severely emotionally disturbed children and adolescents between the ages of 3 and 16 who are in out-of-home placements or who are at risk for out-of-home placements.

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

Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
Conserv-Adm 15,664 staff minutes	15,675		
<b>Total UOS Delivered</b>	15,675		
<b>Total UDC Served</b>			57

## 6. Methodology:

Case managers coordinate services available through the Department of Health Care Services, Department of Social Services, Juvenile Justice, San Francisco Unified School District and private providers. The program also works with community agencies to develop wrap-around services tailored to the unique needs of the individual child. Primary funding is through a capitated, managed care contract with the California Department of Health Services.

## 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 14-15.

### B. Individualized Program Objectives

None

## 8. Continuous Quality Improvement:

The Family Mosaic Program CQI activities are designed to enhance, improve and monitor the quality of services delivered at both programs.

A. The program identifies areas of improvement through chart reviews and case conferences which are conducted on a monthly basis. Avatar reports are reviewed and reconciled on a monthly basis by the Medical Records Staff. Participants in the case conference meetings include Clinical Supervisor and Case Managers. The Case Managers receives monthly supervision from the Clinical Supervisor where they are advised on client cases such as treatment planning, continued care and discharge status.

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

B. The program monitors documentation quality by reviewing case files through periodic reviews. The review process is conducted based on guidelines set forth by the Department of Public Health (DPH) and Community Behavior Health Services (CBHS). To ensure compliance with documentation of treatment plans, case notes and timely signatures, monthly chart reviews are conducted by clinical supervisor, then discussed with program director for follow-up issues. All staff participates in annual documentation trainings provided internally and by Community Behavioral Health Services. Staff meetings are also held on a monthly basis as a venue where staff can discuss administrative and clinical issues.

- C. All program staff participates in an annual Cultural Competency Law, Ethics and Boundaries Training- geared towards providing an understanding and acceptance of beliefs, values, ethics of others and skills that are necessary to work with and serve diverse populations. Staff also participates in Cultural Competency Trainings sponsored by Department of Public Health (DPH) and Community Behavior Health Services (CBHS).
- D. The Family Mosaic Project values client opinions and suggestions for program Improvements. Clients are provided an opportunity to express their views through client satisfaction surveys administered on an annual basis. CBHS client satisfaction results are reviewed and discussed with staff and clients.

The Family Mosaic Project will comply with San Francisco Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Health Insurance Portability Accountability Act (HIPAA), and Cultural Competency.

**9. Required Language:**  
N/A



### Appendix A-10

1. **Program Name:** Jelani House  
**Program Address:** 1601 Quesada Avenue  
 San Francisco, CA 94124  
**Telephone:** (415) 822-5977  
**Facsimile:** (415) 671-1042  
**Program Code:** 01452(adults) 01455(children)

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

New     Renewal     Modification

3. **Goal Statement**

Jelani, Inc.'s goal is to provide a safe and welcoming environment where families can recover from the harmful effects of substance abuse.

4. **Target Population**

The target population for this program is pregnant/postpartum women and women with children under the age of six years old. Women who are utilizing methadone maintenance are welcome.

Key target population:

- > Gender: Pregnant/Postpartum Women.
- > Age: Women 18 years and older with children up to the age of 6 years old
- > Women who are low income, unemployed, and homeless

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

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
SA Residential Recovery/ Long Term (over 30 days) 1.20 FTE x 16 beds x 48 weeks x level of effort 80%	2,469	8 Beds	
<b>Total UOS Delivered</b>	<b>2,469</b>		
<b>Total UDC Served</b>			<b>15</b>

The modality of this program is *family residential treatment*.

Jelani House is a six-nine month minimum residential mental health, substance abuse treatment program for dually diagnosed pregnant/postpartum women and women with children.

6. **Methodology**

Jelani House provides residential mental health & drug treatment services that are gender specific, trauma informed, and support the ultimate health of the family. Jelani House applies a holistic approach to treatment that more effectively meets the needs of women as they develop and strengthen strategies to maintain their substance free life style, while caring for and nurturing their children. This program offers various social, health, support, recovery, mental health & educational services.

**a.) Outreach and Recruitment:**

Jelani, Inc. employs a central Intake Coordinator who is responsible for outreach, recruitment, telephone screening, and intake procedures. To reach potential clients, treatment staff along with the Intake Coordinator participates in Project Homeless Connect. Recruitment is also incorporated into our work with community collaborators. Clients are also selected and identified through self referral and interagency linkages with outreach workers, The Department of Human Services, (CPS) Child Protective Services, San Francisco General and St. Luke's Hospital and other local perinatal and primary medical providers, health centers, the criminal justice system, and behavioral courts such as; Dependency Drug Court and 0-3 Court.

Jelani House participates in Avatar and daily *bed count* will notify the County of San Francisco of any open and available beds.

**b.) Admission and Intake Criteria:**

Jelani House provides admission to all who come for services, honoring the "Any Door is the Right Door" Philosophy. If a woman is unable to meet the following criteria, a referral is made;

1. Women should come to the program voluntarily (however, individuals mandated to treatment are accepted).
2. Women should be pregnant and/or with a child under the age of 6 years old.
3. Women should demonstrate a willingness to change.
4. Women must participate in this program to the best of their ability.

**c.) Service Delivery Model:**

1. Jelani House has adapted the best practices of the original therapeutic community structure to accommodate the many issues and diagnoses presented at intake. This residential community represents a structured environment with defined boundaries. It employs community-imposed sanctions, as well as earned advancement of status and privileges as part of the recovery and growth process. Staff emphasizes personal responsibility for one's own life and for self-improvement. There is a sharing of meaningful labor, so that clients make a true investment in the community. High expectations and commitment from both clients and staff support positive change.
2. The program design is six-nine months minimum; the average length of stay is 8 months.
3. Jelani House is staffed 24 hours a day/seven days a week.
4. Jelani House is located in the Bayview Hunters Point district of San Francisco, California.
5. Treatment at Jelani House is composed of a combination of case management and individual counseling in a community setting. Peer support at Jelani House is supplemented by trained staff that provides individual, group and family counseling. Individual counseling is provided a minimum of once a week and as requested. 20 hours (minimum) of group drug treatment is provided weekly. Mental health therapy is also provided weekly.
6. Jelani, Inc. recognizes that recovery is a lifelong assignment. Therefore, the primary strategy used to achieve our goal is case management concurrent with assessment and treatment to ensure the continued credibility of the treatment plan. Treatment planning begins with screening & assessment for immediate needs followed by referral for; Prenatal Care, Physical/Mental Health, Anger Management, and Domestic Violence. Case Management covers recovery issues such as; stabilization, skill building, educational/training goals, employment needs, and housing. The focus and intensity of treatment is modified to accommodate the realistic and practical treatment needs of each woman.
7. Wrap-around services are provided by Jelani staff on site, by outside providers on site, and by referral. Wrap-around services include;

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The ten (10) day orientation phase of the program provides an opportunity to observe and screen each new client for co-occurring disorders. If the client is currently receiving therapy and/or medication, a release of information will be requested so that a seamless treatment episode can be created. This would include case review with all professionals involved with the client.

Women presenting with co-occurring disorders will be supported to their original mental health provider, educated regarding medication, and observed for difficulties related to medication or comfort.

#### Jelani, Inc. Clinical Department

Jelani, Inc.'s Program Director oversees the treatment department and conducts a weekly case conference where clients are discussed and treatment options explored. Jelani Inc. also employs a part-time Clinical Supervisor who provides clinical supervision each week to staff along with conducting a weekly Treatment Department meeting. This Clinical Supervisor also provides supervision to Marriage and Family Interns throughout the program. These interns provide therapeutic interventions with the clients and on occasion their families.

The case managers facilitate a weekly process group and Seeking Safety group at each of the two residential programs.

#### Primary Health Services

The Department of Public Health/ Maternal and Child Health supports a Public Health Nurse on site at Jelani House. This Public Health Nurse guides the medical department, including screening for medical needs, medical education, documentation, staff training and compliance. Jelani House also provides weekly sessions on health issues related to pregnant and parenting women. The Public Health Nurse also sees that each client finds a primary health provider. All of these services are intended to present differing integrated approaches.

#### Methadone

Methadone Maintenance is accepted, utilizing methadone providers as referring agencies. Clients are accompanied by staff on a weekly basis to pick up their Methadone "Take Homes". "Take Homes" are stored on site in the locked medicine cabinet. Program staff will assist the client in the self-administration of their methadone.

#### Family Groups

The Family Counseling Program consists of two components, individual family counseling, and group counseling and/or workshops. The individual family counseling is a time for the family member and the client to discuss their concerns, and to learn how they can best support each other. Topics include: Facts about Drug Addiction; Living in Recovery; Parenting Skills; Co-Dependency and the Family Unit; Understanding Narcotics Anonymous and Alcoholics Anonymous 12 Step Philosophy; concerns of Grandparents and other relatives who are parenting; and more.

#### Case Management System

A referral system has been established for women in the program requiring services from other community based organizations. Case Management conducts and documents one-to-one counseling sessions, referrals and monthly evaluations of client's progress. The Case Manager and the client develop an individualized treatment plan. These treatment plans are reviewed weekly and/or as needed.

#### Nurturing Parenting

Jelani, Inc. has recently trained staff to facilitate the Nurturing Parenting Program, an evidence based curriculum. The Nurturing Parenting Program for Families in Substance Abuse Treatment and Recovery is a group-based program that assists parents in strengthening their own recovery, facilitating recovery within their

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families, and building a nurturing family lifestyle. The goal of this program is to nurture parents, thus enhancing parents' ability to nurture their children. "Nurturing Parenting" is scheduled weekly at Jelani House.

#### Drug Education for Pregnant and Parenting Women

Jelani House provides staff facilitated drug education, smoking cessation and relapse prevention workshops. Community based organizations are also invited to provide drug/health education.

#### Education and Support Groups Addressing Family Violence, Abuse, and Neglect:

Through parenting classes and group structures, Jelani House provides specific curricula regarding family violence, child abuse, neglect, and sexual abuse. This education focuses both on the process of past experiences of the client and the prevention of family violence in the future.

#### Domestic Violence

This is an ongoing eighteen-week workshop, combined with role-play and discussion. Each eighteen-week session begins with a pre-test and ends with a post-test. During the eighteen-weeks, clients are asked to present (at their own discretion) a violence autobiography. The purpose of this group is to identify earliest recollections of violence, patterns of abuse and solutions for ending the violence.

#### Family Violence

Jelani, Inc. as an agency attempts to address violence on a family level through various case management efforts. Case conferences are an integral part of this process. In addition to addressing violence between significant others, we also attempt to mirror how domestic violence affects the children within the family. We create this through role-play, observation of children's behavior and reaction to certain situations in the house. We use corrective measures to end the violence within the family and rely on various referral services.

#### Child Protective Services (CPS)

Jelani, Inc. has a memorandum of understanding with the San Francisco Department of Child Protective Services. Through this linkage, Jelani, Inc. provides a family reunification program. Services include but are not limited to; coordination and supervision (if required), of visits, including coordination with foster parents; child developmental services; and family court representation.

#### Housing

The case manager assists in guiding the family through the various housing services and agencies such as Section 8, Shelter+Care, and transitional housing programs. Once a client has decided upon a living situation, the case manager visits the site to make sure it is clean, well maintained and safe for children. The Case Manager and Program Director also advocate for and provide case management that targets any lingering barriers to accessing housing, like bad credit and poor rental history which are frequently a concern for low income families.

#### **Children's Services:**

##### Initial Assessment

Jelani House utilizes the services of Homeless Children's Network (HCN) for mental health referrals for children. A Childcare Consultant from HCN is available on site 8 hours a week. The childcare department is designed to provide treatment accessibility for women with children, to provide children exposed to drugs with therapeutic care, and to provide women with the experience and education needed for optimal parenting skills.

The Childcare Department staff of Jelani Inc. is trained in Early Childhood Education. The Department prides itself on its developmental motto: "education with care". Our staff assists the clients in linking the parenting theories of their classrooms to hands-on, everyday life experiences. Their main goal is to empower and educate the parents to establish a supportive, stable environment in which their children will thrive and grow.

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THE INFANTS come to us from a variety of sources; directly from the hospitals, court mandates, stipulations for placement by Child Protective Services, and voluntary parent enrollments. When they arrive, we provide follow-up medical support and developmental services to promote gross motor and fine motor skills development. The infants are assessed on a monthly basis, when deemed appropriate; outside referrals for special needs are arranged.

THE TINY TOTS are children who require a large amount of time to interact with their environment in a hands-on fashion. When they have mastered the ability to walk unaided they "graduate" from the nursery to the Tiny Tots Room. In this new setting, the focus is to assist the children in gaining a more defined sense of hand - eye coordination and improved gross motor skills and prepare them; by scaffolding or preparing for the next task such as potty training.

THE TODDLERS are the next set of children on the age ladder. These children require space to run, have rough and tumble play and begin to experiment with reality vs. make-believe. They have moved from mainly fine tuning their large muscles into more fine-motor and cognitive development.

THE PRESCHOOLERS are the children who should be at least 1 ½ years away from entering Kindergarten. We provide these children with a solid foundation of basic skills to ensure later success upon their entry into a formal education setting.

Each child in the program is assessed and an individualized treatment plan is developed for him/her. Through play activities, art and music therapy, the children learn more about their own feelings and how to cope with their environment. For preschoolers, the treatment setting is likely to be the child's first experience in a stable supportive environment.

The Childcare Department plans the children's activities and playtime schedule. This includes individual attention and supervised interaction with their mothers (e.g., mother-child bonding, meals and outside activities). Childcare staff has been trained in Infant Massage Therapy. Weekly sessions are scheduled for Infant Massage and Structured Bonding for mothers/babies/older children.

### **Phases of Treatment (Adults)**

There is a 10 day orientation followed by several phases in the 6-9 month minimum residential portion of the program.

#### ***Phase I***

Each woman will immediately be assigned to a Case Manager to oversee and coordinate treatment choices. Priority issues to be addressed will include medical needs and reunification requirements.

Phase I lasts 75 days depending on individual growth and motivation. The client's primary task during Phase I is to begin to gain an understanding of herself, her behaviors and attitudes. The clients are not allowed visitors or outside communications (letters and phone calls) until they have completed 45 days of Phase I, except for probation officers, employment specialist, lawyers, medical appointments, etc. The first 45 days is called "non-com" = non-communication (exceptions are made based on individual needs and treatment planning).

#### ***Phase I Addresses:***

1. Breaking away from old life-style patterns.
2. Examining and alleviating negative behavior and attitude.
3. Becoming aware of feelings.
4. Defining and working on short-term goals.
5. Becoming acquainted with the 12 Step program.

#### ***Phase II***

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Phase II lasts 75 days depending on individual growth and motivation. Clients in Phase II continue to focus their time and energy on self-examination. Clients in this phase examine:

1. Responsibility of job duty assigned.
2. Pressures felt with parenting.
3. Beginning to trust ones-self and others.
4. Being able to identify and express different feelings.

#### ***Aftercare Phase***

Clients in the Aftercare Phase continue to work intensely on themselves after they leave the residential component of the program. Their individual Case Management continues to include plans for employment and/or education if not yet implemented, onsite childcare, continuation of therapy, and medical services. Clients in the 90 day Aftercare Phase examine and explore;

1. Personal and programmatic responsibilities.
2. Pressures experienced when outside of the facility.
3. Self and interaction with extended family members.
4. Relationships with the community

#### ***d.) Exit Criteria:***

##### Successful Completion Criteria:

Success will be measured by any combination of the following; stabilization and medication compliance, improved physical and mental health, completion of treatment plan goals, locating an AA/NA sponsor and attending a minimum of four meetings per week, locating housing and childcare, entering school, attaining a job or entering job training.

#### Aftercare Phase

In the Aftercare Phase, clients begin to focus on their post exit goals and objectives, while still remaining active in the program. Aftercare Phase explores:

1. Solidifying entry plans (i.e., housing, training program, employment, finances, support groups and therapy, etc.)
2. Dealing with pressures encountered within society.
3. Dealing with disillusionment.
4. Going into the community regularly while still in treatment.
5. Defining and working on long-term goals.

#### After Care Planning

The case manager works closely with the client regarding re-entry into the community including outside supports, such as; AA/NA Sponsorship and 12 Step meetings.

Clients who complete the program have access to weekly meetings and support groups. Jelani, Inc. staff maintains contact with the families for one year, providing support and monitoring of basic needs of both the mother and their children.

Follow-up plans include periodic drop-ins for contact and information sharing with staff members and if necessary, scheduled counseling sessions.

#### Relapse Policy

1. Graduates who are in need of returning to the program because of drug-related problems will be accepted based on the availability of bed space.

2. Graduates who request to return to the program for support and assistance will be placed on a contract and given case management. Graduates will be re-evaluated and given a new treatment plan. Graduates' stay will be no less than ninety days, but no more than six months.
3. A graduate has the option to join aftercare groups twice a month with a sobriety requirement.

**e.) Program Staffing:**

Treatment staff is mandated at a minimum to be certified as Substance Abuse Counselors or in the process of receiving their certification. Jelani House employs one (1) primary Case Manager who is involved in the treatment planning, one-on-one counseling, and group counseling. Swing shift staff is involved in evening support including groups and one-on-one counseling if necessary. Night shift staff is involved in morning support including check-in and one-on-one counseling if necessary. Crisis Intervention is provided by all trained Case Management and counseling staff under the supervision of the Program Director.

All staff is supported in attending trainings on the topics of Boundaries, Dual Diagnosis, Mental Health Symptomatology, Domestic Violence, Group Counseling, and Stress Management. All Jelani, Inc. staff is required to obtain 18 hours of training per year. These training hours can also be used for initial and renewal of substance abuse certification.

**Internship Program**

Jelani Inc. has an Internship program that provides supervision to MFT interns. These interns provide therapeutic interventions with our clients and their children

**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 14-15

**B. Individualized Program Objectives**

**B.1: During Fiscal Year 2014-15, at least 60% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress.**

**Data source:**

CBHS CalOMS discharge status field.  
Case Manager discharge documentation.

**Client Inclusion Criteria:**

Clients discharged between July 1, 2014 and June 30, 2015.

**Program Review Measurement:**

Objective will be evaluated based on data submitted between July 1, 2014 and June 30, 2015.

**B.2: During Fiscal Year 2014-2015, 60% of discharged clients will show a reduction in the frequency of alcohol and other drug use compared to entry level baseline as measured by counselor observation and test results documented in program records and individual case notes.**

**Client Inclusion Criteria:**

Clients discharged between July 1, 2014 and June 30, 2015.

**Data Source:**

Case notes and program documentation

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Program Review Measurement:

Objective will be evaluated on a monthly basis with Program Director.

**B 3: Health Interventions:** Interventions to address health issues:

**Metabolic and health screening**

Metabolic screening (Height, Weight & Blood Pressure) will be provided for all (100%) behavioral health clients at intake and annually when medically trained staff and equipment are available.

**Primary care provider and health care information**

All (at least 95%) clients and families at intake and annually will have a review of medical history, verify who the primary care provider is and when the last primary care appointment occurred.

**Active engagement with primary care provider**

100% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.

Data Source: Individual case notes and on-site Public Health Nurse Records.

**8. Continuous Quality Improvement**

"Quality Assurance and Continuous Quality Improvement requirements will be addressed in the CBHS Declaration of Compliance."

**9. Required Language:**

N/A

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1. **Program Name:** Jelani Family Program  
**Program Address:** 1638-40 Kirkwood Avenue  
 San Francisco, CA 94124  
**Telephone:** (415) 671-1165  
**Facsimile:** (415) 970-0438  
**Program Code:** 38502(adults) 38505(children)

2. **Nature of Document**

New       Renewal       Modification

3. **Goal Statement**

Jelani, Inc.'s goal is to provide a safe and welcoming environment where families can recover from the harmful effects of substance abuse.

4. **Target Population**

The target population for this program is couples and single fathers with children, whose primary residence is in San Francisco, CA.

Key target population:

- Adult couples with children up to the age of 12 years old.
- Adult single fathers with children up to the age of 12 years old.
- Low income, unemployed, and homeless

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

The modality of this program is *family residential treatment*.

The Family Program is a six to nine month minimum (substance abuse) residential treatment program for families. Clients on methadone, as well as those requiring mental health services are welcome.

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
SA Residential Recovery/ Long Term (over 30 days) 1.20 FTE x 16 beds x 48 weeks x level of effort 80%	2,322	8 & 12 Beds	
<b>Total UOS Delivered</b>	2,322		
<b>Total UDC Served</b>			12 8

6. **Methodology**

The Family Program is a residential mental health & drug treatment program in a family/community setting. This program offers various social, health, support, recovery, mental health & educational services for single fathers with children and couples with children.

A. **Outreach and Recruitment:**

Jelani, Inc. employs a central Intake Coordinator who is responsible for outreach, recruitment, telephone screening, and intake procedures. To reach potential clients, treatment staff along with the Intake Coordinator participates in Project Homeless Connect. Recruitment is also incorporated into our work with community collaborators. Clients are also selected and identified through self referral and interagency linkages with outreach workers, The Department of Human Services, (CPS) Child Protective Services, San Francisco General and St. Luke's Hospital and other local perinatal medical providers, health centers, the criminal justice system, and behavioral courts such as; Dependency Drug Court and 0-3 Court.

Jelani Family Program with its participation in Avatar and the daily *bed count* process will notify the County of San Francisco of any open and available beds.

**B. Admission and Intake Criteria:**

The Family Program provides admission to all who come for services, honoring the "Any Door is the Right Door" Philosophy. If a family is unable to meet the following criteria, a referral is made;

1. Families should come to the program voluntarily (however, individuals mandated to treatment are accepted).
2. Families must come to the program with their children or with reunification potential.
3. Families should demonstrate a willingness to change.
4. Families must participate in this program to the best of their ability.

**C. Service Delivery Model:**

1. The Family Program has adapted the best practices of the original therapeutic community structure to accommodate the many issues and diagnoses presented at intake. This community represents a structured environment with defined boundaries. It employs community-imposed sanctions, as well as earned advancement of status and privileges, as part of the recovery and growth process. Staff emphasizes personal responsibility for one's own life and for self-improvement. There is a sharing of meaningful labor, so that families make a true investment in the community. High expectations and commitment from both families and staff support positive change.
2. The program design is six-nine month minimum with the average length of stay is 8 months.
3. The Family Program is staffed 24 hours a day/seven days a week.
4. The Family Program is located in the Bayview Hunters Point district of San Francisco, CA.
5. Treatment at The Family Program is composed of a combination of case management and individual counseling in a community setting. Peer support at The Family Program is supplemented by trained staff that provides individual, group and family counseling. Individual counseling is provided a minimum of once a week and as requested. 20 hours (minimum) of group drug treatment is provided weekly.
6. Jelani Family Program recognizes that recovery is a lifelong assignment. Therefore, the primary strategy used to achieve our goal is case management concurrent with assessment and treatment to ensure the continued credibility of the treatment plan. Treatment planning begins with screening & assessment for immediate needs followed by referral for; Prenatal Care, Physical/Mental Health, Anger Management, and Domestic Violence. Case Management covers recovery issues such as; stabilization, skill building, educational/training goals, employment needs, and housing. The focus and intensity of treatment is modified to accommodate the realistic and practical treatment needs of families.
7. Wrap-around services are provided by The Family Program staff on site, by outside providers on site, and by referrals as follows:

**Mental Health Services and Treatment**

The ten (10) day orientation phase of the program provides an opportunity to observe and screen each new client for co-occurring disorders. If the client is currently receiving therapy and/or medication, a release of

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information will be requested so that a seamless treatment episode can be created. This would include case review with all professionals involved with the client.

Clients presenting with co-occurring disorders will be supported to their original mental health provider, educated regarding medication, and observed for difficulties related to medication or comfort.

#### Jelani, Inc. Clinical Department

Jelani, Inc.'s Program Director oversees the treatment department and conducts a weekly case conference where clients are discussed and treatment options explored. Jelani Inc. also employs a part-time Clinical Supervisor who provides clinical supervision each week to staff along with conducting a weekly Treatment Department meeting. This Clinical Supervisor also provides supervision to Marriage and Family interns throughout the program. These interns provide therapeutic interventions with the clients and on occasion their families.

Case managers co-facilitate a weekly process group and Seeking Safety group.

#### Health Services

The Department of Public Health/ Maternal and Child Health supports a Public Health Nurse on site, at Jelani House. This Public Health Nurse guides the medical department including screening for medical needs, medical education, documentation, staff training and compliance. Jelani House also provides weekly sessions on health issues related to pregnant and parenting women. The Public Health Nurse also sees that each client finds a primary health provider. All of these services are intended to present differing integrated approaches.

#### Methadone

Methadone Maintenance is acceptable, utilizing methadone providers as referring agencies. Clients are accompanied by staff on a weekly basis to pick up their Methadone "Take Homes". "Take Homes" are stored on site in the locked medicine cabinet. Program staff will assist the client in the self administration of their methadone.

#### Family Groups

The Family Counseling Program consists of two components, individual family counseling, and group counseling and/or workshops. The individual family counseling is a time for the family member and the client to discuss their concerns, and to learn how they can best support each other. Topics include: Facts about Drug Addiction; Living in Recovery; Parenting Skills; Co-Dependency and the Family Unit; Understanding Narcotics Anonymous and Alcoholics Anonymous 12 Step Philosophy; concerns of Grandparents and other relatives who are parenting and more.

#### Case Management System

A referral system has been established for clients in the program requiring services from other community based organizations. Case Managers, under the supervision of a Program Director, conduct and document one-to-one counseling sessions, referrals and monthly evaluations of client's progress. The Case Managers and the client develop an individualized treatment plan. These treatment plans are reviewed weekly and/or as needed.

#### Nurturing Parenting

Jelani, Inc. has recently trained staff to facilitate the Nurturing Parenting Program, an evidence based curriculum. The Nurturing Parenting Program for Families in Substance Abuse Treatment and Recovery is a group-based program that assists parents in strengthening their own recovery, facilitating recovery within their families, and building a nurturing family lifestyle. The goal of this program is to nurture parents, thus enhancing parents' ability to nurture their children. "Nurturing Parenting" is scheduled weekly at Jelani House.

#### Nurturing Fathers

Nurturing Fathers is an evidenced based program for fathers who are reuniting with or parenting their children. "Nurturing Fathers" is held at The Family Program on a weekly schedule.

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### Drug Education

The Family Program provides staff facilitated drug education, smoking cessation and relapse prevention workshops. Community based organizations are also invited to provide drug/health education.

### Education and Support Groups Addressing Family Violence, Abuse, and Neglect:

Through parenting classes and group structures, Jelani, Inc. provides specific curricula regarding family violence, child abuse, neglect, and sexual abuse. This education focuses both on the process of past experiences of the client and the prevention of family violence in the future.

### Women Domestic Violence

This is an ongoing eighteen-week workshop, combined with role-play and discussion. Each eighteen-week session begins with a pre-test and ends with a post-test. During the eighteen weeks, clients are asked to present (at their own discretion) a violence autobiography. The purpose of this group is to identify earliest recollections of violence, patterns of abuse and solutions for ending the violence.

### Men's Domestic Violence

This is an ongoing eighteen week workshop. This workshop attempts to address some of the stigma that is prevalent in the male-role belief system. This group identifies the false images that men have been socialized to portray. The role of the facilitator of this group is to attempt to mirror false images and support the men in the breaking-down of these false images. The above is accomplished through various role-plays, group discussion and dynamics. This eighteen-week session begins with a pre-test and a violence assessment and ends with a post-test.

### Family Violence

Jelani Inc. as an agency attempts to address violence on a family level through various case management efforts. Although, male and female domestic violence groups are not combined, Jelani Inc. recognizes domestic violence to be a family matter and attempts to create a wraparound of family treatment through various case management efforts. We maintain a consistency through mutually trained facilitators in both male and female domestic violence groups. Case conferences are an integral part of this process. In addition to addressing violence between significant others, we also attempt to mirror how domestic violence affects the children within the family. We create this through role-play, observation of children's behavior and reaction to certain situations in the house. We use corrective measures to end the violence within the family and rely on various referral services.

### Child Protective Services (CPS)

Jelani, Inc. has a memorandum of understanding with the San Francisco Department of Child Protective Services. Through this linkage, Jelani, Inc. provides a family reunification program. Services include, but are not limited to, coordination and supervision (if required) of visits, including coordination with foster parents; child developmental services; and family court representation.

### Housing

The case manager assists in guiding the family through the various housing services and agencies such as Section 8, Shelter+Care, and transitional housing programs. Once a client has decided upon a living situation, the case manager visits the site to make sure it is clean, well maintained and safe for children. The Case Managers and Program Director also advocate for and provide case management to clear up any lingering barriers to accessing housing, like bad credit and poor rental history which are frequently a concern for low income families.

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### ***Children's Services:***

#### **Initial Assessment**

Jelani Inc. utilizes the services of Homeless Children's Network (HCN) for mental health referrals for children. A Childcare Consultant from HCN is available on site 8 hours a week. The childcare department is designed to provide treatment accessibility for women with children, to provide children exposed to drugs with therapeutic care, and to provide the parents with the experience and education needed for optimal parenting skills.

The Childcare Department of Jelani Inc. is trained in Early Childhood Education. The Department prides itself on its developmental motto: "education with care". Our staff assists the clients in linking the parenting theories of their classrooms to hands-on, everyday life experiences. Our main goal is to empower and educate the parents on how to establish a supportive, stable environment in which their children will thrive and grow.

THE INFANTS come to us from a variety of sources; directly from the hospitals, court mandates, stipulations for placement by Child Protective Services, and voluntary parent enrollments. When they arrive, we provide follow-up medical support and developmental services to promote gross motor and fine motor skills development. The infants are assessed on a monthly basis, when deemed appropriate; outside referrals for special needs are arranged.

THE TINY TOTS are children who require a large amount of time to interact with their environment in hands-on fashion. When they have mastered the ability to walk unaided they "graduate" from the nursery to the Tiny Tots Room. In this new setting, the focus is to assist the children in gaining a more defined sense of hand-eye coordination and improved gross motor skills and prepare them; by scaffolding or preparing for the next task such as potty training.

THE TODDLERS are the next set of children on the age ladder. These children require space to run, have rough and tumble play and begin to experiment with reality vs. make-believe. They have moved from mainly fine tuning their large muscles into more fine-motor and cognitive development.

THE PRESCHOOLERS are the children who should be 1 ½ years or less away from entering Kindergarten. We provide these children with a solid foundation of basic skills to ensure later success upon their entry into a formal education setting.

Each child in the program is assessed and an individualized treatment plan is developed for him/her. Through play activities, art and music therapy, the children learn more about their own feelings and how to cope with their environment. For preschoolers, the treatment setting is likely to be the child's first experience in a stable supportive environment.

The Childcare Department plans the children's activities and playtime schedule. This includes individual attention and supervised interaction with their mothers (e.g., mother-child bonding, meals and outside activities). Childcare staff has been trained in Infant Massage Therapy. Weekly sessions are scheduled for Infant Massage and Structured Bonding for mothers/babies/older children.

#### **Phases of Treatment (Adults)**

There is a 10 day orientation followed by several phases in the 6 to 9 month minimum residential portion of the program.

##### **Phase I**

Each client will immediately be assigned to a Case Manager to oversee and coordinate treatment choices. Priority issues to be addressed will include medical needs and reunification requirements.

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Phase I lasts 75 days depending on individual growth and motivation. The client's primary task during phase I is to start gaining an understanding of his/herself, his/her behaviors and attitudes. The clients are not allowed visitors or outside communications (letters and phone calls) until they have completed 30 days of Phase I, except for probation officers, employment specialist, lawyers, medical appointments, etc. The first 30 days is called "non-com" = non-communication (exceptions are made based on individual needs and treatment planning).

***Phase I Addresses:***

1. Breaking away from old life-style patterns.
2. Examining and alleviating negative behavior and attitude.
3. Becoming aware of feelings.
4. Defining and working on short-term goals.
5. Becoming acquainted with 12 Step.

**Phase II**

Phase II lasts 75 days depending on individual growth and motivation. Clients in Phase II continue to focus their time and energy on self-examination. Clients in this phase examine:

1. Responsibility of job duty assigned.
2. Pressures felt with parenting.
3. Beginning to trust one self and others.
4. Being able to identify and express different feelings.

***Aftercare Phase***

Clients in the Aftercare Phase continue to work intensely on themselves after they leave the residential component of the program. Their individual Case Management continues to include plans for employment and/or education if not yet implemented, onsite childcare, continuation of therapy, and medical services. Clients in the 90 day Aftercare Phase examine and explore;

1. Personal and programmatic responsibilities.
2. Pressures experienced when outside of the facility.
3. Self and interaction with extended family members.
4. Relationships with the community

***a.) Exit Criteria:***

**Successful Completion Criteria:**

Success will be measured by any combination of the following; stabilization and medication compliance, improved physical and mental health, completion of treatment plan goals, locating an AA/NA sponsor and attending a minimum of four meetings per week, locating housing and childcare, entering school, attaining a job or entering job training.

**Aftercare Phase**

In the Aftercare Phase, clients begin to focus on their post exit goals and objectives, while still remaining active in the program. Aftercare Phase explores:

1. Solidifying entry plans (i.e., housing, training program, employment, finances, support groups and therapy, etc.)
2. Dealing with pressures encountered within society.
3. Dealing with disillusionment.
4. Going into the community regularly while still in treatment.
5. Defining and working on long-term goals.

### After Care Planning

The case manager works closely with the client regarding re-entry into the community including outside supports, such as; AA/NA Sponsorship and 12 Step meetings.

Clients who complete the program have access to weekly meetings and support groups. Jelani, Inc. staff maintains contact with the families for one year, providing support and monitoring of basic needs of both the mother and their children.

Follow-up plans include periodic drop-ins for contact and information sharing with staff members and if necessary, scheduled counseling sessions.

### Relapse Policy

1. Graduates who are in need of returning to the program because of drug-related problems will be accepted based on the availability of bed space.
2. Graduates who request to return to the program for support and assistance will be placed on a contract and given case management. Graduates will be re-evaluated and given a new treatment plan. Graduates' stay will be no less than ninety days, but no more than six months.
3. A graduate who returns due to the use of drugs will forfeit his/her privileges to visit or support participants. For ninety days, graduates will be welcome to participate in groups with other participants.

### **D. Program Staffing:**

Treatment staff is mandated at a minimum to be certified as Substance Abuse Counselors or in the process of receiving their certification. The Family Program employs one (1) primary Case Manager who is involved in the treatment planning, one-on-one counseling, and group counseling. Swing shift staff is involved in evening support including groups and one-on-one counseling if necessary. Night shift staff is involved in morning support including check-in and one-on-one counseling if necessary. Crisis Intervention is provided by all trained Case Management and counseling staff under the supervision of the Program Director.

All staff is supported in attending trainings on the topics of Boundaries, Dual Diagnosis, Mental Health Symptomatology, Domestic Violence, Group Counseling, and Stress Management. All Jelani, Inc. staff is required to obtain 18 hours of training per year. These training hours can also be used for initial and renewal of substance abuse certification.

- **Internship Program:**  
Jelani Inc. has an Internship program that provides clinical supervision to MFT interns. These interns provide therapeutic interventions with our clients and their children.

## **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 14-15."**

### **B. Individualized Program Objectives**

**B.1:** During Fiscal Year 2014-2015, at least 60% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes.

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Data Source:

CBHS CalOms discharge status field  
Case Manager discharge documentation

Client Inclusion Criteria

Clients discharged between July 1, 2014 and June 30, 2015

Program Review Measurement

Objective will be evaluated based on data submitted from July 1, 2014 to June 30, 2015.

**B.2:** During Fiscal Year 2014-2015, 60% of discharged clients will show a reduction in the frequency of alcohol and other drug use compared to entry level baseline as measured by counselor observation and test results documented in program records and individual case notes.

Client Inclusion Criteria:

Clients discharged between July 1, 2014 and June 30, 2015

Data Source:

Case notes and program documentation.

Program Review Measurement:

Objective will be evaluated on monthly basis with Program Director.

CBHS Billing Information System-/Avatar including day treatment, residential single adult and residential family, methadone detoxification and methadone maintenance and exclude residential social or residential medical detoxification. CBHS will compute.

Program Review Measurement:

Objective will be evaluated based on discharges during a 12 month period from July 1, 2014 to June 30, 2015

**B.3: Health Interventions:**

Interventions to address health issues:

**Metabolic and health screening**

Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available.

**Primary care provider and health care information**

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

**Active engagement with primary care provider**

100% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.

Data source for all of the above will be the individual case noted and on-site Public Nurse Records.

**8. Continuous Quality Improvement**

"Quality Assurance and Continuous Quality Improvement requirements will be addressed in the CBHS Declaration of Compliance.

**9. Required Language: N/A**

Appendix A-12

1. Identifiers:

Program Name: Balboa Teen Health Center MH Services  
 Program Address: 1000 Cayuga Avenue Room 156  
 City, State, ZIP: San Francisco CA 94112  
 Telephone: 415.469.4512 FAX: 415.337.2135  
 Website Address: www.sfdph.org

Contractor Address: 150 Executive Park Blvd, Suite 2800  
 City, State, ZIP: San Francisco, CA 94134  
 Person Completing this Narrative: Kim Shine, Deputy Director  
 Telephone: (415) 468-5100  
 Email Address: Lillian.shine@bayviewci.org

Program Code(s): RU 38518

2. Nature of Document:

New  Renewal  Modification

3. Goal Statement:

- Provide prevention and early intervention behavioral health services including (1) prevention activities that address stigma, and increase awareness of and access to services, (2) screening, assessment, short-term crisis and individual/group counseling services to students and their families
- Integrate completely into the student support efforts at Balboa High School provided through the San Francisco Unified School District.

4. Target Population:

Age: Youth ages 11-19.  
 Gender: Male, Female, and Transgender youth.  
 Economic Status: low income, general assistance, and unemployed.  
 Ethnic background and language needs: Latino, Asian, Pacific Islander, African American, Filipino, White, and Mixed Race. Languages: English, Spanish, Chinese  
 Zip codes primarily served: 94112, 94134, 94131, 94124, 94127, 94110.

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

Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
Mental Health Promotion hour 1.5 FTE x 40 hours/week x 42 weeks x .3352 level of effort %	789	1200	
Community Client Services 1.5 FTE x 40 hours/week x 42 weeks x .4683 level of effort %	1265	150	
<b>Total UOS Delivered</b>	<b>2054</b>		
<b>Total UDC Served</b>			<b>1200</b>

Units of Service (UOS) Description	Units of Service	Number of Clients	Unduplicated Clients (UDC)
Leadership Development	200	20	
Outreach and Engagement	125	1200	
Screening and Assessment	250	250	
Crisis Intervention	50	20	
Training and Coaching	120	10	
Mental Health Consultation	129	50	
Individual Therapeutic Services	1000	143	
Group Therapeutic Services	180	50	
<b>Total UOS Delivered</b>	<b>2054</b>		
<b>Total UDC Served</b>			<b>1200</b>

**Prevention and Strategies:**

Youth N= 900  
 Adult N= 244  
 Total UOS = 789

**Leadership Development (MHSA Activity Category)**

**(1) Youth Advisory Board (YAB):** The behavioral health team will work with BTHC's Youth Advisory Board (YAB) and coordinator to (1) train peer advocates/educators and (2) review/update power point presentation and other outreach materials that (a) address the issue of stigma related to youth accessing BH services, (b) educate on minor consent and access to services, and (c) present several behavioral health issues common to our target population with support options.

Timeline: July 2014- June 2015: ongoing peer development and training  
 UOS: 200 hours leadership development - youth training/development

**Outreach and Engagement (MHSA Activity Category)**

**(2) YAB outreach and engagement:** Supports the clinic's Health education curriculum in which the YAB will work with BTHC Health Education staff to provide education for all 9<sup>th</sup> graders at Balboa and other high schools; topics include minor consent laws, access to services for youth, anti-stigma messages as it relates to youth and BH services, adolescent relationship abuse, and other relevant topics.

The YAB will also reach other students through school community events and BalTV.

Timeline: August/September 2014: revisions to curriculum as needed

October: train teachers and youth outreach workers district-wide

October – June: implement curriculum

UOS: 66 hours outreach and engagement (20 classes X 1.5 hours for each class)

**(3) ELL class presentations:** Balboa High School has a significant number of students who are newly arrived to the United States and San Francisco. Most are just learning English, have not acculturated to this country, and some have suffered significant trauma in their lives. Bilingual staff (Spanish, Cantonese), will work alone or in collaboration with bilingual youth from the YAB to make presentations in ELL classes. Purpose includes supporting positive acculturation, identifying any issues of concern which may lead to an ongoing lunch group or identifying students interested in individual assessment and early intervention services.

Timeline: August 2014: Review curriculum, update and modify as needed.

September 2014-June 2015: offer curriculum in all ELL classes

UOS: 24 hours outreach/engagement (8 classes X 1.25 hours + 16 hours prep)

**(4) Parent Outreach/engagement:** BTHC staff will work with parent liaisons at Balboa High School to inform parents of services available through BTHC and to engage them in planning activities throughout the year; this may include attendance and presentations at monthly school Parent-Teacher-Student Association (PTSA) meetings and utilizing the PTSA newsletter to send out information and elicit feedback on a monthly basis.

Timeline: September 2014-June 2015:

UOS: 20 hours total

**(5) Parent workshops:** BTHC staff and YAB will offer periodic workshops on issues cogent to adolescent development and parent roles in positive interventions and support. These workshops will help parents to understand normal adolescent development, identify issues impacting positive development, and address parental roles in limit setting, boundaries and consequences. With assistance from the YAB, these workshops may also offer help in increasing communication between parent and child.

Timeline: September 2014-May 2015: offer a minimum of 3 workshops as determined by BTHC staff, BHS administration and parent liaison.

UOS: 15 hours (3.2-hour presentations + 3 hour prep. for each workshop)

**Screening and Assessment (MHSA Activity Category)**

**(6) Screening: 150 youth**

Any student can self-refer for behavioral health services at BTHC. However, students are most often referred for screening and assessment by someone other than themselves including a friend or parent, school faculty, intra-clinic referral, or from another agency or school. Behavioral health staff meets with the student to screen (identify issues) and assess (determine level of need for intervention). During the assessment phase, staff also determines whether the client meets criteria for minor consent or requires parental consent to continue to treatment phase.

When indicated, parents and/or other family members may be requested to participate in services with their child. In these cases, the family will be asked to come in for an assessment visit which may lead to an agreement for time limited treatment.

Timeline: July 2014 – June 2015, services are ongoing

UOS: 150 hours screening (150 youth/families X average 60 minute screening)

**(7) Assessment: 100 youth will be assessed for services**

Timeline: services are ongoing July 2014 – June 2015

UOS: 100 hours assessment services (100 youth X one hour)

**Crisis Response (MHSA Activity Category)**

**(8) Crisis intervention: will be provided as needed; this may include both individual and group services;**

Timeline: services are ongoing August 2014 – June 2015

UOS: 50 hours crisis intervention (20 youth X 2.5 hours average time spent/client)

**Training and Coaching (MHSA Activity Category)**

**(9) Training Seminar: training/client consultation seminar for postgraduate interns and staff; training focus on treatment modalities, specific client presentations, minor consent, ethics, working with families, etc**

Timeline: August 2014 – May 2015

UOS: 90 hours training and coaching (30 seminars @ 2 hours each + 1 hour prep each seminar)

**(10) BTHC Behavioral Health Staff will participate in an All CHPY Conference/Consulting Group which will include mental health providers from all CHPY sites.**

Timeline: July 2014 – June 2015: provision of monthly consult group

UOS: 18 hours training and coaching (6 groups at 2 hours each plus 1 hour online prep per group)

**(11) Faculty/staff training:** BTHC behavioral health staff will provide education and information to Balboa faculty and administration on topics including CPS reporting and follow-up, suicide prevention, and identifying youth with behavioral health issues and successful referral to clinic services. This will occur periodically through faculty/staff meetings.

Timeline: September 2014-June 2015: a minimum of three presentations will be made to Balboa faculty and staff as determined by BHS Principal and BTHC Director  
UOS: 12 hours (3 one hour trainings + 9 hours preparation)

Mental Health Consultation (MHSA Activity Category)

**(12) Staff Consultation:** these services included staff participation in school-based meetings such as Student Success Teams and other student oriented meetings. Staff will also work with individual teachers or other agency staff on behalf of client/family needs. Staff will attend a minimum of 40 school-based meetings and consult with a minimum of 50 adults.

Timeline: September 2014 – June 2015: services are ongoing  
UOS: 50 hours group consultation (25 meetings X 2 hours each)

UOS: 50 hours individual consultation (100 individual consults X 30 minutes average)

**Early Intervention Services**

Youth N= 150 (125 individual, 50 group with duplication)  
+ Family members/Other Adults as indicated  
UOS = 1180

Individual Therapeutic Services (MHSA Activity Category)

**(13) Brief individual/family therapy:** utilizing motivational interviewing, CBT, brief therapy, and systems theory, a minimum of 100 youth will access individual and family services

UOS: 1000 hours individual therapy/counseling (125 youth/families x average 6 one hour sessions plus average 2 hour charting time per youth – includes youth already screened/assessed from prior year)

Group Therapeutic Services (MHSA Activity Category)

**(14) Groups: High School/ Various:** This year BTHC will offer a minimum of 3 group series to meet student needs as determined by student feedback, BHS faculty and staff input, and clinic capacity.  
UOS: 180 hours (60 groups x 3 hours group/prep/charting)

**6. Methodology:**

A. The services of Balboa Teen Health Center are targeted to youth that live and/or go to school in the Southeast Sector of San Francisco, particularly the students of Balboa High School. In order to promote

services and recruit participants, BTHC maintains an active role in school events in the central quad. Additionally, as a component of the Comprehensive Sexual Education conducted by BTHC health educators annually with all Balboa HS freshmen, students are given tours of the clinic which include a description of the services available and a Q and A session with Clinic staff. The Balboa Teen Health Center has a Youth Advisory Board (YAB) which is comprised annually of 12+ students from Balboa High School. YAB members play a very active role in developing and implementing the outreach and engagement components of the BTHC Outpatient Behavioral Health Program. YAB members provide classroom interventions in collaboration with BTHC health educators, presenting on issues including minor consent and mental health counseling. The YAB also provides a vital sounding board for Behavioral Health staff, providing general feedback on services provided and ideas for how services could be made more youth positive and accessible.

**B. Eligibility criteria for YAB membership:** (1) brief written application; (2) interviewed by current YAB members who vote on new membership with Coordinator input.

**Eligibility for Peer Resources:** every school year, students in PULSE/peer resources self-select to work with BTHC staff on a particular health topic after hearing a pitch from BH Services staff.

**Intake criteria for individual and group services:** services are available to any SFUSD student ages 12-19; whether students are self-referred or referred by someone else, all are screened and assessed, and for those youth who consent to services, goals are developed by mutual agreement between client and counselor.

**C. BTHC is open Monday – Friday between the hours of 8:30 am and 5 pm;** as needed, services may be offered later in the evening to accommodate family involvement. Direct services are provided in clinic, in classrooms, and in some instances in the community. Outreach and engagement services are provided through use of social media (BalTV, school loop, web-based, etc). BTHC has made considerable efforts to develop a truly multidisciplinary team that provides a seamless, comprehensive system of care for clients which includes:

- Warm handoffs between disciplines including utilizing a behaviorist model in primary care, which tends to work equally as well with health education.
- Use of weekly all-staff client review so that medical, behavioral and education staff can all contribute to treatment plans, and share information to support client success.
- Close working relationships with Balboa High School faculty and Administration (the most significant referral source for BTHC's programs)
- Single point of intake- whichever discipline students' access first completes the preliminary steps for intake (i. e. consents signed, HIPAA signed, psychosocial history completed, etc.) so that this process does not need to be repeated if a client accesses several services.

**Linkages:** Collaborative relationships are in place to provide additional services for specific populations including:

- RAMS – provides periodic services targeting A/PI youth at BTHC.
- Huckleberry Youth Programs and Larkin Street Youth Services – access to supportive housing and other services

- Urban Services YMCA – partnership offering substance abuse prevention and treatment services for Denman and Balboa students

D. Youth will show readiness for discharge by successfully completing treatment plan goals which may include (1) successful strategies for dealing with stress and mental health issues in the family or with peers (if identified), (2) increased school attendance, participation (3) reduced risky sexual behaviors and increased safer sex practices for those youth who identify as sexually active, and (4) improved health habits as compared to baseline measures particularly related to nutrition, sleep, exercise, and mood. Successful completion may also be tied to youth's ability to follow through and engage in other services he or she is referred to, to support and maintain positive life changes.

E. BTHC Behavioral Health Services staff includes 3 full time MFT mental health/substance abuse counselors, 3 MFT Graduate Interns, 1 Americorps member, 1 full time Health Educator, and one part time Health Educator. Outreach and Engagement and Leadership Development activities are conducted by all BH Services staff. Crisis Intervention and Screening and Assessment are provided by staff MFTs and Graduate Interns. Training and Coaching are conducted with the participation of all staff. Mental Health Consultation is provided by staff MFTs, secondarily by MFT Graduate interns. Individual and Group Therapeutic services are provided by staff and intern MFTs. Funding for this program includes, in addition to MHSA, funding from the California Wellness Foundation, the Metta Fund, and City General Funds; MHSA does not support health education staff or the AmeriCorps member.

Systems Transformation Methodology:

- MHSA →** 1. One of the primary MHSA tenets is consumer participation/engagement. Programs must identify how participants and/or their families are engaged in the development, implementation and/or evaluation of programs. This can include peer-employees, advisory committees, etc.

**Consumer/Participant Engagement in program development/implementation/evaluation:**

- A. Youth Advisory Board – support peer outreach and engagement, delivery of significant services, and program evaluation (youth are paid a stipend)
- B. Annual CBHS Client Satisfaction Survey – all therapy clients (individual and group) are offered opportunity to complete
- C. Active participation in monthly PTSA meetings allow us to engage parents and obtain feedback on what services they want, how best to deliver

- MHSA →** 2. Efforts to improve service coordination result in a seamless experience for clients.

As stated earlier in 6C., BTHC has made a concerted effort over time to create a multidisciplinary team that can provide a seamless, comprehensive system of care for clients. As stigma around accessing behavioral health services continues to impinge on

youths' willingness to utilize these services, we continue to see significant numbers of students coming in with somatic complaints requesting to see "the nurse"; the ability to provide a warm handoff to behavioral health staff helps ensure that youth get what they need. Additionally, the "single point of intake" as described earlier, reduces redundant

paperwork for youth and is more consumer friendly. Finally, we have relationships with a number of CBOs to provide direct linkages for additional services: for example – we work closely with the OMIE Beacon and refer back and forth between Denman, Leadership and BTHC around substance abuse prevention and treatment. Huckleberry Youth Programs and Larkin Street Youth Services allow us entry into supportive and emergency housing services.

**7. Objectives and Measurements:**

**Individualized Performance Objective:** By 6/30/15, 80% of 9<sup>th</sup> graders participating in a Youth Advisory Board led classroom activity will rate their comfort level in accessing these services as moderately comfortable or better as documented in pre and post tests.

MHSA GOAL: Increased ability to cope with stress and express optimism and hope for the future.

**Individualized Performance Objective:** By 6/30/15, a minimum of 50 youth accessing early intervention services at BTHC will, by self-report post a minimum of 3 sessions, identify (1) one or more skills they have successfully utilized to reduce stress or other related symptoms, and (2) one positive goal they are currently putting time into, as documented in post session tests.

**Participant Satisfaction Objective:**

By 6/30/15, BTHC will receive an average consumer rating of 4.5 or higher for the question "staff treated me with respect", demonstrating a high degree of client satisfaction, as documented in the 2014-15 CBHS Consumer Satisfaction Survey.

**8. Continuous Quality Improvement:**

"Quality Assurance and Continuous Quality Improvement requirements will be addressed in the CBHS Declaration of Compliance."

**9. Required Language: N/A**

**Appendix A-13**

**1. Identifiers:**

**Program Name:** Bayview Hunters Point Foundation for Community Improvement fiscal intermediary for Community Oriented Primary Care, Dimensions Clinic

**Program Address:** 150 Executive Park Blvd, Suite 2800

**City, State, ZIP:** San Francisco, CA 94134

**Telephone:** 415-468-5100

**FAX:** 415-468-5104

**Website Address:** www.bayviewci.org

**Contractor Address:** Michael Baxter, Director, Primary Care Youth Programs

**City, State, ZIP:** San Francisco, CA

**Person Completing this Narrative:** Michael Baxter

**Telephone:**

**Email Address:** michael.baxter@sfdph.org

**Program Code(s):** N/A

**2. Nature of Document:**

New  Renewal  Modification

**3. Goal Statement:**

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements
- 2) To maintain personnel files

**4. Target Population:**

As an administrative modality, there is no target population.

For Dimensions Clinic, target population is LGBTQ youth and young adults, ages 12-25

**5. Modality(s)/Intervention(s) (See instruction on the use of this table):**

As an administrative modality, there is no target population. This appendix provides funding for the following administrative activities:

- Fiscal oversight and management, all fiscal reporting requirements, and personnel services for staff providing services through COPC, Dimensions Clinic Behavioral Health Services funded by DCYF Work Order with funding term 7/1/14 - 6/30/15

For Dimensions Clinic, modality is 45/20-29, community client services, providing individual and group behavioral health services

Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
Community Client Services	950	50	

<b>Total UOS Delivered</b>	<b>950</b>		
<b>Total UDC Served</b>			<b>50</b>

**6. Methodology:**

As an administrative function, policies of both BVHPF and CBHS apply.

Dimensions Clinic BH Services will be provided at several sites in the community (Dimensions Clinic, LYRIC, The LGBT Center, and LSYS) and during hours that maximize client access and utilization.

**7. Objectives and Measurements:**

As an administrative modality, outcome objectives are as follows:

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements
- 2) To maintain personnel files

As a community client services modality, outcome objective is:

- 1) To provide behavioral health services to a minimum of 50 youth between 07/1/14 and 6/30/15

**8. Continuous Quality Improvement:**

Contract evaluation is the joint responsibility of BVHPF and Dimensions Clinic.

**9. Required Language:**

N/A

**Appendix B**  
**Calculation of Charges**

**1. Method of Payment**

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

B. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed \$1,268,887 which is twenty-five per cent (25%) of the General Fund and Prop 63 portion of the CONTRACTOR'S allocation for the applicable fiscal year.

C. 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.

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):

Appendices	Invoice #
B-7	M01
B-6	M06
B-1	S01
B-2	S01
B-4	S01
B-5	S01
B-4a	S02
B-3	S06

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):

Appendices	Invoice #
B-9	M02
B-9	M03
B-12	M04

B-8	M05
B-13	M08
B-9	M10
B-4a	S02
B-10	S13
B-11	S14

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  
Fee For Service Reimbursement:

Appendices	Invoice #
B-7	M01
B-6	M06
B-1	S01
B-2	S01
B-4	S01
B-5	S01
B-4a	S02
B-3	S06

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.

(3) Cost Reimbursement:

Appendices	Invoice #
B-9	M02
B-9	M03
B-12	M04
B-8	M05
B-13	M08
B-9	M10
B-4a	S02
B-10	S13
B-11	S14

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."

2. Program Budgets and Final Invoice

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

- Appendix B-01 Methadone Maintenance
- Appendix B-02 Jail Methadone Courtesy Dosing Program
- Appendix B-03 HIV Set Aside: Routine Opt-Out HIV Screening, Counseling and Placement
- Appendix B (4a & 4b) Youth Moving Forward
- Appendix B-05 Youth Services - Primary Prevention
- Appendix B-06 Bayview Hunters Point Integrated Behavioral Health Program
- Appendix B-07 Bayview Hunters Point Integrated Behavioral Health Program for Children
- Appendix B-08 Anchor Program
- Appendix B-09 Family Mosaic (Fiscal Intermediary)
- Appendix B-10 Jelani House
- Appendix B-11 Jelani Family Program
- Appendix B-12 Balboa Teen Health Center Behavioral Health Services
- Appendix B-13 Fiscal Intermediary, Dimensions Clinic

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 Twenty Nine Million Two Hundred Fifty Thousand Four Hundred Sixty Three Dollars (\$29,250,463) for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$0 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2010 through June 30, 2011	\$ 4,979,847
July 1, 2011 through June 30, 2012	\$ 5,297,012
July 1, 2012 through June 30, 2013	\$ 5,851,149
July 1, 2013 through June 30, 2014	\$ 5,966,386
July 1, 2014 through June 30, 2015	\$ 5,357,463
July 1, 2014 through June 30, 2015	\$ 215,619

July 1, 2014 through June 30, 2015	\$	50,000
July 1, 2015 through December 31, 2015		\$1,532,987
Total	\$	29,250,463

(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: 00341		Prepared By/Phone #: Lillian Shine / 415-468-5100					Fiscal Year: 2014-2015	
Contractor Name: Bayview Hunters Point Foundation		Date: 7/1/14						
Contract CMS #: 7013		APPENDIX B, Page 4						
Contract Appendix Number:	B-1	B-2	B-3	B-4	B-5	B-6	B-7	
Appendix A/Program Name:	Outpatient Methadone Maintenance	Methadone Jail Courtesy Dosing	AIDS Opt-Out HIV Early Intervention	Youth Moving Forward	Youth Services Prevention/ Strengthening Families	Adult Behavioral Health	Children's Behavioral Health Services	
Provider Number:	383816	383816	383816	383817	383817	3851	3851	
Program Code(s):	38164/38163	89163	38163/38164	38171	N/A	38513	38516	
FUNDING TERM:	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	
<b>FUNDING USES</b>								
Salaries & Employee Benefits:	713,500	134,920	6,870	291,600	85,160	691,400	388,590	
Operating Expenses:	434,787	85,650	16,451	172,384	8,810	248,525	35,725	
Capital Expenses:	-	-	-	-	-	-	-	
Subtotal Direct Expenses:	1,148,287	220,570	22,321	463,984	93,970	939,925	422,315	
Indirect Expenses:	137,794	26,468	2,679	55,678	11,275	112,791	50,678	
Indirect %:	12%	12%	12%	12%	12%	12%	12%	
<b>TOTAL FUNDING USES</b>	<b>1,286,081</b>	<b>247,038</b>	<b>25,000</b>	<b>519,662</b>	<b>105,245</b>	<b>1,052,716</b>	<b>472,993</b>	
<b>MH FED - SDMC Regular FFP (50%)</b>						313,572	222,761	
<b>MH STATE - MH Realignment</b>						154,812		
<b>MH STATE - PSR EPSDT</b>							200,485	
<b>MH STATE - Family Mosaic Capitated Medi-Cal</b>								
<b>MH COUNTY - General Fund</b>						584,332	49,747	
<b>MH STATE - MHSA</b>								
<b>MH WORK ORDER - Dept. Children, Youth &amp; Families</b>								
<b>MH STATE - SAMHSA</b>								
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>						<b>1,052,716</b>	<b>472,993</b>	
<b>SA FED - SAPT Fed Discretionary, CFDA #93.959</b>	891,449	243,367		319,497				
<b>SA FED - SAPT Adolescent Tx Svcs, CFDA #93.959</b>				136,908				
<b>SA FED - SAPT Primary Prevention Set-Aside, CFDA #93.959</b>					105,245			
<b>SA FED - SAPT HIV Set-Aside, CFDA #93.959</b>			25,000					
<b>SA FED - SAPT Perinatal Set-Aside, CFDA #93.959</b>								
<b>SA FED - Drug Medi-Cal, CFDA #93.778</b>	187,813							
<b>SA STATE - PSR Drug Medi-Cal</b>	187,813							
<b>SA STATE - PSR Women and Children</b>								
<b>SA COUNTY - SA General Fund</b>	19,006	3,651		63,257				
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>1,286,081</b>	<b>247,038</b>	<b>25,000</b>	<b>519,662</b>	<b>105,245</b>	<b>-</b>	<b>-</b>	
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>TOTAL DPH FUNDING SOURCES</b>	<b>1,286,081</b>	<b>247,038</b>	<b>25,000</b>	<b>519,662</b>	<b>105,245</b>	<b>1,052,716</b>	<b>472,993</b>	
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>1,286,081</b>	<b>247,038</b>	<b>25,000</b>	<b>519,662</b>	<b>105,245</b>	<b>1,052,716</b>	<b>472,993</b>	

**DPH 1: Department of Public Health Contract Budget Summary**

DHCS Legal Entity Number:	00341		Prepared By/Phone #: Lillian Shine / 415-468-5100		Fiscal Year: 2014-2015		
Contractor Name:	Bayview Hunters Point Foundation		Document Date: 7/1/14				
Contract CMS #:	7013		APPENDIX B, Page 5				
Contract Appendix Number:	B-8	B-9	B-10	B-11	B-12	B-13	
Appendix A/Program Name:	Anchor Program	Family Mosaic Wraparound	Jelani House	Jelani Family Program	Balboa Teen Health Center	Dimensions LGBT Outpatient	
Provider Number:	38A1	8957	380145	380145	3851	Pending	
Program Code(s):	38A13	8957	01452 & 01455	38502 & 38505	38518	N/A	
FUNDING TERM:	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	TOTAL
SALARIES & EMPLOYEE BENEFITS:	44,812	85,080	548,630	532,520	202,209	85,570	3,808,861
OPERATING EXPENSES:	567	3,231	86,272	64,488	10,557	524	1,166,971
CAPITAL EXPENSES:	-	-	-	-	-	-	-
SUBTOTAL DIRECT EXPENSES:	45,379	88,311	634,902	597,008	212,766	86,094	4,975,832
INDIRECT EXPENSES:	5,600	10,596	76,188	71,641	25,531	10,331	597,250
INDIRECT %:	12%	12%	12%	12%	12%	12%	12%
<b>TOTAL FUNDING USES</b>	<b>50,979</b>	<b>98,907</b>	<b>711,090</b>	<b>668,649</b>	<b>238,297</b>	<b>96,425</b>	<b>5,573,082</b>
					Employee Fringe Benefits %:		32.94%
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
MH FED - SDMC Regular FFP (50%)							536,333
MH STATE - MH Realignment	11,223						166,035
MH STATE - PSR EPSDT							200,485
MH STATE - Family Mosaic Capitated Medi-Cal		60,656					60,656
MH COUNTY - General Fund	39,756	8,960				1,425	684,220
MH STATE - MHSA					238,297		238,297
MH WORK ORDER - Dept. Children, Youth & Families						95,000	95,000
MH STATE - SAMHSA		29,291					29,291
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>50,979</b>	<b>98,907</b>	<b>-</b>	<b>-</b>	<b>238,297</b>	<b>96,425</b>	<b>2,010,317</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA FED - SAPT Fed Discretionary, CFDA #93.959			130,969	140,491			1,725,793
SA FED - SAPT Adolescent Tx Svcs, CFDA #93.959							136,908
SA FED - SAPT Primary Prevention Set-Aside, CFDA #93.959							105,245
SA FED - SAPT HIV Set-Aside, CFDA #93.959							25,000
SA FED - SAPT Perinatal Set-Aside, CFDA #93.959			303,190				303,190
SA FED - Drug Medi-Cal, CFDA #93.778							187,813
SA STATE - PSR Drug Medi-Cal							187,813
SA STATE - PSR Women and Children			182,288				182,288
SA COUNTY - SA General Fund			94,645	528,158			708,717
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>711,090</b>	<b>668,649</b>	<b>-</b>	<b>-</b>	<b>3,562,765</b>
<b>OTHER DPH FUNDING SOURCES</b>							
							-
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>50,979</b>	<b>98,907</b>	<b>711,090</b>	<b>668,649</b>	<b>238,297</b>	<b>96,425</b>	<b>5,573,082</b>
<b>NON-DPH FUNDING SOURCES</b>							
							-
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>50,979</b>	<b>98,907</b>	<b>711,090</b>	<b>668,649</b>	<b>238,297</b>	<b>96,425</b>	<b>5,573,082</b>



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

Contractor Name: Bayview Hunters Point Foundation						Appendix/Page #: B-1 Page 1	
Provider Name: Bayview Hunters Point Foundation - OMM						Document Date: 7/1/14	
Provider Number: 383816						Fiscal Year: 2014-2015	
Program Name:	Outpatient Methadone Maintenance	Outpatient Methadone Maintenance	Outpatient Methadone Maintenance	Outpatient Methadone Maintenance - Detox	Outpatient Methadone Maintenance - Detox		
Program Code:	38164	38164	38164	38163	38163		
Mode/SFC (MH) or Modality (SA):	NTP-48	NTP-48	NTP-48	NTP-48	NTP-48		
Service Description:	SA-Narcotic Tx Narc Replacement Therapy - All Svcs	SA-Narcotic Tx Narc Replacement Therapy - All Svcs	SA-Narcotic Tx Narc Replacement Therapy - All Svcs	SA-Narcotic Tx Narc Replacement Therapy - All Svcs	SA-Narcotic Tx Narc Replacement Therapy - All Svcs	TOTAL	
Service Description Detail:	Dosing	Individual Counseling	Group Counseling	Dosing	Detox Counseling		
FUNDING TERM:	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15		
<b>GRAND TOTALS</b>							
Salaries & Employee Benefits:	452,823	253,746	2,092	1,106	3,733	713,500	
Operating Expenses:	275,935	154,627	1,276	674	2,275	434,787	
Capital Expenses:							
Subtotal Direct Expenses:	728,758	408,373	3,368	1,780	6,008	1,148,287	
Indirect Expenses:	87,453	49,003	403	214	721	137,794	
<b>TOTAL FUNDING USES:</b>	<b>816,210</b>	<b>457,376</b>	<b>3,771</b>	<b>1,994</b>	<b>6,730</b>	<b>1,286,081</b>	
<b>SUBTOTALS OF FUNDING SOURCES</b>							
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>							
<b>FUNDING SOURCES</b>							
SA FED - SAPT Fed Discretionary, CFDA #93.959	HMHSCCRES227	565,757	317,031	2,613	1,383	4,665	891,449
SA FED - Drug Medi-Cal, CFDA #93.778	HMHSCCRES227	119,195	66,793	551	291	983	187,813
SA STATE - PSR Drug Medi-Cal	HMHSCCRES227	119,195	66,793	551	291	983	187,813
SA COUNTY - SA General Fund	HMHSCCRES227	12,063	6,759	56	29	99	19,006
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>816,210</b>	<b>457,376</b>	<b>3,771</b>	<b>1,994</b>	<b>6,730</b>	<b>1,286,081</b>
<b>OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>816,210</b>	<b>457,376</b>	<b>3,771</b>	<b>1,994</b>	<b>6,730</b>	<b>1,286,081</b>
<b>NON-DPH FUNDING SOURCES</b>							
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>816,210</b>	<b>457,376</b>	<b>3,771</b>	<b>1,994</b>	<b>6,730</b>	<b>1,286,081</b>
<b>PHYSICIAN SERVICES</b>							
<b>NUMBER OF BEDS PURCHASED (IF APPLICABLE):</b>							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:		400			96		
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS		
DPH Units of Service:	65,612	30,492	1,068	160	449		
Unit Type:	Slot Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):	12.44	15.00	3.53	12.44	15.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	12.44	15.00	3.53	12.44	15.00		
Published Rate (Medi-Cal Providers Only):	12.44	15.00	3.53	12.44	15.00		Total UDC:
Unduplicated Clients (UDC):	198	198	198	5	5		198



**DPH 4: Operating Expenses Detail**

Program Code: 38164/38163

Program Name: Bayview Hunters Point Foundation - Outpatient Methadone Maintenance

Appendix/Page #: B-1 Page 3

Date: 7/1/14

Expenditure Category	TOTAL	General Fund HMHSCRES227				
	Term: 7/1/14 - 6/30/15	Term: 7/1/14 - 6/30/15				
<b>Occupancy:</b>						
Rent	127,980	127,980				
Utilities(telephone, electricity, water, gas)	38,948	38,948				
Building Repair/Maintenance	14,870	14,870				
<b>Materials &amp; Supplies:</b>						
Office Supplies	13,050	13,050				
Photocopying	-	-				
Printing	303	303				
Program Supplies	-	-				
Computer hardware/software	18,007	18,007				
<b>General Operating:</b>						
Training/Staff Development	506	506				
Insurance	17,198	17,198				
Professional License	14,568	14,568				
Permits	-	-				
Equipment Lease & Maintenance	5,463	5,463				
<b>Staff Travel:</b>						
Local Travel	506	506				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor:</b>						
Medical Director: Dr. Alexis Williams @ \$100 per hr - FY14-15	43,753	43,753				
Medical Director: Catherine Olson, MD, \$100 per hr - FY14-15	43,753	43,753				
	-	-				
<b>Other:</b>						
Medical Supplies & Medical Waste Disposal48760	38,139	38,139				
Lab Testing	21,244	21,244				
Security Services	30,754	30,754				
Vehicle Expenses(lease, gas, regis. & ins.)	1,416	1,416				
Advertising	1,214	1,214				
Client Activities	3,115	3,115				
<b>TOTAL OPERATING EXPENSE</b>	<b>434,787</b>	<b>434,787</b>				

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

Contractor Name: Bayview Hunters Point Foundation				Appendix/Page #: B-2 Page 1	
Provider Name: Bayview Hunters Point Foundation - JCD				Date: 7/1/14	
Provider Number: 383816				Fiscal Year: 2014-2015	
Program Name:	Methadone Jail				
Program Code:	Courtesy Dosing				
Mode/SFC (MH) or Modality (SA):	89163				
Service Description:	NTP-41				
FUNDING TERM:	SA-NARCOTIC TX PROG OP Meth Detox (OMD)				
	7/1/14 - 6/30/15				<b>TOTAL</b>
<b>BHS FUNDING USES</b>					
Salaries & Employee Benefits:	134,920	-	-	-	134,920
Operating Expenses:	85,650	-	-	-	85,650
Capital Expenses:	-	-	-	-	-
Subtotal Direct Expenses:	220,570	-	-	-	220,570
Indirect Expenses:	26,468	-	-	-	26,468
<b>TOTAL FUNDING USES:</b>	<b>247,038</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>247,038</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>					
					-
					-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>					-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
SA FED - SAPT Fed Discretionary, CFDA #93.959	HMHSCCRES227	243,387			243,387
SA COUNTY - SA General Fund	HMHSCCRES227	3,651			3,651
					-
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>247,038</b>	<b>-</b>	<b>-</b>	<b>247,038</b>
<b>OTHER DPH FUNDING SOURCES</b>					
					-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>					-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>247,038</b>	<b>-</b>	<b>-</b>	<b>247,038</b>
<b>NON-DPH FUNDING SOURCES</b>					
					-
<b>TOTAL NON-DPH FUNDING SOURCES</b>					-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>247,038</b>	<b>-</b>	<b>-</b>	<b>247,038</b>
<b>BHS UNITS OF SERVICE AND UNITS</b>					
Number of Beds Purchased (if applicable):					
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):					
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:	400				
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS				
DPH Units of Service:	19,858				
Unit Type:	Slot Days				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	12.44				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	12.44				
Published Rate (Medi-Cal Providers Only):	12.44				
Unduplicated Clients (UDC):	66				<b>Total UDC:</b>
					66



**DPH 4: Operating Expenses Detail**

Program Code: 89163

Program Name: Bayview Hunters Point Foundation - Jail Courtesy Dosing

Appendix/Page #: B-2 Page 3

Date: 7/1/14

Expenditure Category	TOTAL	General Fund HMHSCRES227				
	Term: 7/1/14 - 6/30/15	Term: 7/1/14 - 6/30/15	Term: _____	Term: _____	Term: _____	Term: _____
<b>Occupancy:</b>						
Rent	25,090	25,090				
Utilities (telephone, electricity, water, gas)	7,942	7,942				
Building Repair/Maintenance	3,474	3,474				
<b>Materials &amp; Supplies:</b>						
Office Supplies	2,283	2,283				
Photocopying	-	-				
Printing	-	-				
Program Supplies	-	-				
Computer hardware/software	2,830	2,830				
<b>General Operating:</b>						
Training/Staff Development	-	-				
Insurance	2,829	2,829				
Professional License	3,971	3,971				
Permits	-	-				
Equipment Lease & Maintenance	1,390	1,390				
<b>Staff Travel:</b>						
Local Travel	201	201				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor:</b>						
Medical Director: Alexis Williams, MD, \$100 per hr - FY 14-15	15,686	15,686				
	-	-				
	-	-				
<b>Other:</b>						
Medical Supplies	8,340	8,340				
Security Services	4,467	4,467				
Vehicle Expenses (lease, gas, regis., etc.)	6,949	6,949				
Advertising	198	198				
	-	-				

**TOTAL OPERATING EXPENSE**

**85,650**

**85,650**

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

Contractor Name: Bayview Hunters Point Foundation					Appendix/Page #: B-3 Page 1
Provider Name: Bayview Hunters Point Foundation - AIDS					Date: 7/1/14
Provider Number: 383816					Fiscal Year: 2014-2015
Program Name:	AIDS Opt-Out HIV				
Program Code:	Early Intervention				
Mode/SFC (MH) or Modality (SA):	38163/38164				
Service Description:	Anc-72				
FUNDING TERM:	SA Auxiliary Svcs HIV Counseling Services				<b>TOTAL</b>
FUNDING TERM:	7/1/14 - 6/30/15				
<b>FUNDING USES</b>					
Salaries & Employee Benefits:	6,870				6,870
Operating Expenses:	15,451				15,451
Capital Expenses:	-				-
Subtotal Direct Expenses:	22,321				22,321
Indirect Expenses:	2,679				2,679
<b>TOTAL FUNDING USES:</b>	<b>25,000</b>				<b>25,000</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>					
					-
					-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>					-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
SA FED - SAPT HIV Set-Aside, CFDA #93.959	HMHSOCRES227	25,000			25,000
					-
					-
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>25,000</b>			<b>25,000</b>
<b>OTHER DPH FUNDING SOURCES</b>					
					-
					-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>					-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>25,000</b>			<b>25,000</b>
<b>NON-DPH FUNDING SOURCES</b>					
					-
<b>TOTAL NON-DPH FUNDING SOURCES</b>					-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>25,000</b>			<b>25,000</b>
<b>UNDULPLICATED CLIENTS (UDC)</b>					
Number of Beds Purchased (if applicable):					
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):					
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS				
DPH Units of Service:	250				
Unit Type:	Number Served				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	100.00				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	100.00				
Published Rate (Medi-Cal Providers Only):					
Unduplicated Clients (UDC):	250				<b>Total UDC: 250</b>

DPH 3: Salaries & Benefits Detail

Program Code: 38163/38164

Program Name: Bayview Hunters Point Foundation - AIDS Opt-Out HIV Early Intervention

Appendix/Page #: B-3 Page 2

Date: 7/1/14

Position Title	TOTAL		General Fund HMHSCRES227									
	Term: FTE	7/1/14 - 6/30/15 Salaries	Term: FTE	7/1/14 - 6/30/15 Salaries	Term: FTE	Salaries	Term: FTE	Salaries	Term: FTE	Salaries	Term: FTE	Salaries
Director of Narcotics & Substance Abuse	0.07	5,570.00	0.07	5,570								
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
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	-	-										
	-	-										
	-	-										
	-	-										
<b>Totals:</b>	<b>0.07</b>	<b>\$5,570</b>	<b>0.07</b>	<b>\$5,570</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>

Employee Fringe Benefits:	23%	\$1,300	23%	\$1,300								
---------------------------	-----	---------	-----	---------	--	--	--	--	--	--	--	--

**TOTAL SALARIES & BENEFITS**      **\$6,870**      **\$6,870**      **\$0**      **\$0**      **\$0**      **\$0**

**DPH 4: Operating Expenses Detail**

Program Code: 38163/38164

Appendix/Page #: B-3 Page 3

Program Name: Bayview Hunters Point Foundation - AIDS Opt-Out HIV Early Intervention

Date: 7/1/14

Expenditure Category	TOTAL	General Fund HMHSCRES227				
	Term: 7/1/14 - 6/30/15	Term: 7/1/14 - 6/30/15	Term: _____	Term: _____	Term: _____	Term: _____
<b>Occupancy:</b>						
Rent	2,967	2,967				
Utilities(telephone, electricity, water, gas)	1,762	1,762				
Building Repair/Maintenance	-					
<b>Materials &amp; Supplies:</b>						
Office Supplies	-					
Photocopying	-					
Printing	-					
Program Supplies	1,821	1,821				
Computer hardware/software	-					
<b>General Operating:</b>						
Training/Staff Development	-					
Insurance	-					
Professional License	-					
Permits	-					
Equipment Lease & Maintenance	-					
<b>Staff Travel:</b>						
Local Travel	-					
Out-of-Town Travel	-					
Field Expenses	-					
<b>Consultant/Subcontractor:</b>						
Phelbotomist: Corina Flores 4 hrs x \$18 per hr FY 14-15	5,934	5,934				
	-					
<b>Other:</b>						
Lab Tests	2,967	2,967				
	-					
	-					

**TOTAL OPERATING EXPENSE**

**15,451**

**15,451**

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

Contractor Name: Bayview Hunters Point Foundation				Appendix/Page #: B-4 Page 1
Provider Name: Bayview Hunters Point Foundation - YMF				Date: 7/1/14
Provider Number: 383817				Fiscal Year: 2014-2015
Program Name:	Youth Moving Forward	Youth Moving Forward	Youth Moving Forward	
Program Code:	38171	38171	38171	
Mode/SFC (MH) or Modality (SA):	Nonres-33	Nonres-34	SecPrev-19	
Service Description:	SA-Nonres Unit ODF Grp	SA-Nonres Unit ODF Indv	SA-Sec Prev Outreach	<b>TOTAL</b>
FUNDING TERM:	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	
<b>Salaries &amp; Employee Benefits:</b>	\$47,390	142,170	102,040	291,600
<b>Operating Expenses:</b>	40,450	121,831	10,103	172,384
<b>Capital Expenses:</b>				-
<b>Subtotal Direct Expenses:</b>	87,840	264,001	112,143	463,984
<b>Indirect Expenses:</b>	10,540	31,680	13,458	55,678
<b>TOTAL FUNDING USES:</b>	98,380	295,681	125,601	519,662
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>				
SA FED - SAPT Fed Discretionary, CFDA #93.959	HMHS CCRES227	60,569	181,706	77,222
SA FED - SAPT Adolescent Tx Svcs, CFDA #93.959	HMHS CCRES227	25,954	77,864	33,090
SA COUNTY - SA General Fund	HMHS CCRES227	11,857	36,111	15,289
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		98,380	295,681	125,601
<b>TOTAL DPH FUNDING SOURCES</b>				
<b>TOTAL DPH FUNDING SOURCES</b>		98,380	295,681	125,601
<b>TOTAL NON-DPH FUNDING SOURCES</b>				
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		98,380	295,681	125,601
<b>UNIT COSTS</b>				
Number of Beds Purchased (if applicable):				
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):	100			
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:				
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	CR	
DPH Units of Service:	1,042	3,132	1,256	
Unit Type:	Staff Hour	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):	94.40	94.40	100.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	94.40	94.40	100.00	
Published Rate (Medi-Cal Providers Only):				Total UDC:
Unduplicated Clients (UDC):	54	90	25	90



**DPH 4: Operating Expenses Detail**

Program Code: 38171

Program Name: Bayview Hunters Point Foundation - Youth Moving Forward

Appendix/Page #: B-4 Page 3

Date: 7/1/14

Expenditure Category	TOTAL	Nonres-33/34	SecPrev-19			
		General Fund HMHSCCRES227	General Fund HMHSCCRES227			
	Term: 7/1/14 - 6/30/15	Term: 7/1/14 - 6/30/15	Term: 7/1/14 - 6/30/15	Term: _____	Term: _____	Term: _____
<b>Occupancy:</b>						
Rent	79,792	75,115	4,677			
Utilities(telephone, electricity, water, gas)	11,401	10,733	668			
Building Repair/Maintenance	11,400	10,732	668			
<b>Materials &amp; Supplies:</b>						
Office Supplies	4,276	4,025	251			
Photocopying	-					
Printing	-					
Program Supplies	-					
Computer hardware/software	6,268	5,901	367			
<b>General Operating:</b>						
Training/Staff Development	2,136	2,011	125			
Insurance	3,420	3,220	200			
Professional License	11,400	10,732	668			
Permits	-					
Equipment Lease & Maintenance	2,585	2,415	150			
<b>Staff Travel:</b>						
Local Travel	6,412	6,036	376			
Out-of-Town Travel	-					
Field Expenses	-					
<b>Consultant/Subcontractor:</b>						
All Cover IT Support Services: FY 13-14, \$398 per month	8,550	8,049	501			
	-					
<b>Other:</b>						
Recreational/Project Supplies	7,126	6,708	418			
Food for Client Activities	4,276	4,025	251			
Security Services	1,710	1,610	100			
Advertising	211	199	12			
Vehicle Expenses (Reg., Gas, Ins., Main.)	11,441	10,770	671			
	-					

**TOTAL OPERATING EXPENSE**

**172,384**

**162,281**

**10,103**

-

-

-

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

Contractor Name: Bayview Hunters Point Foundation					Appendix/Page #: B-5 Page 1		
Provider Name: Bayview Hunters Point Foundation - Prevention					Date: 7/1/14		
Provider Number: 383817					Fiscal Year: 2014-2015		
Program Name:	Youth Services Prevention/ Strengthening Families						
Program Code:	N/A	N/A	N/A	N/A			
Mode/SFC (MH) or Modality (SA):	PriPrev-13	PriPrev-12	PriPrev-15	PriPrev-16			
Service Description:	SAPT Prevention Education	SAPT Prevention Info Dissemination	SAPT Prevention Problem Id's/Referrals	SAPT Prevention Cmnty Based		<b>TOTAL</b>	
FUNDING TERM:	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15			
<b>EXPENSES:</b>							
Salaries & Employee Benefits:	\$65,464	11,586	889	7,241	-	85,160	
Operating Expenses:	6,772	1,199	90	749	-	8,810	
Capital Expenses:						-	
<b>Subtotal Direct Expenses:</b>	<b>72,236</b>	<b>12,785</b>	<b>959</b>	<b>7,990</b>	<b>-</b>	<b>93,970</b>	
Indirect Expenses:	8,667	1,534	115	959	-	11,275	
<b>TOTAL FUNDING USES:</b>	<b>80,903</b>	<b>14,319</b>	<b>1,074</b>	<b>8,949</b>	<b>-</b>	<b>105,245</b>	
<b>MENTAL HEALTH FUNDING SOURCES:</b>							
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>SUBSTANCE ABUSE FUNDING SOURCES:</b>							
SA FED - SAPT Primary Prevention Set-Aside, CFDA #93.959	HMHSCRES227	80,903	14,319	1,074	8,949	-	105,245
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>80,903</b>	<b>14,319</b>	<b>1,074</b>	<b>8,949</b>	<b>-</b>	<b>105,245</b>	
<b>OTHER DPH FUNDING SOURCES:</b>							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>TOTAL DPH FUNDING SOURCES</b>	<b>80,903</b>	<b>14,319</b>	<b>1,074</b>	<b>8,949</b>	<b>-</b>	<b>105,245</b>	
<b>NON-DPH FUNDING SOURCES:</b>							
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>80,903</b>	<b>14,319</b>	<b>1,074</b>	<b>8,949</b>	<b>-</b>	<b>105,245</b>	
<b>UNITS OF SERVICE AND UNIT COST:</b>							
Number of Beds Purchased (if applicable):							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:							
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS			
DPH Units of Service:	691	413	6	300			
Unit Type:	Staff Hour	Staff Hour	Staff Hour	Staff Hour			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	117.03	34.67	179.00	29.83			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	117.03	34.67	179.00	29.83			
Published Rate (Medi-Cal Providers Only):							
Unduplicated Clients (UDC):	40	40	40	40		<b>Total UDC: 40</b>	



**DPH 4: Operating Expenses Detail**

Program Code: N/A

Program Name: Bayview Hunters Point Foundation - Youth Services Prevention/Strengthening F

Appendix/Page #: B-5 Page 3

Date: 7/1/14

Expenditure Category	TOTAL	General Fund HMHSCRES227				
	Term: 7/1/14 - 6/30/15	Term: 7/1/14 - 6/30/15	Term: _____	Term: _____	Term: _____	Term: _____
<b>Occupancy:</b>						
Rent	4,777	4,777				
Utilities(telephone, electricity, water, gas)	645	645				
Building Repair/Maintenance	611	611				
<b>Materials &amp; Supplies:</b>						
Office Supplies	218	218				
Photocopying	-					
Printing	-					
Program Supplies	-					
Computer hardware/software	489	489				
<b>General Operating:</b>						
Training/Staff Development	-					
Insurance	133	133				
Professional License	167	167				
Permits	-					
Equipment Lease & Maintenance	88	88				
<b>Staff Travel:</b>						
Local Travel	133	133				
Out-of-Town Travel	-					
Field Expenses	-					
<b>Consultant/Subcontractor:</b>						
	-					
	-					
<b>Other:</b>						
Recreational/Project Supplies	378	378				
Food for Client Activities	882	882				
Security Services	38	38				
Advertising	17	17				
Vehicle Expenses (Reg., Gas, Ins., Main.)	234	234				
	-					
<b>TOTAL OPERATING EXPENSE</b>	<b>8,810</b>	<b>8,810</b>				

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

Contractor Name: Bayview Hunters Point Foundation					Appendix/Page #: B-6 Page 1
Provider Name: Bayview Hunters Point Foundation - Adult					Date: 7/1/14
Provider Number: 3851					Fiscal Year: 2014-2015
Program Name:	Adult Behavioral Health				
Program Code:	38513	38513	38513	38513	38513
Mode/SFC (MH) or Modality (SA):	15/10-57	15/60-69	15/70-79	15/01-09	45/20-29
Service Description:	MH Svcs	Medication Support	Crisis Intervention-OP	Case Mgt Brokerage	Commty Client Svcs
FUNDING TERM:	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>					
Salaries & Employee Benefits:	500,611	108,394	3,595	51,326	27,474
Operating Expenses:	179,946	38,962	1,292	18,449	9,876
Capital Expenses:					
Subtotal Direct Expenses:	680,557	147,356	4,887	69,775	37,350
Indirect Expenses:	81,666	17,683	587	8,373	4,482
TOTAL FUNDING USES:	762,223	165,039	5,474	78,148	41,832
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>					
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	227,043	49,160	1,631	23,278
MH STATE - MH Realignment	HMHMCC730515	112,092	24,271	805	11,492
MH COUNTY - General Fund	HMHMCC730515	423,088	91,608	3,038	43,378
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		762,223	165,039	5,474	78,148
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-
<b>OTHER DPH FUNDING SOURCES</b>					
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		762,223	165,039	5,474	78,148
<b>NON-DPH FUNDING SOURCES</b>					
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		762,223	165,039	5,474	78,148
<b>BUSINESS WIDE REVENUES</b>					
Number of Beds Purchased (if applicable):					
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):					
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS
DPH Units of Service:	293,163	34,672	1,386	39,074	400
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):	2.60	4.76	3.95	2.00	104.58
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.60	4.76	3.95	2.00	104.58
Published Rate (Medi-Cal Providers Only):	2.67	4.88	4.36	2.05	114.61
Unduplicated Clients (UDC):	350	75	5	125	45
					Total UDC: 350

DPH 3: Salaries & Benefits Detail

Program Code: 38513

Program Name: Bayview Hunters Point Foundation - Adult Behavioral Health

Appendix/Page #: B-6 Page 2

Date: 7/1/14

Position Title	TOTAL		General Fund HM:HMCC730515		FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
	Term: FTE	7/1/14 - 6/30/16 Salaries	Term: FTE	7/1/14 - 6/30/16 Salaries								
Director of Behavioral Health	0.30	22,500	0.30	22,500								
Director of Narcotic & Substance Abuse	0.09	7,200	0.09	7,200								
Director of Compliance & QA	0.20	10,100	0.20	10,100								
Medical Records Technician	0.75	27,900	0.75	27,900								
Receptionist	0.75	24,100	0.75	24,100								
Medical Director	0.50	75,100	0.50	75,100								
Clinical Supervisor	0.75	45,000	0.75	45,000								
Therapist/Licensed	2.00	103,800	2.00	103,800								
Therapist/Unlicensed	3.00	146,200	3.00	146,200								
Certified Substance Abuse Counselor	1.00	34,000	1.00	34,000								
Psychologist	0.25	7,100	0.25	7,100								
Psychiatrist	0.30	20,300	0.30	20,300								
Director of Clinical Services	0.11	9,100	0.11	9,100								
<b>Totals:</b>	<b>10.00</b>	<b>532,400</b>	<b>10.00</b>	<b>532,400</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>

<b>Employee Fringe Benefits:</b>	<b>30%</b>	<b>159,000</b>	<b>30%</b>	<b>159,000</b>								
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**TOTAL SALARIES & BENEFITS**      **691,400**      **\$691,400**      **\$0**      **\$0**      **\$0**      **\$0**

**DPH 4: Operating Expenses Detail**

Program Code: 38513

Program Name: Bayview Hunters Point Foundation - Adult Behavioral Health

Appendix/Page #: B-6 Page 3

Date: 7/1/14

Expenditure Category	TOTAL	General Fund HMHMCC730515				
	Term: 7/1/14 - 6/30/15	Term: 7/1/14 - 6/30/15	Term: _____	Term: _____	Term: _____	Term: _____
<b>Occupancy:</b>						
Rent	144,948	144,948				
Utilities(telephone, electricity, water, gas)	27,453	27,453				
Building Repair/Maintenance	3,452	3,452				
<b>Materials &amp; Supplies:</b>						
Office Supplies	6,135	6,135				
Photocopying	-	-				
Printing	407	407				
Program Supplies	686	686				
Computer hardware/software	-	-				
<b>General Operating:</b>						
Training/Staff Development	699	699				
Insurance	30,504	30,504				
Professional License	-	-				
Permits	-	-				
Equipment Lease & Maintenance	6,609	6,609				
<b>Staff Travel:</b>						
Local Travel	712	712				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor:</b>						
Intern Stipends 3 interns \$20.00 per hr. 469.35 hrs.	8,555	8,555				
All Cover IT Support Services \$150.00 Hr x 62.59 Hrs.	9,547	9,547				
	-	-				
<b>Other:</b>						
Vehicle Expense/Gas/Mainten/Registration	2,185	2,185				
Client Related Expenses	305	305				
Advertising	78	78				
Client Services/Peer/Stipends	4,794	4,794				
Security Services	1,458	1,458				
	-	-				
	-	-				

**TOTAL OPERATING EXPENSE**

**248,525**

**248,525**

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

Contractor Name: Bayview Hunters Point Foundation						Appendix/Page #: B-7 Page 1
Provider Name: Bayview Hunters Point Foundation - Children						Date: 7/1/14
Provider Number: 3851						Fiscal Year: 2014-2015
Program Name:	Children's Behavioral Health Services					
Program Code:	38516	38516	38516	38516	38516	
Mode/SFC (MH) or Modality (SA):	15/10-57	15/60-69	15/70-79	15/01-09	45/20-29	
Service Description:	MH Svcs	Medication Support	Crisis Intervention-OP	Case Mgt Brokerage	Commt Client Svcs	<b>TOTAL</b>
FUNDING TERM:	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	
Salaries & Employee Benefits:	340,063	13,181	2,510	20,474	10,362	386,590
Operating Expenses:	31,425	1,218	232	1,892	958	35,725
Capital Expenses:						
Subtotal Direct Expenses:	371,488	14,399	2,742	22,366	11,320	422,315
Indirect Expenses:	44,578	1,728	329	2,685	1,358	50,678
<b>TOTAL FUNDING USES:</b>	<b>416,066</b>	<b>16,127</b>	<b>3,071</b>	<b>25,051</b>	<b>12,678</b>	<b>472,993</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	201,922	7,595	1,448	11,798	222,761
MH STATE - PSR EPSDT	HMHMCP751594	181,729	6,836	1,302	10,618	200,485
MH COUNTY - General Fund	HMHMCP751594	32,415	1,696	323	2,635	49,747
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>416,066</b>	<b>16,127</b>	<b>3,071</b>	<b>25,051</b>	<b>472,993</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
<b>OTHER DPH FUNDING SOURCES</b>						
<b>TOTAL OTHER DPH FUNDING SOURCES</b>						
<b>TOTAL DPH FUNDING SOURCES</b>		<b>416,066</b>	<b>16,127</b>	<b>3,071</b>	<b>25,051</b>	<b>472,993</b>
<b>NON-DPH FUNDING SOURCES</b>						
<b>TOTAL NON-DPH FUNDING SOURCES</b>						
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>416,066</b>	<b>16,127</b>	<b>3,071</b>	<b>25,051</b>	<b>472,993</b>
<b>DPH Units of Service</b>						
Number of Beds Purchased (if applicable):						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	
DPH Units of Service:	160,025	3,388	758	12,526	121	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):	2.60	4.76	4.05	2.00	104.58	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.60	4.76	4.05	2.00	104.58	
Published Rate (Medi-Cal Providers Only):	2.67	4.88	4.36	2.05	114.61	<b>Total UDC:</b>
Unduplicated Clients (UDC):	88	25	3	50	25	88



DPH 4: Operating Expenses Detail

Program Code: 38A13

Program Name: Bayview Hunters Point Foundation - Children's Behavioral Health Services

Appendix/Page #: B-7 Page 3

Date: 7/1/14

Expenditure Category	TOTAL	General Fund HMHMCP751594				
	Term: 7/1/14 - 6/30/15	Term: 7/1/13 - 6/30/14	Term: _____	Term: _____	Term: _____	Term: _____
<b>Occupancy:</b>						
Rent	17,799	17,799				
Utilities (telephone, electricity, water, gas)	4,715	4,715				
Building Repair/Maintenance	2,051	2,051				
<b>Materials &amp; Supplies:</b>						
Office Supplies	1,326	1,326				
Photocopying	-	-				
Printing	104	104				
Program Supplies	820	820				
Computer hardware/software	-	-				
<b>General Operating:</b>						
Training/Staff Development	123	123				
Insurance	4,080	4,080				
Professional License	148	148				
Permits	-	-				
Equipment Lease & Maintenance	984	984				
<b>Staff Travel:</b>						
Local Travel	185	185				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor:</b>						
All Cover IT Support Services \$100 per hour 42 hrs.	1,722	1,722				
	-	-				
	-	-				
<b>Other:</b>						
Vehicle Expense/Gas/Maintenance/Registration	433	433				
Client Related Expenses	492	492				
Advertising	246	246				
Books/Publications	66	66				
Medical Supplies	33	33				
Security Services	270	270				
Client Services/Peer/Stipends	148	148				
<b>TOTAL OPERATING EXPENSE</b>	<b>35,725</b>	<b>35,725</b>	-	-	-	-

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

Contractor Name: Bayview Hunters Point Foundation		Appendix/Page #: B-8 Page 1	
Provider Name: Bayview Hunters Point Foundation - Anchor		Date: 7/1/14	
Provider Number: 38A1		Fiscal Year: 2014-2015	
Program Name:	Anchor Program		
Program Code:	38A13		
Mode/SFC (MH) or Modality (SA):	15/10-57		
Service Description:	MH Svcs		
<b>FUNDING TERM:</b>	<b>7/1/14 - 6/30/15</b>		<b>TOTAL</b>
<b>FUNDING USES</b>			
Salaries & Employee Benefits:	44,812		44,812
Operating Expenses:	567		567
Capital Expenses:			-
<b>Subtotal Direct Expenses:</b>	<b>45,379</b>	-	<b>45,379</b>
Indirect Expenses:	5,600	-	5,600
<b>TOTAL FUNDING USES:</b>	<b>50,979</b>	-	<b>50,979</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>			
MH STATE - MH Realignment	HMHMCC730515	11,223	11,223
MH COUNTY - General Fund	HMHMCC730515	39,756	39,756
			-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>50,979</b>	<b>50,979</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>			
			-
			-
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-
<b>OTHER DPH FUNDING SOURCES</b>			
			-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>50,979</b>	<b>50,979</b>
<b>NON-DPH FUNDING SOURCES</b>			
			-
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>50,979</b>	<b>50,979</b>
<b>DPH FUNDING COSTS</b>			
Number of Beds Purchased (if applicable):			
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):			
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:			
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR		
DPH Units of Service:	16,993		
Unit Type:	Staff Minute		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	3.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	3.00		
Published Rate (Medi-Cal Providers Only):			
Unduplicated Clients (UDC):	5		<b>Total UDC:</b> 5



**DPH 4: Operating Expenses Detail**

Program Code: 38A13

Program Name: Bayview Hunters Point Foundation - Anchor Program

Appendix/Page #: B-8 Page 3

Date: 7/1/14

Expenditure Category	TOTAL	MH Realignment HMHMCC730515	General Fund HMHMCC730515			
	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	Term: _____	Term: _____	Term: _____
<b>Occupancy:</b>						
Rent	-					
Utilities (telephone, electricity, water, gas)	-					
Building Repair/Maintenance	-					
<b>Materials &amp; Supplies:</b>						
Office Supplies	467		467			
Photocopying	-					
Printing	-					
Program Supplies	-					
Computer hardware/software	-					
<b>General Operating:</b>						
Training/Staff Development						
Insurance	100		100			
Professional License	-					
Permits	-					
Equipment Lease & Maintenance	-					
<b>Staff Travel:</b>						
Local Travel	-					
Out-of-Town Travel	-					
Field Expenses	-					
<b>Consultant/Subcontractor:</b>						
	-					
	-					
<b>Other:</b>						
	-					
	-					
	-					

**TOTAL OPERATING EXPENSE**

567

567

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

Contractor Name: Bayview Hunters Point Foundation				Appendix/Page #: B-9 Page 1
Provider Name: Bayview Hunters Point Foundation - FMP				Date: 7/1/14
Provider Number: 8957				Fiscal Year: 2014-2015
Program Name:	Family Mosaic Wraparound	Family Mosaic Wraparound	Family Mosaic Wraparound	
Program Code:	8957	8957	8957	
Mode/SFC (MH) or Modality (SA):	60/70	60/70	60/70	
Service Description:	CS-Client Rising Support Exp	CS-Client Rising Support Exp	CS-Client Rising Support Exp	<b>TOTAL</b>
FUNDING TERM:	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	
Salaries & Employee Benefits:	50,927	8,000	26,153	85,080
Operating Expenses:	3,231			3,231
Capital Expenses:				
Subtotal Direct Expenses:	54,158	8,000	26,153	88,311
Indirect Expenses:	6,498	960	3,138	10,596
<b>TOTAL FUNDING USES:</b>	<b>60,656</b>	<b>8,960</b>	<b>29,291</b>	<b>98,907</b>
<b>MENTAL HEALTH FUNDING SOURCES</b>				
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	60,656		60,656
MH COUNTY - General Fund	HMHMCP751594		8,960	8,960
MH STATE - SAMHSA	HMHMCHGRANTS HMM007-1502			29,291
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>60,656</b>	<b>8,960</b>	<b>29,291</b>
<b>SUBSTANCE ABUSE FUNDING SOURCES</b>				
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>				
<b>OTHER DPH FUNDING SOURCES</b>				
<b>TOTAL OTHER DPH FUNDING SOURCES</b>				
<b>TOTAL DPH FUNDING SOURCES</b>		<b>60,656</b>	<b>8,960</b>	<b>29,291</b>
<b>NON-DPH FUNDING SOURCES</b>				
<b>TOTAL NON-DPH FUNDING SOURCES</b>				
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>60,656</b>	<b>8,960</b>	<b>29,291</b>
<b>DPH UNITS OF SERVICE (UDC) RATES</b>				
Number of Beds Purchased (if applicable):				
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):				
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:				
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR	CR	
DPH Units of Service:	9,613	1,420	4,642	
Unit Type:	Staff Hour or Client Day, depending on contract.	Staff Hour or Client Day, depending on contract.	Staff Hour or Client Day, depending on contract.	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):	6.31	6.31	6.31	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	6.31	6.31	6.31	
Published Rate (Medi-Cal Providers Only):				<b>Total UDC:</b>
Unduplicated Clients (UDC):	57			57



**DPH 4: Operating Expenses Detail**

Program Code: 8957

Program Name: Bayview Hunters Point Foundation - Family Mosaic Wraparound

Appendix/Page #: B-9 Page 3

Date: 7/1/14

Expenditure Category	TOTAL	General Fund HMHMCP751594	Family Mosaic Capitated Med-Cal HMHMCP8828CH	SAMHSA HMHMRCGRANTS HMM007-1502		
	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	Term: _____	Term: _____
<b>Occupancy:</b>						
Rent	-					
Utilities(telephone, electricity, water, gas)	-					
Building Repair/Maintenance	-					
<b>Materials &amp; Supplies:</b>						
Office Supplies						
Photocopying	-					
Printing	-					
Program Supplies	-					
Computer hardware/software	-					
<b>General Operating:</b>						
Training/Staff Development	-					
Insurance	-					
Professional License	-					
Permits	-					
Equipment Lease & Maintenance						
<b>Staff Travel:</b>						
Local Travel						
Out-of-Town Travel	-					
Field Expenses	-					
<b>Consultant/Subcontractor:</b>						
	-					
	-					
<b>Other:</b>						
Wrap Around Services	3,231		3,231			
	-					

**TOTAL OPERATING EXPENSE**

**3,231**

**3,231**

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

Contractor Name: Bayview Hunters Point Foundation				Appendix/Page #: B-10 Page 1
Provider Name: Bayview Hunters Point Foundation - JH				Date: 7/1/14
Provider Number: 380145				Fiscal Year: 2014-2015
Program Name:	Jelani House			
Program Code:	01452 & 01455			
Mode/SFC (MH) or Modality (SA):	Res-51			
Service Description:	SA Res 10000 Long Term (over 30 days)			
FUNDING TERM:	7/1/14 - 6/30/15			<b>TOTAL</b>
<b>FUNDING USES</b>				
Salaries & Employee Benefits:	548,630			548,630
Operating Expenses:	86,272			86,272
Capital Expenses:				-
<b>Subtotal Direct Expenses:</b>	<b>634,902</b>			<b>634,902</b>
Indirect Expenses:	76,188			76,188
<b>TOTAL FUNDING USES:</b>	<b>711,090</b>			<b>711,090</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>				
				-
				-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>				-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>				
SA FED - SAPT Perinatal Set-Aside, CFDA #93.959	HMHSCCRES227	303,190		303,190
SA STATE - PSR Women and Children	HMHSCCRES227	182,286		182,286
SA COUNTY - SA General Fund	HMHSCCRES227	94,645		94,645
SA FED - SAPT Fed Discretionary, CFDA #93.959	HMHSCCRES227	130,969		130,969
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>711,090</b>		<b>711,090</b>
<b>OTHER DPH FUNDING SOURCES</b>				
				-
				-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>				-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>711,090</b>		<b>711,090</b>
<b>TOTAL NON-DPH FUNDING SOURCES</b>				
				-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>711,090</b>		<b>711,090</b>
<b>DPH UNITS OF SERVICE AND FUNDING</b>				
Number of Beds Purchased (if applicable):		8		
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):				
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:				
Cost Reimbursement (CR) or Fee-For-Service (FFS):		FFS		
DPH Units of Service:		2,469		
Unit Type:		Bed Days		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):		288.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		288.00		
Published Rate (Medi-Cal Providers Only):				
Unduplicated Clients (UDC):		15		<b>Total UDC:</b>
				15



**DPH 4: Operating Expenses Detail**

Program Code: 01452 & 01455

Program Name: Bayview Hunters Point Foundation - Jelani House

Appendix/Page #: B-10 Page 3

Date: 7/1/14

Expenditure Category	TOTAL	General Fund HMHSCRES227				
	7/1/14 - 6/30/15	7/1/14 - 6/30/15	Term: _____	Term: _____	Term: _____	Term: _____
<b>Occupancy:</b>						
Rent	-					
Utilities(telephone, electricity, water, gas)	51,902	51,902				
Building Repair/Maintenance	5,540	5,540				
<b>Materials &amp; Supplies:</b>						
Office Supplies	-	-				
Photocopying	-	-				
Printing & Reproduction	-	-				
Program Supplies	-	-				
Computer hardware/software	-	-				
<b>General Operating:</b>						
Training/Staff Development	-	-				
Insurance	20,150	20,150				
Professional License	5,860	5,860				
Permits	-	-				
Equipment Lease & Maintenance	1,440	1,440				
<b>Staff Travel:</b>						
Local Travel	-	-				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
<b>Consultant/Subcontractor:</b>						
Clinical Director: Heather Brown \$50 x 3.33 hrs month x 12 mos.	1,380	1,380				
	-	-				
	-	-				
<b>Other:</b>						
	-	-				
	-	-				
	-	-				

**TOTAL OPERATING EXPENSE**

**86,272**

**86,272**

- - - - -

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

Contractor Name: Bayview Hunters Point Foundation					Appendix/Page #: B-11 Page 1	
Provider Name: Bayview Hunters Point Foundation - JFP					Date: 7/1/14	
Provider Number: 380145					Fiscal Year: 2014-2015	
Program Name:	Jelani Family Program					
Program Code:	38502 & 38505					
Mode/SFC (MH) or Modality (SA):	Res-51					
Service Description:	SA-FHS RECOV LONG Term (over 30 days)					<b>TOTAL</b>
FUNDING TERM:	7/1/14 - 6/30/15					
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>						
Salaries & Employee Benefits:	532,520	-	-	-	-	532,520
Operating Expenses:	64,488	-	-	-	-	64,488
Capital Expenses:	-	-	-	-	-	-
Subtotal Direct Expenses:	597,008	-	-	-	-	597,008
Indirect Expenses:	71,641	-	-	-	-	71,641
<b>TOTAL FUNDING USES:</b>	<b>668,649</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>668,649</b>
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>						
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
SA COUNTY - SA General Fund	HMHSCCRES227	528,158				528,158
SA FED - SAPT Fed Discretionary, CFDA #93.959	HMHSCCRES227	140,491				140,491
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
<b>OTHER DPH FUNDING SOURCES</b>						
<b>TOTAL OTHER DPH FUNDING SOURCES</b>						
<b>TOTAL DPH FUNDING SOURCES</b>						
<b>TOTAL NON-DPH FUNDING SOURCES</b>						
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>						
<b>DPH UNIT SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable):	8					
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS					
DPH Units of Service:	2,322					
Unit Type:	Bed Days					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):	288.00					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	288.00					
Published Rate (Medi-Cal Providers Only):						
Unduplicated Clients (UDC):	20					<b>Total UDC: 20</b>



DPH 4: Operating Expenses Detail

Program Code: 38502 & 38505

Program Name: Bayview Hunters Point Foundation - Jelani Family Program

Appendix/Page #: B-11 Page 3

Date: 7/1/14

Expenditure Category	TOTAL	General Fund HMHSCRES227				
	7/1/14 - 6/30/15	7/1/14 - 6/30/15	Term: _____	Term: _____	Term: _____	Term: _____
<b>Occupancy:</b>						
Rent	\$ -					
Utilities (telephone, electricity, water, gas)	\$ 35,178.00	\$ 35,178.00				
Building Repair/Maintenance	\$ 7,510.00	\$ 7,510.00				
<b>Materials &amp; Supplies:</b>		\$ -				
Office Supplies	\$ -	\$ -				
Photocopying	\$ -	\$ -				
Printing	\$ -	\$ -				
Program Supplies	\$ -	\$ -				
Computer hardware/software	\$ -	\$ -				
<b>General Operating:</b>		\$ -				
Training/Staff Development	\$ -	\$ -				
Insurance	\$ 7,810.00	\$ 7,810.00				
Professional License	\$ 3,320.00	\$ 3,320.00				
Permits	\$ -	\$ -				
Equipment Lease & Maintenance	\$ -	\$ -				
<b>Staff Travel:</b>		\$ -				
Local Travel	\$ -	\$ -				
Out-of-Town Travel	\$ -	\$ -				
Field Expenses	\$ -	\$ -				
<b>Consultant/Subcontractor:</b>		\$ -				
Clinical Director: Heather Brown \$50 x 10.82 hrs / mo x 12 mos.	\$ 4,740.00	\$ 4,740.00				
	\$ -	\$ -				
	\$ -	\$ -				
	\$ -	\$ -				
<b>Other:</b>		\$ -				
	\$ -	\$ -				
Bank, PR processing & Legal Fees	\$ -	\$ -				
Childcare supplies	\$ 950.00	\$ 950.00				
Food	\$ 890.00	\$ 890.00				
Equipment Maintenance	\$ 1,600.00	\$ 1,600.00				
Household Supplies	\$ 710.00	\$ 710.00				
Taxes, Licenses, permits, subscriptions, memberships	\$ -	\$ -				
Subscriptions	\$ -	\$ -				
Vehicle expenses	\$ 1,190.00	\$ 1,190.00				
Resident related expenses	\$ 590.00	\$ 590.00				
	\$ -	\$ -				

TOTAL OPERATING EXPENSE

\$64,488

\$64,488

\$0

\$0

\$0

\$0

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

Contractor Name: Bayview Hunters Point Foundation					Appendix/Page #: B-12 Page 1
Provider Name: Bayview Hunters Point Foundation - BTHC					Date: 7/1/14
Provider Number: 3851					Fiscal Year: 2014-2015
Program Name:	Balboa Teen Health Center	Balboa Teen Health Center			
Program Code:	38518	38518			
Mode/SFC (MH) or Modality (SA):	45/10-19	45/20-29			
Service Description:	MH Promotion	Commy Client Svcs			<b>TOTAL</b>
FUNDING TERM:	7/1/14 - 6/30/15	7/1/14 - 6/30/15			
<b>FUNDING USES</b>					
Salaries & Employee Benefits:	76,288	125,921	-	-	202,209
Operating Expenses:	4,460	6,097	-	-	10,557
Capital Expenses:					
<b>Subtotal Direct Expenses:</b>	<b>80,748</b>	<b>132,018</b>	<b>-</b>	<b>-</b>	<b>212,766</b>
Indirect Expenses:	9,690	15,841	-	-	25,531
<b>TOTAL FUNDING USES:</b>	<b>90,438</b>	<b>147,859</b>	<b>-</b>	<b>-</b>	<b>238,297</b>
<b>DPH MENTAL HEALTH FUNDING SOURCES</b>					
MH STATE - MHSA (PEI)	HMHMPROP63	90,438	147,859		238,297
	PMHS63-1510				
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>90,438</b>	<b>147,859</b>	<b>-</b>	<b>238,297</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>OTHER DPH FUNDING SOURCES</b>					
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>90,438</b>	<b>147,859</b>	<b>-</b>	<b>238,297</b>
<b>NON-DPH FUNDING SOURCES</b>					
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>90,438</b>	<b>147,859</b>	<b>-</b>	<b>238,297</b>
<b>DPH UNITS OF SERVICE AND DPH COSTS</b>					
Number of Beds Purchased (if applicable):					
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):					
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR			
DPH Units of Service:	789	1,265			
Unit Type:	Staff Hour	Staff Hour			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	114.60	116.89			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	114.60	116.89			
Published Rate (Medi-Cal Providers Only):					<b>Total UDC:</b>
Unduplicated Clients (UDC):	1,200	150			1,200



**DPH 4: Operating Expenses Detail**

Program Code: 38518

Program Name: Bayview Hunters Point Foundation - Balboa Teen Health Center

Appendix/Page #: B-12 Page 3

Date: 7/1/14

Expenditure Category	TOTAL	MHSA (PEI)				
		HMHMPROP63 PMHS63-1510				
	7/1/14 - 6/30/15	7/1/14 - 6/30/15	Term: _____	Term: _____	Term: _____	Term: _____
<b>Occupancy:</b>						
Rent	-					
Utilities (telephone, electricity, water, gas)	-					
Building Repair/Maintenance	-					
<b>Materials &amp; Supplies:</b>						
Office Supplies	-					
Photocopying	-					
Printing	-					
Program Supplies	603	603				
Computer hardware/software	-					
<b>General Operating:</b>						
Training/Staff Development	1,413	1,413				
Insurance	1,025	1,025				
Professional License	-					
Permits	-					
Equipment Lease & Maintenance	-					
<b>Staff Travel:</b>						
Local Travel	-					
Out-of-Town Travel	-					
Field Expenses	-					
<b>Consultant/Subcontractor:</b>						
	-					
	-					
<b>Other:</b>						
Participant Incentives/Food for Groups	4,783	4,783				
YAB Member Stipends	2,733	2,733				
	-					
	-					

**TOTAL OPERATING EXPENSE**

**10,557**

**10,557**

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

Contractor Name: Bayview Hunters Point Foundation					Appendix/Page #: B-13 Page 1
Provider Name: Bayview Hunters Point Foundation - Dimensions					Date: 7/1/14
Provider Number: Pending					Fiscal Year: 2014-2015
Program Name:	Dimensions LGBT				
Program Code:	Outpatient				
Mode/SFC (MH) or Modality (SA):	N/A				
Service Description:	45/20-29				
FUNDING TERM:	Crmlty Client Svcs				TOTAL
FUNDING TERM:	7/1/14 - 6/30/15				
Salaries & Employee Benefits:	85,570	-	-	-	85,570
Operating Expenses:	524	-	-	-	524
Capital Expenses:					
Subtotal Direct Expenses:	86,094	-	-	-	86,094
Indirect Expenses:	10,331				10,331
TOTAL FUNDING USES:	96,425	-	-	-	96,425
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDMCLWO	95,000			95,000
MH COUNTY - WO CODB General Fund	HMHMCP751594	1,425			1,425
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		96,425	-	-	96,425
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		96,425	-	-	96,425
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		96,425	-	-	96,425
Number of Beds Purchased (if applicable):					
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):					
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR				
DPH Units of Service:	950				
Unit Type:	Staff Hour				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	101.50				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	101.50				
Published Rate (Medi-Cal Providers Only):					Total UDC:
Unduplicated Clients (UDC):	50				50



**DPH 4: Operating Expenses Detail**

Program Code: N/A

Program Name: Bayview Hunters Point Foundation - Dimensions LGBT Outpatient

Appendix/Page #: B-13 Page 3

Date: 7/1/14

Expenditure Category	TOTAL	DCYF Workorder HMHMCHDMCLWO				
	7/1/14 - 6/30/15	7/1/14 - 6/30/15	Term: _____	Term: _____	Term: _____	Term: _____
<b>Occupancy:</b>						
Rent	-					
Utilities(telephone, electricity, water, gas)	-					
Building Repair/Maintenance	-					
<b>Materials &amp; Supplies:</b>						
Office Supplies	-					
Photocopying	-					
Printing	-					
Program Supplies	-					
Computer hardware/software	-					
<b>General Operating:</b>						
Training/Staff Development	-					
Insurance	-					
Professional License	-					
Permits	-					
Equipment Lease & Maintenance	-					
<b>Staff Travel:</b>						
Local Travel	-					
Out-of-Town Travel	-					
Field Expenses	-					
<b>Consultant/Subcontractor:</b>						
	-					
	-					
<b>Other:</b>						
Participant Incentives	524	524				
	-					
	-					

**TOTAL OPERATING EXPENSE**

**524**

**524**

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## 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 there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the "California Regulations").
- C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this 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 part, 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; (ii) 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 whose 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 or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

#### **4. Amendment to Comply with Law.**

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Contract or 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 or Penalties**

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



**Appendix F**



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

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

Contractor: Bayview Hunters Point Foundation For Community Improvement

Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124

Tel. No.: (415) 468-5100  
Fax No.: (415) 468-5104

**CBHS**

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

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: **S02 JL 14**

Cl. Blanket No.: BPHM **TBD**

Cl. PO No.: POHM **TBD** User Cd

Fund Source: **General Fund**

Invoice Period: **July 2014**

Final Invoice:  (Check if Yes)

ACE Control Number: \_\_\_\_\_

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-4a Youth Moving Forward PC# - 38171												
SecPrev-19 SA-Sec-Prev Outreach	1,256	25			0.00	0.00	0%	0%	1,256.00	25.00	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 75,040.00	\$ -	\$ -	0.00%	\$ 75,040.00
Fringe Benefits	\$ 27,000.00	\$ -	\$ -	0.00%	\$ 27,000.00
<b>Total Personnel Expenses</b>	<b>\$ 102,040.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 102,040.00</b>
<b>Operating Expenses:</b>					
Occupancy	\$ 6,013.00	\$ -	\$ -	0.00%	\$ 6,013.00
Materials and Supplies	\$ 618.00	\$ -	\$ -	0.00%	\$ 618.00
General Operating	\$ 1,143.00	\$ -	\$ -	0.00%	\$ 1,143.00
Staff Travel	\$ 376.00	\$ -	\$ -	0.00%	\$ 376.00
Consultant/ Subcontractor	\$ 501.00	\$ -	\$ -	0.00%	\$ 501.00
Other: Recreational/ Project Supplies, Food for	\$ 1,452.00	\$ -	\$ -	0.00%	\$ 1,452.00
Client Activities, Security Svcs, Advertising and	\$ -	\$ -	\$ -	0.00%	\$ -
Vehicle Expenses (Reg., Gas, Ins., Main)	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 10,103.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 10,103.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 112,143.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 112,143.00</b>
Indirect Expenses	\$ 13,458.00	\$ -	\$ -	0.00%	\$ 13,458.00
<b>TOTAL EXPENSES</b>	<b>\$ 125,601.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 125,601.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

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: Bayview Hunters Point Foundation For Community Improvement

Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124

Tel. No.: (415) 468-5100  
Fax No.: (415) 468-5104



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

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S13 JL 14

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: GF, SAPT Perinatal, SAPT Fed Disc. PSR

Invoice Period: July 2014

Final Invoice: (Check if Yes)

ACE Control Number: \_\_\_\_\_

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-10 Jelani House Pc# - 01452 & 01455												
Res-51 SA-Res Recov Long Term (over 30 Days)	2,469	15			-	-	0%	0%	2,469	15	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 403,720.00	\$ -	\$ -	0.00%	\$ 403,720.00
Fringe Benefits	\$ 144,910.00	\$ -	\$ -	0.00%	\$ 144,910.00
<b>Total Personnel Expenses</b>	<b>\$ 548,630.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 548,630.00</b>
<b>Operating Expenses:</b>					
Occupancy	\$ 57,442.00	\$ -	\$ -	0.00%	\$ 57,442.00
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 27,450.00	\$ -	\$ -	0.00%	\$ 27,450.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/ Subcontractor	\$ 1,380.00	\$ -	\$ -	0.00%	\$ 1,380.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 86,272.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 86,272.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 634,902.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 634,902.00</b>
Indirect Expenses	\$ 76,188.00	\$ -	\$ -	0.00%	\$ 76,188.00
<b>TOTAL EXPENSES</b>	<b>\$ 711,090.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 711,090.00</b>

Less: Initial Payment Recovery		NOTES:
Other Adjustments (DPH use only)		
<b>REIMBURSEMENT</b>	<b>\$ -</b>	

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  
\_\_\_\_\_

Contractor: Bayview Hunters Point Foundation For Community Improvement

Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124

Tel. No.: (415) 468-5100  
Fax No.: (415) 468-5104



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

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S14 JL 14

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: GF, SAPT Fed Discretionary

Invoice Period: July 2014

Final Invoice: (Check if Yes)

ACE Control Number: \_\_\_\_\_

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-11 Jelani Family Program PC# 38502 & 38505												
Res-51 SA-Res Recov Long Term (over 30 Days)	2,322	20			-	-	0%	0%	2,322	20	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 389,320.00	\$ -	\$ -	0.00%	\$ 389,320.00
Fringe Benefits	\$ 143,200.00	\$ -	\$ -	0.00%	\$ 143,200.00
<b>Total Personnel Expenses</b>	<b>\$ 532,520.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 532,520.00</b>
<b>Operating Expenses:</b>					
Occupancy	\$ 42,688.00	\$ -	\$ -	0.00%	\$ 42,688.00
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 12,730.00	\$ -	\$ -	0.00%	\$ 12,730.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/ Subcontractor	\$ 4,740.00	\$ -	\$ -	0.00%	\$ 4,740.00
Other: Childcare Supplies, Food, Household Supplies, Vehicle Expenses, Resident related expenses	\$ 4,330.00	\$ -	\$ -	0.00%	\$ 4,330.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 64,488.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 64,488.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 597,008.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 597,008.00</b>
Indirect Expenses	\$ 71,641.00	\$ -	\$ -	0.00%	\$ 71,641.00
<b>TOTAL EXPENSES</b>	<b>\$ 668,649.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 668,649.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

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

\_\_\_\_\_

**Contractor: Bayview Hunters Point Foundation For Cmmnty Improvement**

**Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124**

**Tel. No.: (415) 468-5100**

**Fax No.: (415) 468-5104**



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

**PHP Division: Community Behavioral Health Services**

**INVOICE NUMBER:** M02 JL 14

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

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

**Fund Source:** General Fund

**Invoice Period:** July 2014

**Final Invoice:** (Check If Yes)

**ACE Control Number:** \_\_\_\_\_

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
<b>B-9 Family Mosaic Wraparound PC# - 8957 - HMMCP751594</b>												
60/ 70 - 39 CS-Client Hsng Support Exp	1,420				-	-	0%	#DIV/0!	1,420	-	100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ -	\$ -	\$ -	0.00%	\$ -
Fringe Benefits	\$ 8,000.00	\$ -	\$ -	0.00%	\$ 8,000.00
<b>Total Personnel Expenses</b>	<b>\$ 8,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 8,000.00</b>
<b>Operating Expenses:</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Other: DMS Flex	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 8,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 8,000.00</b>
Indirect Expenses	\$ 960.00	\$ -	\$ -	0.00%	\$ 960.00
<b>TOTAL EXPENSES</b>	<b>\$ 8,960.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 8,960.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

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: Bayview Hunters Point Foundation For Community Improvement**

**Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124**

**Tel. No.: (415) 468-5100**

**Fax No.: (415) 468-5104**

**CBHS**

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

**PHP Division: Community Behavioral Health Services**

**INVOICE NUMBER:** M04 JL 14

**Cl.Blanket No.: BPHM** TBD

**Cl. PO No.: POHM** TBD

**Fund Source:** MHSA-Prop63-PMHS63-1510

**Invoice Period:** July 2014

**Final Invoice:** \_\_\_\_\_ (Check if Yes)

**ACE Control Number:** \_\_\_\_\_

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
<b>B-12 Balboa Teen Health Center PC# - 38518</b>												
45/ 10 - 19 MH Promotion	789	1,200	-	-	-	-	0%	0%	789	1,200	100%	100%
45/ 20 - 29 Cmmnty Clients Svcs	1,265	150	-	-	-	-	0%	0%	1,265	150	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 157,209.00	\$ -	\$ -	0.00%	\$ 157,209.00
Fringe Benefits	\$ 45,000.00	\$ -	\$ -	0.00%	\$ 45,000.00
<b>Total Personnel Expenses</b>	<b>\$ 202,209.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 202,209.00</b>
<b>Operating Expenses:</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 603.00	\$ -	\$ -	0.00%	\$ 603.00
General Operating	\$ 2,438.00	\$ -	\$ -	0.00%	\$ 2,438.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Participant Incentives, Food for Groups	\$ 7,516.00	\$ -	\$ -	0.00%	\$ 7,516.00
YAB Member Stipends	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 10,557.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 10,557.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 212,766.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 212,766.00</b>
Indirect Expenses	\$ 25,531.00	\$ -	\$ -	0.00%	\$ 25,531.00
<b>TOTAL EXPENSES</b>	<b>\$ 238,297.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 238,297.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

**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: Bayview Hunters Point Foundation For Cmnty Improvement**

**Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124**

**Tel. No.: (415) 468-5100**

**Fax No.: (415) 468-5104**

**CBHS**

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

**PHP Division: Community Behavioral Health Services**

**INVOICE NUMBER:** M08 JL 14

**Cl. Blanket No.: BPHM** TBD

User Cd

**Cl. PO No.: POHM** TBD

**Fund Source:** DCYF Work Order-HMMCHDMCLWO

**Invoice Period:** July 2014

**Final Invoice:** \_\_\_\_\_ (Check if Yes)

**ACE Control Number:** \_\_\_\_\_

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
<b>B-13 Dimensions LGBT Outpatient</b>												
45/20 - 29 Cmnty Client Svcs	950	50			-	-	0%	0%	950	50	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 67,570.00	\$ -	\$ -	0.00%	\$ 67,570.00
Fringe Benefits	\$ 18,000.00	\$ -	\$ -	0.00%	\$ 18,000.00
<b>Total Personnel Expenses</b>	\$ 85,570.00	\$ -	\$ -	0.00%	\$ 85,570.00
<b>Operating Expenses:</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Participant Incentives	\$ 524.00	\$ -	\$ -	0.00%	\$ 524.00
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	\$ 524.00	\$ -	\$ -	0.00%	\$ 524.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	\$ 86,094.00	\$ -	\$ -	0.00%	\$ 86,094.00
Indirect Expenses	\$ 10,331.00	\$ -	\$ -	0.00%	\$ 10,331.00
<b>TOTAL EXPENSES</b>	\$ 96,425.00	\$ -	\$ -	0.00%	\$ 96,425.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

**NOTES:**  
HSA Work Order - HMMCHDMCLWO - \$95,000.00  
GF - WO CODB - HMMCP75164 - \$1,425.00

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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: Bayview Hunters Point Foundation For Cmmnty Improvement

Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124

Tel. No.: (415) 488-5100

Fax No.: (415) 488-5104



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

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M10 JL 14

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: Family Mosaic Capitated Medi-Cal

Invoice Period: July 2014

Final Invoice: (Check if Yes)

ACE Control Number: \_\_\_\_\_

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-9 Family Mosaic Wraparound PC# - 8957 - HMHMCP8628CH												
60/ 60 - 69 Case Mgt Support	9,613						0%	#DIV/0!	9,613		100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 39,725.00	\$ -	\$ -	0.00%	\$ 39,725.00
Fringe Benefits	\$ 11,202.00	\$ -	\$ -	0.00%	\$ 11,202.00
<b>Total Personnel Expenses</b>	<b>\$ 50,927.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 50,927.00</b>
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Other: FMP Wrap Around Services	\$ 3,231.00	\$ -	\$ -	0.00%	\$ 3,231.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 3,231.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 3,231.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 54,158.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 54,158.00</b>
Indirect Expenses	\$ 6,498.00	\$ -	\$ -	0.00%	\$ 6,498.00
<b>TOTAL EXPENSES</b>	<b>\$ 60,656.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 60,656.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

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

\_\_\_\_\_

INVOICE NUMBER: 801 JL 14

CLB Blanket No.: BPHM TBD

CLFO No.: POHM TBD

Fund Source: General Fund

Invoice Period: July 2014

Final Invoice: (Check if Yes)

ACE Control Number: \_\_\_\_\_

**CBHS**

Contractor: Bayview Marina Point Foundation for Community Improvement

Address: 150 Executive Park Blvd, Suite 2000, San Francisco, CA 94124

Tel No.: (415) 488-5100

Fax No.: (415) 488-5104

Funding Term: 07/01/2014 - 06/30/2016

PHP Division: Community Behavioral Health Services

HMHSCORE227	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:					

DELIVERABLES Program Name/Project, UDC Model/Mode # - Risk Fund (as of)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UDC	CLIENTS	UDC	CLIENTS			UDC	CLIENTS	UDC	CLIENTS	UDC	CLIENTS
B-1 Diabetes Medication Management POC - 2014	65,812				\$ 32.44	\$ -	0.00%		0.00%		65,812,000	
NTP-08 SA-Narcotic Tx Mgt. Reimbursement Therapy All State Connections	30,422				\$ 26.00	\$ -	0.00%		0.00%		30,422,000	
NTP-08 SA-Narcotic Tx Mgt. Reimbursement Therapy All State Connections	1,085				\$ 333	\$ -	0.00%		0.00%		1,085,000	
B-1 Outpatient Medication Management Data POC - 2014	150				\$ 32.44	\$ -	0.00%		0.00%		150,000	
NTP-08 SA-Narcotic Tx Mgt. Reimbursement Therapy All State Connections	446				\$ 16.80	\$ -	0.00%		0.00%		446,000	
B-2 Self Management Community Coaching POC - 2014	19,858				\$ 12.84	\$ -	0.00%		0.00%		19,858,000	
NTP-08 SA-Narcotic Tx Mgt. Reimbursement Therapy All State Connections	1,042				\$ 84.40	\$ -	0.00%		0.00%		1,042,000	
NTP-08 SA-Narcotic Tx Mgt. Reimbursement Therapy All State Connections	5,132				\$ 84.40	\$ -	0.00%		0.00%		5,132,000	
B-2 Youth Suicide Prevention Intervention Families	261				\$ 117.28	\$ -	0.00%		0.00%		261,000	
PilPrev-12 SA-PilPrevention - Education	419				\$ 24.87	\$ -	0.00%		0.00%		419,000	
PilPrev-12 SA-PilPrevention - Problem Ids Referrals	6				\$ 178.00	\$ -	0.00%		0.00%		6,000	
PilPrev-12 SA-PilPrevention - Family Based	300				\$ 28.33	\$ -	0.00%		0.00%		300,000	
<b>TOTAL</b>	<b>123,223</b>		<b>0.00%</b>			<b>\$ -</b>	<b>0.00%</b>		<b>0.00%</b>		<b>328,228,000</b>	<b>\$ 2,932,257.28</b>
Budget Amount						\$ 2,932,425.00						\$ 2,932,425.00

SUBTOTAL AMOUNT DUE \$ -  
 Less: Initial Payment Recovery  
 (or other) 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 this contract approved for services provided under the provision of that contract. Full justification and backup records for those

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 B  
 PAGE A

Control Number  
 \_\_\_\_\_

Contractor: Bayview Hunters Point Foundation for Community Improvement

Address: 160 Embarcadero Park Blvd, Suite 2800, San Francisco, CA 94124

Tel No.: (415) 468-5100

Fax No.: (415) 468-5104

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

PHP Division: Community Behavioral Health Services

**CBHS**

INVOICE NUMBER: S06 JL 14

Cl.Blanket No.: BPHM TBD

Cl.PO No.: POHM TBD

Fund Source: SAPT HIV Ser/Aids # 93-059

Invoice Period: July 2014

Final Invoice: \_\_\_\_\_ (Check if Yes)

ACE Control Number: \_\_\_\_\_

Unduplicated Clients for Exhibit	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
HHHCQR9227					

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Req'd Unit Modality/Code # - Sub Fund (if any)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-3 AIDS Opt-Out HIV Early Intervention PES - 35143/35144												
And-B5 SA And/Or Bins HIV Early Intervention	250				\$100.00	\$ -	0.000		0.00%		250.000	
<b>TOTAL</b>	250		0.000				0.000		0.00%		250.000	
	<b>Budget Amount</b>				\$ 25,000.00				<b>% of Budget</b>			<b>Remaining Budget</b>
									0.00%		\$ 25,000.00	

25,000.00

SUBTOTAL AMOUNT DUE \$ \_\_\_\_\_  
 Less: Initial Payment Recovery (Facility 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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

Send to:  
 Community Programs Budget/ Invoice Analyst  
 1880 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: M05(B) JL 14

CL/Blanket No.: BPHM TBD

User Cd

CI PO No.: POHM TBD

Fund Source: GF, SDMC Regular FFP, MH Realignment

Invoice Period: July 2014

Final Invoice: \_\_\_\_\_ (Check if Yes)

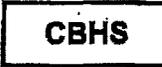
ACE Control Number: \_\_\_\_\_

Contractor: **Bayview Hunters Point Foundation for Community Improvement**

Address: 150 Executive Park Blvd., Suite 2800, San Francisco, CA 94134

Tel. No.: (415) 468-5100

Fax No.: (415) 468-5104



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

PHP Division: Community Behavioral Health Services

HHHMCCT30515	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 Data Only

DELIVERABLES Program Name/Repts. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UDS	CLIENTS	UDS	CLIENTS			UDS	CLIENTS	UDS	CLIENTS	UDS	CLIENTS
B-5 Adult Behavioral Health PC# - 30513 - HHHMCCT30515												
15/ 40 - 57 MH Svcs	283,163				\$ 2.80	\$ -	0.000		0.00%		283,163.000	\$ 762,223.60
16/ 60 - 68 Medication Support	34,672				\$ 4.76	\$ -	0.000		0.00%		34,672.000	\$ 165,038.72
16/ 76 - 79 Crisis Intervention-OP	1,386				\$ 3.85	\$ -	0.000		0.00%		1,386.000	\$ 5,474.70
16/ 01 - 08 Case Mgt Brokerage	39,074				\$ 2.00	\$ -	0.000		0.00%		39,074.000	\$ 78,148.00
48/ 20 - 28 Cmnty Client Svcs	400				\$ 104.99	\$ -	0.000		0.00%		400.000	\$ 41,832.00
<b>TOTAL</b>	<b>368,665</b>		<b>0.000</b>				<b>0.000</b>		<b>0.00%</b>		<b>368,665.000</b>	<b>\$ 1,052,717.22</b>
	<b>Budget Amount</b>					<b>\$ 1,052,716.00</b>		<b>Expenses To Date</b>	<b>% of Budget</b>		<b>Remaining Budget</b>	
								<b>\$ -</b>	<b>0.00%</b>		<b>\$ 1,052,716.00</b>	

**SUBTOTAL AMOUNT DUE** \$ -  
 Less: Initial Payment Recovery  
 (For PH 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: \_\_\_\_\_  
 Title: \_\_\_\_\_

Date: \_\_\_\_\_

Send to:  
 Community Programs Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103

DPH Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/28/2014

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 may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

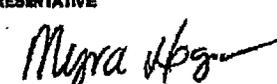
<b>PRODUCER</b> Merriwether & Williams Insurance License No.: OCO1378 550 Montgomery St., Suite 550 San Francisco CA 94111		<b>CONTACT NAME:</b> Asia Villao <b>PHONE (A/C. No. Ext.):</b> (415) 986-3999 <b>FAX (A/C. No.):</b> (415) 986-4421 <b>EMAIL:</b> <b>ADDRESS:</b>	
<b>INSURED</b> Bayview Hunters Point Foundation for Community Improvement Jalani House, Inc. 150 Executive Park, Suite 2800 San Francisco CA 94134		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Scottsdale Insurance Co. <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** CL14102806189                      **REVISION NUMBER:**

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

LINE LTR	TYPE OF INSURANCE	ADDITIONAL INSURER (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b>		0880065026	11/1/2014	11/1/2015	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>OCCUR</b> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <b>DED</b> <b>RETENTION \$</b>					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <small>(Mandatory in NH)</small> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
A	<b>PROFESSIONAL LIABILITY</b> <b>CLAIMS-MADE</b>		0880065026 RETRO: 10/23/1999	11/1/2014	11/1/2015	PER CLAIM 1,000,000 AGGREGATE 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
The City and County of San Francisco, its officers, agents and employees are Additional Insured but only insofar as to the operations under contract are covered that such policies are primary insurance to any other insurance. See attached General Liability Additional Insured Endorsement CG 202611 and Professional Liability Additional Insured Endorsements CLS-59s

<b>CERTIFICATE HOLDER</b>  The City and County of San Francisco Community Behavioral Services 1380 Howard Street San Francisco, CA 94103	<b>CANCELLATION</b>  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  
---	--

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
SCHEDULE**

**Name of Additional Insured Person(s) or Organization(s)**

The City and County of San Francisco, its officers, agents and employees  
Community of Behavioral Services  
1380 Howard Street  
San Francisco, CA 94103

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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

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



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT  
NO.

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (24 H A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS0065026	11/1/2014	Bayview Hunters Point Foundation for Community Improvement Jelani House, Inc.	Nagley Associates 29518

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED (VICARIOUS)—DESIGNATED PERSON OR ORGANIZATION**

*This endorsement modifies insurance provided under the following:*

**PROFESSIONAL LIABILITY COVERAGE PART  
PROFESSIONAL LIABILITY COVERAGE FORM**

**SCHEDULE**

**Name of Person or Organization:**

City and County of San Francisco, its officers, agents and employees  
Community of Behavioral Services  
1380 Howard Street  
San Francisco, CA 94103

In consideration of the premium charged, the coverage afforded under the Coverage Part/Form is extended to the Person or Organization designated above as an Additional Insured but only for any vicarious liability imposed upon the Additional Insured for the negligence of the Named Insured. There is no coverage for the Person or Organization listed above for its sole negligence or any other negligence unless it is the negligence of the Named Insured and such negligence arises directly from the Named Insured's activities performed for the Additional Insured.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/1/2015

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 may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> SelectSolutions Insurance Services, LLC 1350 Carback Avenue Walnut Creek, CA 94596	<b>CONTACT NAME</b> PHONE (A/C No. Ext): 866-500-8359		<b>FAX (A/C No.)</b> : (866) 804-8449
	<b>EMAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #:</b>		
<b>INSURED</b> Bayview Hunters Point Foundation 150 Executive Park #2800 San Francisco, CA 94134-	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> State Compensation Insurance Fund		35076
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

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

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

INER LTR	TYPE OF INSURANCE	ADOL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DEDUCTIBLE \$ RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	9018013	7/1/2015	7/1/2016	<input checked="" type="checkbox"/> INC STALL-TORY LIMITS <input type="checkbox"/> OTH-ER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000

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

Evidence of Insurance

<b>CERTIFICATE HOLDER</b> City & County of San Francisco Community Mental Health Services 1380 Howard St San Francisco, CA 94103	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/24/2015

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 may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Arthur J. Gallagher & Co. Insurance Brokers of CA, Inc. LIC #0726293 1255 Battery Street, Suite 450 San Francisco CA 94111	<b>CONTACT NAME:</b> _____	
	<b>PHONE (AG, No. Ext):</b> _____	<b>FAX (AG, No):</b> _____
<b>E-MAIL ADDRESS:</b> _____		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Bayview Hunter's Point Foundation (0740) 150 Executive Park, #2800 San Francisco, CA 94134	<b>INSURER A:</b> NonProfits' United Vehicle Ins Pool	
	<b>INSURER B:</b> _____	
	<b>INSURER C:</b> _____	
	<b>INSURER D:</b> _____	
	<b>INSURER E:</b> _____	
	<b>INSURER F:</b> _____	

**COVERAGES** **CERTIFICATE NUMBER: 1936782879** **REVISION NUMBER:** \_\_\_\_\_

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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOD AGG \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		NPU1000-15	7/1/2015	7/1/2016	COMBINED SINGLE LIMIT (EA ACCIDENT) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED: _____ RETENTION \$: _____					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE / OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Any Auto means any covered auto under the NPU Vehicle Insurance Program.

Certificate Holder and its Officers, Employees and agents are included as Additional Covered Parties, per Attached Endorsement.

<b>CERTIFICATE HOLDER</b>  City & County of San Francisco Community Mental Health Svcs. 1380 Howard Street - 4th Floor San Francisco CA 94103 USA	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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COMMERCIAL AUTO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NonProfits' United Vehicle Insurance Pool  
Automobile Liability Coverage  
**ADDITIONAL COVERED PARTY ENDORSEMENT**

This endorsement modifies insurance provided under the following:  
BUSINESS AUTO COVERAGE FORM  
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

The "Who is an Insured" section of your Automobile Liability Insurance is changed by adding the following:

Who is Covered includes any person or organization from whom you have leased an auto, from which you have received funding for your operations, or for who you provide services. These persons or organization are protected, if they require to be named, and you agree to name them, as an additional insured, if indicated on the attached Certificate of Coverage, but only with respect to liability arising out of the ownership, use, maintenance, loading or unloading of a covered auto.

**Cancellation:**

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named on the certificate, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

**Premium Payments:**

Those persons or organizations are not responsible for paying premiums for your coverage.

Insured and Policy Number: As shown on the Certificate of Insurance attached.

Effective Date: July 1, 2015 to July 1, 2016 (or otherwise indicated)

Authorized Representative:



ENDORSEMENT AGREEMENT  
WAIVER OF SUBROGATION

REP 31  
9018013-15  
RENEWAL  
NA  
2-54-23-40  
PAGE 1



HOME OFFICE  
SAN FRANCISCO

EFFECTIVE JULY 7, 2015 AT 12.01 A.M.  
AND EXPIRING JULY 1, 2016 AT 12.01 A.M.

ALL EFFECTIVE DATES ARE  
AT 12:01 AM PACIFIC  
STANDARD TIME OR THE  
TIME INDICATED AT  
PACIFIC STANDARD TIME

BAYVIEW HUNTR'S PT FND FR CM IMP

150 EXECUTIVE PARK BLVD STE 2800  
SAN FRANCISCO, CA 94134

ANYTHING IN THIS POLICY TO THE CONTRARY NOTWITHSTANDING,  
IT IS AGREED THAT THE STATE COMPENSATION INSURANCE FUND  
WAIVES ANY RIGHT OF SUBROGATION AGAINST,

SF COMMUNITY BEHAVIORAL HEALTH SERVICES

WHICH MIGHT ARISE BY REASON OF ANY PAYMENT UNDER THIS  
POLICY IN CONNECTION WITH WORK PERFORMED BY,

BAYVIEW HUNTR'S PT FND FR CM IMP

IT IS FURTHER AGREED THAT THE INSURED SHALL MAINTAIN  
PAYROLL RECORDS ACCURATELY SEGREGATING THE REMUNERATION  
OF EMPLOYEES WHILE ENGAGED IN WORK FOR THE ABOVE  
EMPLOYER.

IT IS FURTHER AGREED THAT PREMIUM ON THE EARNINGS OF SUCH  
EMPLOYEES SHALL BE INCREASED BY 03%.

NOTHING IN THIS ENDORSEMENT CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE  
OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS  
POLICY OTHER THAN AS STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE  
HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR  
LIMITATIONS OF THIS ENDORSEMENT.

COUNTERSIGNED AND ISSUED AT SAN FRANCISCO:

JULY 9, 2015

2570

AUTHORIZED REPRESENTATIVE

PRESIDENT AND CEO



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

**Agreement between the City and County of San Francisco and  
  
Bayview Hunters Point Foundation**

This Agreement is made this 1st day of July, 2010, in the City and County of San Francisco, State of California, by and between: Bayview Hunters Point Foundation 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94134, hereinafter referred to as "Contractor," and the City and County of San Francisco, a municipal corporation, hereinafter referred to as "City," acting by and through its Director of the Office of Contract Administration or the Director's designated agent, hereinafter referred to as "Purchasing."

**Recitals**

WHEREAS, the Department of Public Health, Community Behavioral Health Services (CBHS) wishes to provide Mental Health and Substance Abuse Services; and,

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

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

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number 4151-09/10 on 6/21/10;

Now, THEREFORE, the parties agree as follows:

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

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

2. **Term of the Agreement.** Subject to Section 1, the term of this Agreement shall be from July 1, 2010 to December 31, 2015.
3. **Effective Date of Agreement.** This Agreement shall become effective when the Controller has certified to the availability of funds and Contractor has been notified in writing.
4. **Services Contractor Agrees to Perform.** The Contractor agrees to perform the services provided for in Appendix A, "Description of Services," attached hereto and incorporated by reference as though fully set forth herein.
5. **Compensation.** Compensation shall be made in monthly payments on or before the 30th 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 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed Twenty Seven Million Four Hundred Fifty One Thousand Eight Hundred Fifty Seven Dollars (\$27,451,857). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by **Department of Public Health** as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.
6. **Guaranteed Maximum Costs.** The City's obligation hereunder shall not at any time exceed the amount certified by the Controller for the purpose and period stated in such certification. Except as may be provided by laws governing emergency procedures, officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Commodities or Services beyond the agreed upon contract scope unless the changed scope is authorized by amendment and approved as required by law. Officers and employees of the City are not authorized to offer or promise, nor is the City required to honor, any offered or promised additional funding in excess of the maximum amount of funding for which the contract is certified without certification of the additional amount by the Controller. The Controller is not authorized to make payments on any contract for which funds have not been certified as available in the budget or by supplemental appropriation.
7. **Payment; Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller, and must include a unique invoice number and must conform to Appendix F. All amounts paid by City to Contractor shall be subject to audit by City. Payment shall be made by City to Contractor at the address specified in the section entitled "Notices to the Parties."
8. **Submitting False Claims; Monetary Penalties.** Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at <http://www.municode.com/Library/clientCodePage.aspx?clientID=4201>. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the

City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

9. **Disallowance.** If Contractor claims or receives payment from City for a service, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement. By executing this Agreement, Contractor certifies that Contractor is not suspended, debarred or otherwise excluded from participation in federal assistance programs. Contractor acknowledges that this certification of eligibility to receive federal funds is a material terms of the Agreement.

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

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

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

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

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

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

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

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

**14. Independent Contractor; Payment of Taxes and Other Expenses**

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

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

expenses under this Agreement are not greater than they would have been if the court, arbitrator, or administrative authority determined that Contractor was not an employee.

## 15. Insurance

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

1) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and

2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and

3) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

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

5) Fidelity Bond.

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

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

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

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

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

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

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

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

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

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

## **16. Indemnification**

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

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

**18. Liability of City.** CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 5 OF

THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT.

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

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

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

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

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

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

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

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

amounts due to Contractor under this Agreement or any other agreement between City and Contractor all damages, losses, costs or expenses incurred by City as a result of such Event of Default and any liquidated damages due from Contractor pursuant to the terms of this Agreement or any other agreement.

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

## 21. Termination for Convenience

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

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

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

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

3) Terminating all existing orders and subcontracts.

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

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

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

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

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

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

allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.

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

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

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

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

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

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

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

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

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

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

**24. Proprietary or Confidential Information of City**

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

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

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

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

e. All of the reports, information, and other materials prepared or assembled by Contractor under this Agreement shall be submitted to the Department of Public Health Contract Administrator and

shall not be divulged by Contractor to any other person or entity without the prior written permission of the Contract Administrator listed in Appendix A.

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

To CITY:	Office of Contract Management and Compliance Department of Public Health 101 Grove Street, Room 307 San Francisco, California 94102	FAX: (415) 252-3088 e-mail: luciana.garcia@sfdph.org
And:	Eric Ciasullo (CDTA) 415.252.3031 1380 Howard Street, 4 <sup>th</sup> floor San Francisco, California 94103	FAX: 415.252.3031 e-mail: eric.ciasullo@sfdph.org
To CONTRACTOR:	Bayview Hunters Point Foundation 150, Executive Park Blvd, Suite 2800 San Francisco, California 94134	FAX: 468-5104 e-mail: jacob.moody@bayviewci.org

Any notice of default must be sent by registered mail.

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

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

## **28. Audit and Inspection of Records**

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

State of California or any federal agency having an interest in the subject matter of this Agreement shall have the same rights conferred upon City by this Section.

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

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

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

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

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

**31. Non-Waiver of Rights.** The omission by either party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by the other party at the time designated, shall not be a waiver of any such default or right to which the party is entitled, nor shall it in any way affect the right of the party to enforce such provisions thereafter.

**32. Earned Income Credit C) Forms.** Administrative Code section 17.001 requires that employers provide their employees with IRS Form W-5 (The Earned Income Credit Advance Payment Certificate) and the IRS EIC Schedule, as set forth below. Employers can locate these forms at the IRS Office, on the Internet, or anywhere that Federal Tax Forms can be found. Contractor shall provide EIC Forms to each Eligible Employee at each of the following times: (i) within thirty days following the date on which this Agreement becomes effective (unless Contractor has already provided such EIC Forms at least once during the calendar year in which such effective date falls); (ii) promptly after any Eligible Employee is hired by Contractor; and (iii) annually between January 1 and January 31 of each calendar year during the term of this Agreement. Failure to comply with any requirement contained in subparagraph (a) of this Section shall constitute a material breach by Contractor of the terms of this Agreement. If, within thirty days after Contractor receives written notice of such a breach, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of thirty days, Contractor fails to commence efforts to cure within such period or thereafter fails to diligently pursue such cure to completion, the City may pursue any rights or remedies available under this Agreement or under applicable law. Any Subcontract entered into by Contractor shall require the subcontractor to comply, as to the subcontractor's Eligible Employees, with each of the terms of this section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Section 120 of the San Francisco Administrative Code.

### **33. Local Business Enterprise Utilization; Liquidated Damages**

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

#### **b. Compliance and Enforcement**

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

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

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

#### 34. Nondiscrimination; Penalties

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

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

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

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

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

35. **MacBride Principles—Northern Ireland.** Pursuant to San Francisco Administrative Code § 12F.5, the City and County of San Francisco urges companies doing business in Northern Ireland to move towards resolving employment inequities, and encourages such companies to abide by the MacBride Principles. The City and County of San Francisco urges San Francisco companies to do

business with corporations that abide by the MacBride Principles. By signing below, the person executing this agreement on behalf of Contractor acknowledges and agrees that he or she has read and understood this section.

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

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

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

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

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

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

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

**43. Requiring Minimum Compensation for Covered Employees**

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

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

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

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

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

f. Contractor's commitment to provide the Minimum Compensation is a material element of the City's consideration for this Agreement. The City in its sole discretion shall determine whether such a breach has occurred. The City and the public will suffer actual damage that will be impractical or extremely difficult to determine if the Contractor fails to comply with these requirements. Contractor agrees that the sums set forth in Section 12P.6.1 of the MCO as liquidated damages are not a penalty, but are reasonable estimates of the loss that the City and the public will incur for Contractor's noncompliance. The procedures governing the assessment of liquidated damages shall be those set forth in Section 12P.6.2 of Chapter 12P.

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

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

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

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

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

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

c. Contractor's failure to comply with the HCAO shall constitute a material breach of this agreement. City shall notify Contractor if such a breach has occurred. If, within 30 days after receiving

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

d. Any Subcontract entered into by Contractor shall require the Subcontractor to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section. Contractor shall notify City's Office of Contract Administration when it enters into such a Subcontract and shall certify to the Office of Contract Administration that it has notified the Subcontractor of the obligations under the HCAO and has imposed the requirements of the HCAO on Subcontractor through the Subcontract. Each Contractor shall be responsible for its Subcontractors' compliance with this Chapter. If a Subcontractor fails to comply, the City may pursue the remedies set forth in this Section against Contractor based on the Subcontractor's failure to comply, provided that City has first provided Contractor with notice and an opportunity to obtain a cure of the violation.

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

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

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

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

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

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

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

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

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

#### 45. First Source Hiring Program

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

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

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

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

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

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

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

6) Set the term of the requirements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

immersion. The term "saltwater immersion" shall mean a pressure-treated wood that is used for construction purposes or facilities that are partially or totally immersed in saltwater.

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

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

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

**51. Construction.** All paragraph captions are for reference only and shall not be considered in construing this Agreement.

**52. Entire Agreement.** This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This contract may be modified only as provided in Section 48, "Modification of Agreement."

**53. Compliance with Laws.** Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.

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

**55. Supervision of Minors.** Contractor, and any subcontractors, shall comply with California Penal Code section 11105.3 and request from the Department of Justice records of all convictions or any arrest pending adjudication involving the offenses specified in Welfare and Institution Code section 15660(a) of any person who applies for employment or volunteer position with Contractor, or any subcontractor, in which he or she would have supervisory or disciplinary power over a minor under his or her care. If Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach (separately and collectively, "Recreational Site"), Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or volunteer position to provide those services if that person has been convicted of any offense that was listed in former Penal Code section 11105.3 (h)(1) or 11105.3(h)(3). If Contractor, or any of its subcontractors, hires an employee or volunteer to provide services to minors at any location other than a Recreational Site, and that employee or volunteer has been convicted of an offense specified in Penal Code section 11105.3(c), then Contractor shall comply, and cause its subcontractors to comply with that section and provide written notice to the parents or guardians of any minor who will be supervised or disciplined by the employee or volunteer not less than ten (10)

days prior to the day the employee or volunteer begins his or her duties or tasks. Contractor shall provide, or cause its subcontractors to provide City with a copy of any such notice at the same time that it provides notice to any parent or guardian. Contractor shall expressly require any of its subcontractors with supervisory or disciplinary power over a minor to comply with this section of the Agreement as a condition of its contract with the subcontractor. Contractor acknowledges and agrees that failure by Contractor or any of its subcontractors to comply with any provision of this section of the Agreement shall constitute an Event of Default. Contractor further acknowledges and agrees that such Event of Default shall be grounds for the City to terminate the Agreement, partially or in its entirety, to recover from Contractor any amounts paid under this Agreement, and to withhold any future payments to Contractor. The remedies provided in this Section shall not be limited to any other remedy available to the City hereunder, or in equity or law for an Event of Default, and each remedy may be exercised individually or in combination with any other available remedy. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

**56. Severability.** Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.

**57. Protection of Private Information.** Contractor has read and agrees to the terms set forth in San Francisco Administrative Code Sections 12M.2, "Nondisclosure of Private Information," and 12M.3, "Enforcement" of Administrative Code Chapter 12M, "Protection of Private Information," which are incorporated herein as if fully set forth. Contractor agrees that any failure of Contractor to comply with the requirements of Section 12M.2 of this Chapter shall be a material breach of the Contract. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract, bring a false claim action against the Contractor pursuant to Chapter 6 or Chapter 21 of the Administrative Code, or debar the Contractor.

**58. Graffiti Removal.** Graffiti is detrimental to the health, safety and welfare of the community in that it promotes a perception in the community that the laws protecting public and private property can be disregarded with impunity. This perception fosters a sense of disrespect of the law that results in an increase in crime; degrades the community and leads to urban blight; is detrimental to property values, business opportunities and the enjoyment of life; is inconsistent with the City's property maintenance goals and aesthetic standards; and results in additional graffiti and in other properties becoming the target of graffiti unless it is quickly removed from public and private property. Graffiti results in visual pollution and is a public nuisance. Graffiti must be abated as quickly as possible to avoid detrimental impacts on the City and County and its residents, and to prevent the further spread of graffiti. Contractor shall remove all graffiti from any real property owned or leased by Contractor in the City and County of San Francisco within forty eight (48) hours of the earlier of Contractor's (a) discovery or notification of the graffiti or (b) receipt of notification of the graffiti from the Department of Public Works. This section is not intended to require a Contractor to breach any lease or other agreement that it may have concerning its use of the real property. The term "graffiti" means any inscription, word, figure, marking or design that is affixed, marked, etched, scratched, drawn or painted on any building, structure, fixture or other improvement, whether permanent or temporary, including by way of example only and without limitation, signs, banners, billboards and fencing surrounding construction sites, whether public or private, without the consent of the owner of the property or the owner's authorized agent, and which is visible from the public right-of-way. "Graffiti" shall not include: (1) any sign or banner that is authorized by, and in compliance with, the applicable requirements of the San Francisco Public Works Code, the San Francisco Planning Code or the San Francisco Building Code; or (2) any mural or other painting or marking on the property that is protected as a work of fine art under the California Art Preservation Act (California Civil Code Sections 987 et seq.) or as a work of visual art under the Federal Visual Artists Rights Act of 1990 (17 U.S.C. §§ 101 et seq.).

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

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

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

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

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

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

Bayview Hunters Point Foundation  
July 1, 2010 through June 30, 2011

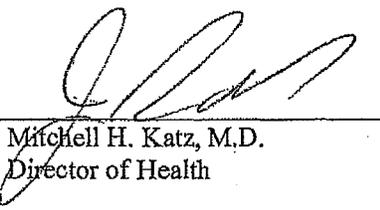
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR

Recommended by:

Bayview Hunters Point Foundation

  
\_\_\_\_\_  
Mitchell H. Katz, M.D.  
Director of Health

11-2-10  
/ Date

Approved as to Form:

Dennis J. Herrera  
City Attorney

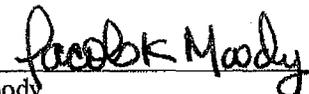
By signing this Agreement, I certify that I comply with the requirements of the Minimum Compensation Ordinance, which entitle Covered Employees to certain minimum hourly wages and compensated and uncompensated time off.

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

By:   
\_\_\_\_\_  
Terence Howzell  
Deputy City Attorney

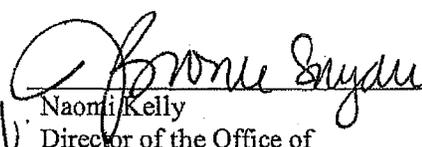
11/10/10  
/ Date

Approved:

  
\_\_\_\_\_  
Jacob Moody  
Executive Director  
150 Executive Park Blvd, Suite 2800,  
San Francisco, CA 94134

10-26-10  
/ Date

City vendor number: 03121

  
\_\_\_\_\_  
Naomi Kelly  
Director of the Office of  
Contract Administration and  
Purchaser

12/23/10  
/ Date

RECEIVED  
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Bayview Hunters Point Foundation  
July 1, 2010 through June 30, 2011

Appendices

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



**Appendix A**  
**Services to be provided by Contractor**

**I. Terms**

**A. Contract Administrator:**

In performing the Services hereunder, Contractor shall report to **Program Person, 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. Acknowledgment of Funding:

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

K. Client Fees and Third Party Revenue:

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

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

L. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

M. 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.

N. Quality Assurance:

Contractor agrees to develop and implement a Quality Assurance 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 Assurance Plan.

O. 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.

P. Clinics to Remain Open: (CMHS/mental health outpatient contracts only)

Outpatient clinics are part of the San Francisco Department of Public Health Community Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CMHS Central Access Team, 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.

Q. Quality Improvement: (CMHS/mental health only)

CONTRACTOR agrees to participate in and comply with the current CMHS Quality Management Plan requirements.

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

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

S. 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.

T. Harm Reduction

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

**2. Description of Services**

Detailed description of services are listed below and are attached hereto

Appendix A-1 Methadone Maintenance

Appendix A-2 Jail Methadone Courtesy Dosing Program

Appendix A-3 HIV Opt-Out Testing

Appendix A-4 Youth Moving Forward

Appendix A-5 Jail Methadone Courtesy Dosing Program

Appendix A-6 Outpatient Mental Family Center

Appendix A-7 Children's Behavioral Health Program

Appendix A-8 AB3632 School-Based Services

Appendix A-9 Balboa Teen Health Center

Appendix A-10 Family Mosaic Project

Appendix A-11 Anchor Project

Appendix A-12 Dimensions Outpatient LGBT Youth Substance Abuse

**1. Agency and Program Information**

Bayview Hunters Point Foundation for Community Improvement  
Narcotic Treatment Program: Methadone Maintenance  
1625 Carroll Street  
San Francisco, CA 94124  
Jacob K. Moody, Executive Director  
Lillian Shine, Deputy Director  
Alfredta Nesbitt, Program Director, Substance Abuse Services  
Ph. (415) 822-8200  
Fax (415) 822-6822

**2. Nature of Document**

New     Renewal     Modification

Providers of Behavioral Health Services

**3. Goal Statement**

The goal of the Bayview Outpatient Methadone Maintenance Treatment Program is to support clients in the development of a productive and independent life through the provision of appropriate medical, psychological, and case management treatment services to improve the clients' quality of life and support successful rehabilitation.

**4. Target Population**

The Methadone Maintenance Program targets San Francisco residents who are abusing, addicted, or at-risk for addiction to heroin and suffer from its attendant mental health and physical health disorders, and who are unable to cease the use of heroin without medical assistance. These individuals are adults and older adults aged 18 and over. The African-American population and the following communities in the Southeast sector of San Francisco such as the Bayview Hunters Point and Sunnyside are targeted. However, any individual may reside anywhere in San Francisco. There are no residency requirements for MediCal beneficiaries.

**5. Modality of Service/Intervention**

A. Modality: Methadone Maintenance

Program A	B	C	D
Units of Service (UOS) Description	Units of Service	Number of Clients	Unduplicated Clients (UDC)
<b>Dispensing</b> 197 contracted slots x 365 days per yr x .993 (utilization rate) =	71,473	197	197
<b>Individual Counseling</b> 197 clients x 9.5 (10 min. couns. increments) per month x 12 months	22,635	197	197
<b>Groups</b> 89 clients x 1 (10 min. couns. increments) per month x 12 months	1,062	89	89
<b>Total UDC Served</b>			197

**6. Methodology**

**Program Description/Philosophy:**

The Methadone Maintenance Program embraces the San Francisco Department of Public Health's principles of Harm Reduction and Cultural Competency to provide the highest quality treatment services for clients. Adherence to these principles facilitates efforts by clients to return to successful community living in as productive and independent lifestyle as possible.

Each client entering the Methadone Maintenance Program receives an intake assessment, medical examination, and a mental status examination. No more than five percent of clients will be placed on a detoxification regimen designed to facilitate their transition to methadone maintenance treatment. Additionally, clients participate with counselors in developing and regularly reviewing their individualized treatment plans which identify quantifiable quarterly and annual goals. In the ongoing phases of treatment, clients are required to participate in individual counseling sessions. Support groups, structured educational experiences, and recovery activities are available on a voluntary basis for interested clients. All clients will come to the clinic daily for their methadone dosing.

All clients will be offered the opportunity to participate in both individual and group mental health counseling provided by the Bayview Hunters Point Foundation Mental Health services. Staff from both programs will hold regular

case conferences to determine clients' needs, the best methodology for psychological support towards recovery, and monitor client progress.

The Methadone Maintenance Treatment Program will also assist clients in reaching and maintaining productive opiate-free lives.

**Admission Criteria:**

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

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

**Intended and Average Length of Stay:**

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

**Criteria for Successful Participation:**

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

**Criteria for Successful Completion:**

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

program uses client established treatment plan goals to define the place on the continuum where the client starts and ends.

**Strategies:**

The Methadone Maintenance Program's administrative staff manages its list of interested persons who are awaiting methadone maintenance services. The Clinical Director and Methadone Program Coordinator have responsibility for holding regularly scheduled individual and group supervision sessions with the counseling staff. The dual purpose of these sessions is to both oversee the counseling staff's ongoing clinical work and to provide them with in-service training to further develop their skills for the continued operation of a client-directed and rehabilitation-oriented therapeutic milieu. This milieu program will include the following levels of client participation:

- Intake and orientation
- Program operation
- Transition
- Aftercare

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

**Needs Assessment**

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

- A summary of the client's psychological and sociological background, including specific educational and vocational experiences, skills (technical, vocational, artistic, etc.), and interests.
- The client's strengths, needs, abilities, and preferences, which are documented in the client's own words
- An assessment of the client's needs for:
  - Dental, Vision, Health, Mental Health, and Complementary Care
  - HIV and Venereal Disease/Infectious Disease screening
  - Educational, economic, and legal services
  - Vocational habilitation and or rehabilitation

**Treatment Plan**

- Quantifiable short-term (requires 90 days or less to achieve) and long-term (requires over 90 days to achieve) goals to be achieved by the client that are based on identified needs with estimated target dates for their attainment;

- Specific behavioral tasks the client must accomplish to achieve each treatment plan goal within the time period of the estimated target dates;
- A description of the type, purpose and frequency of counseling and program activities the client will be participating in;
- Clients' primary counselors will formally evaluate and update the needs assessments and treatment plans every three months (or sooner if indicated) from the date of clients' signed admission to the program. A twice a year review will also occur at joint mental health case conferences. This review process will be documented and include:
  - An evaluation of the results stemming from the monthly progress notes;
  - A summary of the client's progress or lack thereof towards achieving each of the identified goals in their previous treatment plan. Changes, adjustments, and additions to the client needs assessment;
  - New goals and behavioral tasks for any newly identified needs, and related changes in the type and frequency of the counseling
  - Services being provided to the client as well as their level of participation in the program;
  - The completed, updated treatment plan becoming effective on the day the primary counselor signs it.

The Coordinator of the Methadone Maintenance Program and the Medical Director will review all initial and updated treatment plans and needs assessments within 14 calendar days from the effective dates of the plans. They both will countersign these documents upon their final review to signify concurrence with the findings and will both record and sign any amendments to the individual plans where it is deemed clinically or medically (for the Medical Director only) appropriate.

**Outreach:**

The Methadone Maintenance Program's primary outreach relationship is with the Centralized Opiate Program Evaluation (COPE). Currently, clients being referred from the COPE for Methadone Maintenance treatment may be either admitted directly to the Methadone Maintenance program, or a detoxification may occur prior to assignment to the Methadone Maintenance Program. Additional outreach relationships have been developed with Project Homeless Connect (PHC), Southeast Health Center, and the PAES counseling service. Street outreach is also conducted to recruit clients.

**Discharge Criteria for non-compliance:**

Fourteen (14) days of no showing for dosing and/or threats or acts of violence against staff or other clients. Clients may request a fair hearing if they feel that discharge is unfair. In circumstances where clients are immediately discharged and terminated from the Methadone Maintenance Program, they are referred to other Narcotic Treatment Programs in the San Francisco Bay Area.

**Schedule:**

The schedule for Methadone Maintenance dosing is as follows:

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

**Linkages:**

Outside resources are regularly utilized for all Methadone Maintenance clients when they are ready to receive these services: For life skills classes, vocational training, job placement and counseling services, and financial support. These programs include, Positive Directions Equal Change; Northern California Service League; San Francisco Homeless Connect; Bayview Mental Health Services; Swords to Plowshares; Westside Community Services; SF Department of Human Services County Adult Assistance Programs.

**Staffing:**

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

**7. Objectives and Measurements**

**A. Performance/Outcome Objectives**

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

**A.2.a.** During fiscal year 2010-2011 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by Avatar discharge codes, applicable to both Adult/Older Adult & CYF Substance Abuse Treatment Providers.

**A.2.a(iii).** Methadone objective- 70% of clients admitted into methadone treatment will still be in methadone treatment and stay in treatment for 12 months after admission.

**A.2.b.** Substance Abuse Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program for 60 days or longer. For Substance Abuse Residential Treatment Providers, this will be measured from admission to discharge for clients who remain in the program for 30 days or longer.

**A.2.c.** Substance Abuse Treatment Providers will show a reduction of days in jail or prison from admission to discharge for 60% of new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer.

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

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

**F.1.b.** All clients and families at intake an annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. *The new Avatar system will allow electronic documentation of such information.*

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

**G.1.a.** For all contractors and civil service clinics, information on self-help alcohol and drug association Recovery groups (such as Alcoholics Anonymous, Alateen, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. *Cultural Competency Unit will compile the informing material on self-help Recovery groups and make it available to all contractors and civil service clinics by September 2010.*

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

**H.1.a.** Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families.

**H.1.b.** Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families.

**B. Other Measurable Objectives/Process Objectives**

**C.4a.** During fiscal year 2010-11, 70% of closed treatment episodes will show three or more service days of treatment as measured by Avatar rating clients engaged in the treatment process.

**C.6c.** During fiscal year 2010-11 100% of unduplicated clients or prevention participants in attendance at the program on the targeted satisfaction survey days will be given and encouraged to complete the Citywide Client Satisfaction Survey.

**D.1a.** During fiscal year 2010-2011, 95,170 units of service will be provided, consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by Avatar and documented by counselors' case notes and program records.

**D.4d.** During fiscal year 2010-11, all Substance Abuse Prevention providers will complete a common risk assessment tool for 60% of the program participants.

**D.5a.** Each program will complete a new self-assessment with the COMPASS every two (2) years (a new COMPASS must be completed every other fiscal year).

**D.5b.** Using the results of the most recently completed COMPASS (which must be completed every 2 years), each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

- D.5c.** Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).
- D.5d.** Each program will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).
- D.5e.** During Fiscal Year 2010-11, each program will participate in one Primary Care partnership activity with the Department of Public Health or Public Health Consortium Clinic located in closest proximity to their program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.
- D.5f.** Providers will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT.
- D.6a.** Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2010 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2011. Reports should be sent to both program managers and the DPH/EEO.
- D.8a.** If applicable each program shall report to CBHS Administrative Staff on Innovative and/ or best practices being used by the program including available outcome data.
- D.9a.** During Fiscal Year 2010-11, Substance Abuse Providers will make quarterly Improvement in the accuracy of assessment and recording of admission and discharge CalOMS data for the following ADP and County priority questions:
- 1) Change in all AOD use from admission to discharge
  - 2) Change in housing from admission to discharge
  - 3) Change in any arrests in the 30 days prior to discharge compared with any arrests 30 days prior to admission

- 4) Change in employment or in school from admission to discharge
- 5) Length of stay from date of admission to date of last service
- 6) Change in emergency room visits and hospital overnights from admission to discharge
- 7) Change in mental health outpatient emergency and psychiatric facility visits from admission to discharge

#### 8. Continuous Quality Improvement

This modality currently enters data into Avatar and accepts the following requirements:

- Maintain connection to the Avatar database;
- Remain committed to collecting client and service data with integrity by appropriately trained and skilled staff;
- Enter data into the Avatar computerized database as instructed, by appropriately trained staff in an accurate and timely manner to ensure accurate preparation of invoices;
- Review, analyze, comment and reconcile reports prepared by CBHS, including keeping these reports organized and on-site; and
- Remain licensed by the State Department of Alcohol and Drug Programs (DADP), be in compliance with DADP licensing regulations, and maintain C.A.R.F. accreditation through the State Alcohol & Mental Health Services Administration (SAMHSA) as required under new federal regulations.

The Methadone Maintenance Program will comply with San Francisco Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Contractor: Bayview Hunt Point Foundation  
Program: Jail Methadone Courtesy Dosing Program

Appendix A-2

Contract Term (MM/DD/YY)  
7/01/10 through 6/30/11

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

**1. Agency and Program Information**

Bayview Hunters Point Foundation for Community Improvement  
Jail Methadone Courtesy Dosing Program  
1625 Carroll Street  
San Francisco, CA 94124  
Jacob K. Moody, Executive Director  
Lillian Shine, Deputy Director  
Alfreda Nesbitt, Program Director, Substance Abuse Services  
Ph. (415) 822-8200  
Fax (415) 822-6822

**2. Nature of Document**

New     Renewal     Modification

Providers of Behavioral Health Services

**3. Goal Statement**

The Bayview Jail Methadone Maintenance and Detoxification Program (Jail Courtesy Dosing) will provide daily doses of methadone to incarcerated clients as provided in community-based Narcotic Treatment Programs (whether Methadone Maintenance or Detoxification) in order to facilitate transition back to the community Narcotic Treatment Program once the client is released.

**4. Target Population**

All programs target San Francisco residents who are abusing, addicted, or at-risk for addiction. The population served in this Jail Methadone Courtesy Dosing Program consists of multi-cultural, incarcerated adult male, female and transgender heroin abusers who are unable to cease the use of heroin without medical assistance, are currently registered in a Narcotic Treatment Program, and are incarcerated in the San Francisco City and County jails.

**5. Modality of Service/Intervention**

A. Modality: Methadone Maintenance

<i>Program A</i>	<i>B</i>	<i>C</i>	<i>D</i>
<i>Units of Service (UOS) Description</i>	<i>Units of Service</i>	<i>Number of Clients</i>	<i>Unduplicated Clients (UDC)</i>
<i>Dispensing</i> 66 contracted slots x 365 days per yr x .79.53 (utilization rate) =	19,092	66	66
<b>Total UDC Served</b>			66

**6. Methodology**

**Program Description/Philosophy:**

The Jail Methadone Maintenance and Detoxification Programs provide methadone maintenance or detoxification dosing services to eligible incarcerated clients. The staff dispensing nurses for this program, after obtaining the appropriate documentation and medical orders from the treating physicians of the incarcerated clients' at their home clinics, provide daily methadone maintenance or detoxification dosing services as prescribed by the clients' clinic physicians.

The Jail Methadone Dosing Program embraces the San Francisco Department of Public Health's principles of Harm Reduction and Cultural Competency to provide the highest quality treatment services resources for clients. Adherence to these principles facilitates efforts by clients to return to successful community living in a productive and independent lifestyle as possible.

**Admission Criteria:**

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

**Intended and Average Length of Stay:**

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

Contractor: Bayview Hunters Point Foundation  
Program: Jail Methadone Courtesy Dosing Program

Appendix A-2

Contract Term (MM/DD/YY)  
7/01/10 through 6/30/11

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

**Strategies:**

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

**Discharge Criteria for Non-Compliance:**

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

**Schedule:**

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

**Progression:**

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

**Linkages:**

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

City Fiscal Year (CBHS only):

**Staffing:**

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

**7. Objectives and Measurements**

**A. Performance/Outcome Objectives**

**B. Other Measurable Objectives/Process Objectives**

- D.1a. During fiscal year 2010-2011, ~~19,092~~ units of service (doses of Methadone) will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.
- D.5a. Each program will complete a new self-assessment with the COMPASS every two (2) years (a new COMPASS must be completed every other fiscal year).
- D.5b. Using the results of the most recently completed COMPASS (which must be completed every 2 years), each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).
- D.5c. Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).
- D.5d. Each program will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental

health and substance abuse problems as required by CBHS Integration Policy (Manual Number 1.05-01).

- D.5e.** During Fiscal Year 2010-11, each program will participate in one Primary Care partnership activity with the Department of Public Health or Public Health Consortium Clinic located in closest proximity to their program.

Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.

- D.6a.** Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2010 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2011. Reports should be sent to both program managers and the DPH/EEO.

- D.8a.** If applicable each program shall report to CBHS Administrative Staff on innovative and/ or best practices being used by the program including available outcome data.

## **8. Continuous Quality Improvement**

This modality does not enter data into Avatar since eligible clients are already registered at their home clinics. However, the Jail Methadone Courtesy Dosing Program accepts and adheres to the following requirements:

- Connection to CBHS Avatar is not applicable for this program
- Remain committed to collecting client and service data with integrity by appropriately trained and skilled staff;
- Enter data into the agency's computerized database as instructed by appropriately trained staff in an accurate and timely manner to ensure accurate preparation of invoices;

Contractor: Bayview Hunt Point Foundation  
Program: Jail Methadone Courtesy Dosing Program

Appendix A-2

Contract Term (MM/DD/YY)  
7/01/10 through 6/30/11

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

- CBHS does not prepare a report for the Jail Methadone Courtesy Dosing Program, as units of service for this program are not entered into BIS. However, this program will prepare reports for CBHS as required, which will include units of service and the unduplicated client count.
- Remain licensed by the State Department of Alcohol and Drug Programs (DADP), be in compliance with its licensing regulation, and maintain accreditation as required through the Substance Abuse & Mental Health Services Administration (SAMHSA) under new federal regulations.

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

Contractor: Bayview Hunters Point Foundation

Appendix A-3

Program: HIV Opt-Out Testing

Contract Term (MM/DD/YY)  
7/01/10 through 6/30/11

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

**1. Agency and Program Information**

Bayview Hunters Point Foundation for Community Improvement  
HIV Set Aside: Routine Opt-Out HIV Screening, Counseling, and  
Placement

1625 Carroll Street

San Francisco, CA 94124

Jacob K. Moody, Executive Director

Lillian Shine, Deputy Director

Alfredta Nesbitt, Program Director, Substance Abuse Services

Ph. (415) 822-8200

Fax (415) 822-6822

**2. Nature of Document**

New       Renewal       Modification

**3. Goal Statement**

The goal of opt-out HIV screening is to reduce the spread of HIV/AIDS by providing routine testing to clients who are enrolled in our narcotic treatment program. In addition, it is the program's goal to reduce risk among clients who are at-risk for HIV infection and to link those who test positive for HIV to care.

**4. Target Population**

The program targets adults aged eighteen and over who are being admitted to the narcotic treatment program and those who are presently enrolled in the narcotic treatment program, who are abusing, addicted, or at-risk for addiction and do not know their HIV status. The African-American population and the following communities in the Southeast sector of San Francisco such as the Bayview Hunters Point and Sunnydale are targeted. However, any individual may reside anywhere in San Francisco. Those individuals who are also homeless/indigent are also targeted.

Program services will also be offered to the partners of clients served by the narcotic treatment program and to the targeted populations in the communities of Bayview Hunters Point, Sunnydale, and Potrero Hill.

Contractor: Bayview Hunters Point Foundation  
 Program: HIV Opt-Out Testing

Contract Term (MM/DD/YY)  
 7/01/10 through 6/30/11

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

**5. Modality of Service/Intervention**

**A. Modality: Ancillary Services**

**Strategy 65 – HIV Early Intervention Services**

Those activities involved in the prevention and delay of the progression of HIV by encouraging HIV counseling, testing, assessment of the progression of the disease and the provision of prophylactic and anti-viral prescription drugs.

<i>Program A</i>	<i>B</i>	<i>C</i>	<i>D</i>
<i>Units of Service (UOS) Description</i>	<i>Units of Service</i>	<i>Number of Clients</i>	<i>Unduplicated Clients (UDC)</i>
<i>Community Engagement-170 Groups 1 Group equals 1 Hour of Preparation plus 1 Hour of Presentation total 340 hours</i>	<i>170</i>		
<i>Testing 197 x 1 cycle 1 Cycle equals Pre-Counseling plus Blood Draw/Test plus Post-Counseling and Results plus Referral equals 197 cycles</i>	<i>197</i>	<i>197</i>	<i>197</i>
<b>Total UOS Delivered</b>	<b>367</b>		<b>197</b>
<b>Total UDC Served</b>			

**6. Methodology**

**Program Description/Philosophy:**

“Opt-out” HIV screening means that medical care providers do not need to obtain written consent for HIV testing and may incorporate testing as part of primary or general medical care. Prior to ordering a test that identifies infection with HIV, a medical care provider shall inform the client that the test is planned, provide information about the test, inform the patient that there are numerous treatment options available for a client who tests positive for HIV and that a person who tests negative for HIV should continue to be routinely tested, and advise the client that he or she has the right to decline the test. If a client declines the test, the

Contractor: Bayview Hunters Point Foundation

Appendix A-3

Program: HIV Opt-Out Testing

Contract Term (MM/DD/YY)

7/01/10 through 6/30/11

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

medical care provider shall note that fact in the client's medical file. A significant program goal of opt-out HIV screening is disclosure of HIV status to potential and/ or current sexual and/ or needle sharing partners and program design should prioritize the completion of this phase, as well as successful linkage strategies for those patients testing HIV-positive.

HIV/AIDS is having a devastating effect on poor communities and communities of color. Combined with substance use and abuse these effects are compounded and pose a significant threat to the continued well-being of these communities. This program is designed to reduce the negative effects of HIV/AIDS and improve the life of the recovering client. For those seeking treatment for addiction this program embodies a belief that early detection can prolong both the quantity and quality of a person's life, that no one needs to face this disease alone, and that families and their support are integral to long-term survival. This philosophy echoes the goal of this program which is to reduce risk of HIV infection and link those who are HIV positive to care. The treatment philosophy of this program is to fully embrace the principles of Harm Reduction and Cultural Competency in order to provide the highest quality treatment services and resources for clients.

**Admission Criteria:**

Clients being treated in one of the Bayview Substance Abuse Services treatment programs, who are residents of San Francisco and have a history of substance abuse or those who are in treatment and do not know their HIV status.

**Strategies:**

Each program participant will receive the following services:

- At the time of admission/induction to treatment and annually, each client will be informed that they will receive an HIV test, which they may decline to take.
- Intake assessment to determine clients' needs and HIV-related risk behaviors;
- Individualized treatment plan and risk-reduction plans will be developed to reduce HIV-related drug and sexual risk behaviors.
- Post-test counseling will be conducted after test results have been received by the program. If client tests HIV positive, referrals to care will be made.

**Contractor: Bayview Hunters Point Foundation**

**Appendix A-3**

**Program: HIV Opt-Out Testing**

**Contract Term (MM/DD/YY)**

**7/01/10 through 6/30/11**

**City Fiscal Year (CBHS only):**

**Funding Source (AIDS Office & CHPP only):**

- Individual and group counseling, referrals, partner disclosure, and follow-up services for individual and partner of individual in the narcotic treatment program who is receiving services
- Advocacy and assistance with appropriate health and social service agencies

**Community Engagement:**

Engagement activities are carried out in-house and off-site within the other service units of the Bayview Substance Abuse Programs, particularly through the program's HIV counselor. This engagement focuses on identifying and providing support services to clients in treatment and in the community who may need those services. Community engagement is primarily focused on targeting and working with populations who are at-risk of HIV infection. Engagement strategies include the following:

- Recruiting individuals for HIV testing at programs in the Bayview Hunters Point, Sunnydale, and Potrero Hill communities
- Conducting presentations about our services at the different programs in the Bayview Hunters Point, Sunnydale, and Potrero Hill communities. Flyers with our program's information on where to go for HIV testing will be provided to these programs.
- Conducting groups on prevention, risk assessment and reduction, the importance of being tested for HIV, and other HIV related topics at these different programs in the aforementioned communities as well as at the Bayview Hunters Point Narcotic Treatment Program
- Clients who are new to the Bayview Hunters Point Narcotic Treatment Program will attend a mandatory HIV Prevention and Risk Reduction group upon admission to the program
- Existing clients at the Bayview Hunters Point Narcotic Treatment Program will attend a mandatory HIV Prevention and Risk Reduction group on each 90-day update of their treatment plan
- Methadone Counselors at the Bayview Hunters Point Narcotic Treatment Program will refer clients to the HIV Counselor for in-depth counseling of general HIV-related issues

**Schedule:**

Services are available Monday through Friday, 6:00am to 2:00pm.

A typical weekly schedule would be:

Monday – Friday: Intake, risk reduction counseling, and advocacy.

Program: HIV Opt-Out Testing

Contract Term (MM/DD/YY)  
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Funding Source (AIDS Office & CHPP only):

**Progression:**

A client's need for support services and risk-reduction counseling is usually intensified during the initial stages treatment. However, support services and risk-reduction counseling will remain ongoing as long as the client remains in treatment. For those who opt-out of HIV screening or still have not been screened, counselors will check-in with those clients every 90 days about getting tested for HIV. Additionally, treatment plans are revised and updated every 90 days. All clients' risk will be re-assessed for HIV infection every 90 days, and all clients will receive ongoing risk reduction counseling.

**Linkages:**

The primary linkages are in-house with the other Bayview Substance Abuse treatment units for HIV-positive clients in need of substance abuse treatment. For HIV-positive clients in need of medical services, referrals are made to the Southeast Health Center, the Early Access Medical Clinic at San Francisco General Hospital, the Southeast Partnership for Health-Center of Excellence, and the Early Intervention Program at Southeast Health Center. Other linkages that the program has include the the Centralized Opiate Program Evaluation (COPE), Project Homeless Connect (PHC), the PAES counseling service, Bayview Mental Health program, and Swords to Plowshares.

**Staffing:**

The program's clinical and administrative staff ensures efficient and effective program operation and service delivery. Refer to Exhibit B for more information on staffing.

**7. Objectives and Measurements**

**A. Performance/Outcome Objectives**

- 100% of HIV- or unknown HIV-status patients will be informed they will receive an HIV test at induction and annually and that they may decline the test.
- 90% of patients who have a confirmed HIV-positive test result will be offered partner services options.

Contractor: Bayview Hunters Point Foundation

Appendix A-3

Program: HIV Opt-Out Testing

Contract Term (MM/DD/YY)  
7/01/10 through 6/30/11

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

- 90% of patients who have a confirmed HIV-positive test result will be linked to HIV medical care and at a minimum, these patients will have an HIV-related medical appointment made and kept.

### **B. Other Measurable Objectives/Process Objectives**

- D.1a.** During fiscal year 2010-2011, 367 units of service (UOS) will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for this modality and as documented in counselors' case notes and program records.
- D.4d.** During Fiscal Year 2010-11, all Substance Abuse Prevention providers will complete a common risk assessment for 60% of the program participants.
- D.5a.** Each program will complete a new self-assessment with the COMPASS every two (2) years (a new COMPASS must be completed every other fiscal year).
- D.5b.** Using the results of the most recently completed COMPASS (which must be completed every 2 years), each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).
- D.5c.** Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).
- D.5d.** Each program will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).
- D.5e.** During the Fiscal Year 2010-11, each program will participate in one Primary Care partnership activity with the Department of Public Health or

Contractor: Bayview Hunters Point Foundation

Appendix A-3

Program: HIV Opt-Out Testing

Contract Term (MM/DD/YY)  
7/01/10 through 6/30/11

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

Public Health Consortium Clinic located in closest proximity to their program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.

- D.6a.** Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2010 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2011. Reports should be sent to both program managers and the DPH/EEO.
- D.8a.** If applicable each program shall report to CBHS Administrative Staff on innovative and/ or best practices being used by the program including available outcome data.
- D.9a.** During the Fiscal Year 2010-11, Substance Abuse Providers will make quarterly improvements in the accuracy of assessment and recording of admission and discharge CalOMS data for the following ADP and County priority questions:
- 1) Change in all AOD use from admission to discharge
  - 2) Change in housing from admission to discharge
  - 3) Change in any arrests in the 30 days prior to discharge compared with any arrests 30 days prior to admission
  - 4) Change in employment or in school from admission to discharge
  - 5) Length of stay from date of admission to date of last service
  - 6) Change in emergency room visits and hospital overnights from admission to discharge
  - 7) Change in mental health outpatient emergency and psychiatric facility visits from admission to discharge.

## **8. Continuous Quality Improvement**

This modality currently enters data into the Avatar and accepts the following requirements:

- Maintain connection to the Avatar database;
- Remain committed to collecting client and service data with integrity by appropriately trained and skilled staff;

**Contractor: Bayview Hunters Point Foundation**

**Appendix A-3**

**Program: HIV Opt-Out Testing**

**Contract Term (MM/DD/YY)**

**7/01/10 through 6/30/11**

**City Fiscal Year (CBHS only):**

**Funding Source (AIDS Office & CHPP only):**

- Enter data into the Avatar computerized database as instructed by appropriately trained staff in an accurate and timely manner to ensure accurate preparation of invoices; and,
- Review, analyze, comment and reconcile reports prepared by CBHS, including keeping these reports organized and on-site.

The program will comply with the San Francisco Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

City Fiscal Year (CBHS only): 10-11

1. **Program Name: Youth Moving Forward**  
**Program Address:** 5015 Third Street  
**City, State, Zip Code:** San Francisco, CA 94124  
**Telephone:** ( 415 ) 822-1585  
**Facsimile:** ( 415 ) 822-6443

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

- New**       **Renewal**       **Modification**

3. **Goal Statement**

The goal of the Youth Moving Forward Substance Abuse Treatment Outpatient Program is to provide coordinated treatment including individual, group, family and collateral counseling to African-American youth community in San Francisco with particular emphasis on the Southeastern section of San Francisco, Western Addition and Potrero Hill. Youth Moving Forward is operated by The Foundation with Potrero Hill Neighborhood House as a sub-contractor. In addition, this contract provides three months of close-out costs to Morrisania West, Inc., a former member of this collaboration, using The Foundation as a fiscal intermediary.

4. **Target Population**

The target population for the YMF program is African-American youth ages 12-21 who reside in the Southeastern (Bayview-Hunters Point, Sunnysdale) section and Western Addition and Potrero Hill communities who are at risk for substance abuse or who currently use and Abuse alcohol, drugs or tobacco. As part of its commitment to all youth in these changing neighborhoods, YMF will also provide outreach, referral and services to the Latino, Asian-Pacific and GBLQT communities within these sectors. YMF will connect with language appropriate service providers for those youth seeking services in a language other than English.

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

Program 4A			
Units of Service (UOS) Description <i>BVHPF</i>	Units of Service	Number of Clients	Unduplicated Clients (UDC)
Individual Counseling: 4 substance abuse counselors x 30 hrs. of direct services per 1.0 FTE counselor per wk x 46 wks per year (2 wks vacation, 2 wks holiday, 2 wks sick leave)	5520	90	90
Group Counseling: 75 clients x 1.5 (10 min. couns. increments) per month x 12 months =	1350	75	75
<b>Total UOS</b>	<b>6870</b>		
<b>Total UDC Served</b>			<b>90</b>

Contractor: Bay View Treatment Center Foundation  
 Program: Youth Moving Forward- Substance Abuse Treatment  
 City Fiscal Year (CBHS only):

Contract Term (MM/DD/YY)  
 07 / 01 / 2010 through 06 / 30 / 2010  
 Funding Source (AIDS Office & CHPP only):

Program 4B			
Units of Service (UOS) Description PHNH	Units of Service	Number of Clients	Unduplicated Clients (UDC)
Individual Counseling: 3 substance abuse counselors x 30 hrs. of direct services per 1.0 FTE counselor per wk x 46 wks per year (2 wks vacation, 2 wks holiday, 2 wks sick leave)	4140	45	45
Group Counseling: 45 clients x 1.5 (10 min. couns. increments) per month x 12 months =	810	45	45
<b>Total UOS</b>	<b>4950</b>		
<b>Total UDC Served</b>			<b>45</b>

Program 4C			
Units of Service (UOS) Description MWI	B Units of Service	C Number of Clients	D Unduplicated Clients (UDC)
Close-Out Costs: Individual and group counseling, referrals, and transfer of records	3 (months) 45,896	n/a	n/a
<b>Total UOS</b>	<b>45,896</b>		
<b>Total UDC Served</b>			<b>n/a</b>

**6. Methodology**

FY 2010-2011 marks the fifth year of Youth Moving Forward. In the five years of its existence YMF has refined its methodology to focus on three treatment/intervention strategies to obtain maximum results. FY 2010-2011 marks the consolidation of all activities by service providers into a cohesive whole.

**Program Operation**

*Outreach, Assessment and Intake:*

The YMF program conducts outreach through various community resource centers; the program does outreach to the Juvenile Justice Probation Department, San Francisco Unified School District and community youth programs. The program receives referrals from the aforementioned entities. Eligibility for admission is based on a want, desire and need to address an individual's substance abuse problem. A written agreement is made with the client and program counselor. All relevant intake and informational documents are generated using Avatar. The client is provided an assessment and an initial history to determine any pre-existing factors that are relevant to the proposed treatment plan. The client is assigned to a counselor that best fits the clients' treatment profile. This assignment of counselor is based on gender, age or sexual orientation. The client is then provided an initial 30 day treatment plan and then a follow up 60 and 90 day plan.

### *Treatment Model*

The service delivery model is based on individual and group counseling sessions that are based on three phase progressions. The client is provided with an initial set of goals and objectives that are reviewed on a 30, 60 or 90 day basis and the clients progression to the next phase is determined by the success or failure in obtaining those goals. The individual sessions are conducted on a one to one basis in the counselor's office while the group sessions are conducted with similar situated clients by gender and age. There is a monthly co-ed group that focuses on building character through balanced relationships with the opposite sex. The individual sessions are conducted on a twice a week rotation unless the counselors assessment of the client calls for daily or more contact and interactions. The group sessions are on a weekly basis, with positive social outings scheduled on a weekly format.

The modality for programming is based on the **Adolescent Community Reinforcement Approach, (A-CRA)** a treatment modality that is Evidence Based practice approved by the Substance Abuse and Mental Health Services Administration (SAMHSA). This approach to alcohol and substance use treatment is a behavioral intervention that seeks to replace environmental contingencies that have supported alcohol or drug use with pro-social activities and behaviors that support recovery. A-CRA includes sessions for adolescents alone, parents/caregivers alone, and adolescents and parents/caregivers together. According to the adolescent's needs and self-assessment of happiness in multiple areas of functioning, therapists choose from among 17 A-CRA procedures that address problem-solving and communication skills and active participation in pro-social activities with the goal of improving life satisfaction and eliminating alcohol and substance use problems. Role-playing/behavioral rehearsal is a critical component of the skills training used in A-CRA, particularly for the acquisition of better communication and relapse prevention skills. Homework between sessions consists of practicing skills learned during sessions and participating in pro-social leisure activities.

In addition, counselors also use Cognitive Behavioral Intervention and Motivational Interviewing methods as a service modality. These intervention modalities have been used in the substance abuse services delivery system in San Francisco for many years and staff is well trained in their methodology.

The hours of operation are from 10 a.m. until 8p.m. with positive social activities provided on the weekend and selected overnight stays. The YMF Program has extensive linkages with youth based mental health programs for the referral of clients. The average length of stay for a client is one year. As an adolescent based program the YMF does encourage clients to continue in the program for a two year period, or until an appropriate referral to a positive social long term activity is accomplished.

### *Exit and After Care*

Once the client has accomplished his or her goals, the client is then provided with a comprehensive exit plan that provides the client with a referral to a more specifically focused program that promotes positive social activities and educational attainment and advancement. If the client is age appropriate they can still obtain YMF services through The Foundation's Bayview-Hunters Point

Prevention Programming or DCFY funded programming at Potrero Hill Neighborhood House. It is optional, based on the counselor's evaluation and assessment of the client, to reduce the individual treatment sessions on the basis of the clients' progression of their goals and objectives. This step-down process is decided with the assistance of the program Clinical Director. The counselor and the client prepare for the eventual program discharge while the clients in the third phase of the program.

#### *Program Supervision and Clinical Supervision*

All Program staff are supervised by a Program Coordinator housed at BVHPF and are provided monthly Clinical Supervision by the current Clinical Supervisor at BVHPF. Staff meets monthly to do a clinical case conference on clients, train on program innovations and build team. Program Coordinator and Clinical Supervisor review all notes entered into Avatar.

## 7. Objectives and Measurements

### A. Performance/Outcome Objectives

#### **Objective A.1: Reduced Psychiatric Symptoms**

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

A.2.a.(i) During Fiscal Year 2010-2011, at least 60% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes.

A.2.b Substance Abuse Outpatient Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program for 60 days or longer. For Substance Abuse Residential Treatment Providers, this will be measured from admission to discharge for clients who remain in the program for 30 days or longer.

#### **Objective A.3: Increase Stable Living Environment**

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

#### **Objective B.2: Treatment Access and Retention**

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

**Objective F.1: Health Disparity in African Americans**

**F.1.a Metabolic and health screening**

Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available.

Outpatient providers will document screening information in the Avatar Health Monitoring section. X

**F.1.b Primary Care provider and health care information**

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

**F.1.c Active engagement with primary care provider**

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

**Objective G.1: Alcohol Use/Dependency**

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

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

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

H.1.a Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families.

H.1.b Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families.

**8. Continuous Quality Improvement**

Bayview Hunters Point Foundation for Community Improvement (The Foundation) is committed to the provision of high quality, culturally effective programs that meet the needs of its clients. To this end for Youth Moving Forward, there are several systems in place to insure adherence and compliance with the goals and objectives found in this document.

- a. The Foundation and its subcontractors will guarantee compliance with Health Commission, Local, State, Federal and/or funding source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

- b. The Foundation, its internal program and all subcontractors will hold a quarterly Quality Assurance Meetings to determine the extent to which all sites are adhering to program standards and plans to remediate any deficiencies. Reports of these meetings will be transmitted to staff and to relevant DPH staff. These reports will include problems identified, strategies to improve, assigned staff to complete and date of completion.
- c. A collective staff meeting will be held twice a year to insure all program staffs are operating at optimum levels in all areas of the performance objectives.
- d. The Director of Compliance and Quality Assurance, a new position at The Foundation will on a quarterly basis at each program:
  - Review of client records
  - Review and insure the updating of written policies and protocols and practices
  - Conduct a preliminary in preparation for DPH Site audit
  - Conduct Expert review of educational materials developed by the program for clients
  - Insure adequate staff training
  - Chair the Quality Assurance Committee
- e. Youth Moving Forward will use a Clinical Supervisor who will:
  - Develop a Clinical consultation and supervision plan for each site and each staff member. Clinical supervision will occur on a weekly basis at each site.
  - Case Conferences to be held monthly at each site with the Clinical Supervisor.
- f. Staff will be supported to complete all required certification training and be released to attend DPH trainings as appropriate. The Director of Compliance and Quality Assurance and the Clinical Supervisor will determine if additional site and program trainings are necessary. In consultation with program directors, the DCQA and the CS will determine program changes that need to be made to meet performance objectives.
- g. A fiscal year end meeting will be held to assess performance and progress in collective action.

Contractor: : Bayview Hunters Foundation  
 Program: Primary Prevention-Substance Abuse

Appendix A-5

Contract Term (MM/DD/YY)  
 07 / 01 /2010 through 06.. /30 /2010

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

**1. Program Name: Bayview Hunters Point Foundation Youth Services-Primary Prevention-Substance Abuse**

**Program Address: 5015 Third Street**  
**City, State, Zip Code: San Francisco, CA 94124**  
**Telephone: ( 415 ) 822-1585**  
**Facsimile: ( 415 ) 822-6443**

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

New       Renewal       Modification

**3. Goal Statement**

The Bayview Hunters Point Foundation Prevention Programs goal is to improve the environmental literacy of the youth community by providing community action in the form of Outreach and direct involvement in issues that effect the quality of life in underserved communities of color. The Prevention Program also seeks to strengthen family through Educational outreach

**4. Target Population**

The target population for the Prevention program are youth and their families in the Bayview Hunters Point community. The program also seeks to influence policy makers by advocating environmental strategies that promote positive public policy.

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

<i>Program A</i>	<i>B</i>	<i>C</i>	<i>D</i>
<i>Units of Service (UOS) Description</i>	<i>Units of Service</i>	<i>Number of Clients</i>	<i>Unduplicated Clients (UDC)</i>
<i>1.0125 FTE x 40 hrs x 52 wks = 2106 hrs/3 = 702 hrs</i>			
<i>Community Based: 702 hours in cross program promotional seminars and strategies</i>	<i>702</i>	<i>50</i>	<i>50</i>
<i>Educational: 702 hours providing 1 hr skill bldg. wkshps, youth focused community events, and 1 hour school assemblies.</i>	<i>702</i>	<i>50</i>	<i>50</i>
<i>Environmental: 702 hours provided for 1-hr wkly clean up activities in community</i>	<i>702</i>	<i>50</i>	<i>50</i>
<b>Total UDC Served</b>			<b>150</b>

## 6. Methodology

The Primary Prevention Program is designed to address the needs of youth in Bayview Hunters Point that have not yet started substance use or are in a limited experimental stage of substance use. The program is linked to the SFDPH Prevention Plan and its goals and objectives.

Utilizing educational strategies and the Community Action Model, the program engages youth in activities that ground them in the neighborhood, expand their thinking about health activities and build connections to the entire population.

### **Substance Abuse Prevention Education and the Juvenile Justice Center**

The Program uses a model for prevention of risky behaviors that recognizes a continuum of change that starts with knowledge about a risk and progresses to change attitudes, beliefs and behaviors (KABB).

Based on this, the program begins substance abuse prevention efforts with building knowledge and supporting youth to gain perspective on their own behaviors and the risky behaviors of those around them by educating youth in schools and the Juvenile Justice Center about substance abuse and engaging them in reflective discussion.

Our site-based educational efforts address the second of the identified San Francisco Substance Abuse Prevention Services Strategic Plan goals: Changing norms and increasing public awareness of alcohol and other drugs.

#### *Small Group Education in Schools*

The program has taught substance abuse prevention in the schools for nearly 15 years, it now shifts its curriculum to the San Francisco CBHS' Special Programs for Youth (SPY) Health Education Substance Abuse Wellness Program that the program uses at the Juvenile Justice Center.

Counselors meet with the groups at their schools for an average of 15 hour-long sessions during the year. Meeting at lunch or during class depending on the preference of each school, sessions has a support group/rap group format that will begin with presentation of a topic with background/educational information and will move into facilitated discussion.

The primary objective of these sessions is to increase the knowledge of middle and high school youth about risks associated with substance abuse. Additionally, the program supports them to reflect on their pressures and choices, and to increase empowerment and skills for healthy behaviors. The relationship between substance abuse and other conditions such as truancy, anger, strained school, family and community relationships as well as poor mental health are explored.

Once a year the program administers a brief questionnaire to a sample of youth in small groups asking about any actual changes knowledge, beliefs and/or behaviors as a result of the groups in both the Juvenile Justice Center and schools. This will be in addition to the annual Satisfaction Survey. Together, the two contacts will help us to assess the effectiveness of the programs.

#### *Larger Group Presentations in Schools*

The Foundation has historically responded to requests from the schools to provide substance abuse prevention education presentations to larger groups in classrooms or assemblies. This program continues to do this for a minimum of 8 single session presentations of one hour or less at the six

schools mentioned above that will reach a minimum of 300 youth and as many as 500 pulling materials from the SPY curriculum.

The objective in these presentations is to help youth take the first step onto the continuum of prevention by increasing their knowledge about substance abuse and encouraging them to discuss it with us, with their peers, with their families and with other influential adults.

The efforts in schools that we have described here will be conducted in English only.

#### *Small Groups in the Juvenile Justice Center*

The program provides services at the Juvenile Justice Center. Using SF BHCS' Special Programs for Youth (SPY) Health Education Substance Abuse Wellness Program curriculum. The enrollment in the groups will change as youth move through the Center, but we anticipate that most youth will experience multiple sessions and some may have more than 20. We anticipate we will work with about 50 youth at anyone time and will reach an unduplicated minimum of 200 youth over the course of a 45 session year.

Once a year the program administers a brief questionnaire to a sample of youth in small groups asking about any actual changes knowledge, beliefs and/or behaviors as a result of the groups in both the Juvenile Justice Center and schools. This will be in addition to the annual Satisfaction Survey. Together, the two contacts will help us to assess the effectiveness of the programs.

#### **Environmental-Community Based**

The prevention environmental program service delivery is based on the Community Action Model. In the CAM the program trains participants to define, design and do community diagnosis. The youth then analyze the results of the community diagnosis and select an action or activity to implement. The youth then maintain and enforce the action and activity. The activity that we have chosen is litter removal and education. This activity takes place on weekends from 9-12 noon. The youth work in the BVHP residential community and remove discarded trash that is left on the streets; we then analyze what is the preponderant trash and focus on reducing that commodity in the community. For example, if most of the trash came from fast food restaurants, the youth would target that industry for a community action. We will also with the CBHS prevention programs to implement the Strengthening Families project.

#### **Family Centered Prevention**

Targeted in the Spring of 2011 the program will implement the Strengthening Families 14 week program per training and modifications approved by CYF system of care.

### **7. Objectives and Measurements**

#### **Objective E.1: Prevention**

E.1.a Establish at least two priority risk factors for your community/program based on the Communities That Cares (CTC) worksheet.

- By July 2010 the BVHP Youth Services Prevention program will implement an environmental strategy that uses the Community Action Model to reduce a negative environmental impact in the community they reside in.

- By October 2010 the BVHP prevention program will collaborate with the Youth Leadership Institute to implement a Community Action Model to effect public policy on a city wide basis.
  - Evaluation of the CAM action will be by client and community surveys conducted with the Youth Leadership Institute staff.
- By March of 2010 the Bayview Hunters Point Youth Services Prevention Program will collaborate with CBHS to implement the Strengthening Families Program.
  - Evaluation will be with the assistance of CBHS staff.

E.1.b Demonstrate a reduction in one risk factor for your community/population.

E.1.d In Fiscal Year 2010-2011, the rejection rate of data entered into State CalOMS Prevention must not exceed 5% annually.

E.1.e Create a project that addresses health disparities in African Americans related to alcohol advertising, availability and/or consumption. Central Administration must approve all provider projects.

#### **Objective F.1.a Metabolic and health screening**

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

#### **Objective G.1: Alcohol Use/Dependency**

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

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

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

H.1.a Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. H.1.b Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families.

Contractor: Bayview Hunters Point Foundation  
Program: Primary Prevention-Substance Abuse

Appendix A-5

Contract Term (MM/DD/YY)  
07 / through / /

City Fiscal Year (CBHS only):

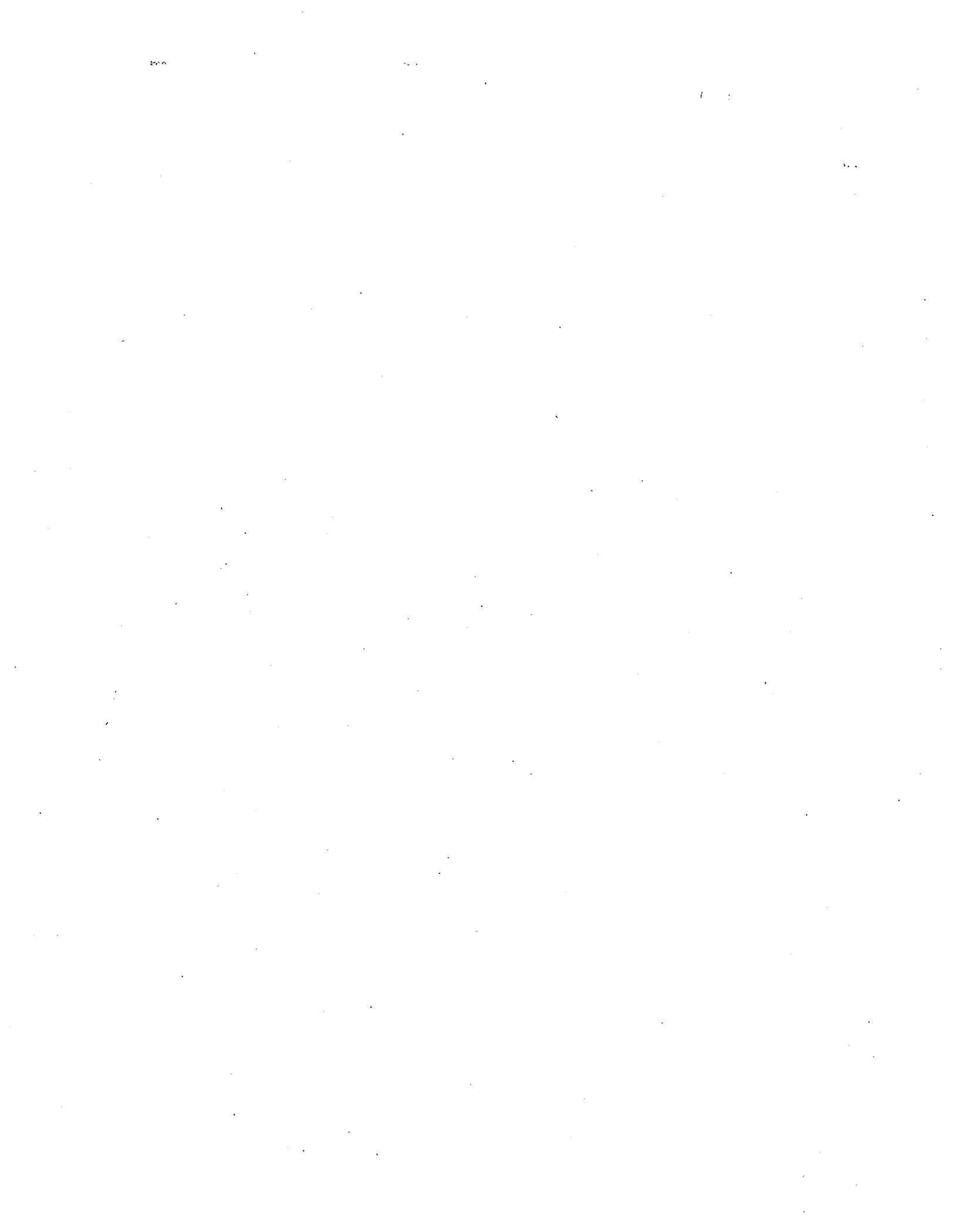
Funding Source (AIDS Office & CHPP only):

H.1.b Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families.

## 8. Continuous Quality Improvement

This Prevention modality will enter data into CalOMS Prevention and accept the following requirements:

- Since Prevention programs are incorporated into the CalOMS Prevention, Bayview Youth Services will participate in required training to facilitate the entering of data as required.
- Remain committed to collecting participant and service data with integrity by appropriately trained and skilled staff.
- To work with Community Substance Abuse Services in its efforts to collect data and to facilitate the development of the CalOMS Prevention computerized database for prevention services. Data currently tracked manually will be gathered and entered at least on a monthly basis.
- The Youth Services Prevention Program will prepare quarterly reports for CBHS as required.
- The Bayview Youth Service Prevention Program is not a treatment program. It is, therefore, not required to be certified by the State Department of Alcohol and Drug Programs (DADP). The Bayview Youth Services building does house other programs that involve treatment, and therefore does have DADP certification.



**1. Agency and Program Information**

Bayview Hunters Point Foundation  
Bayview Hunters Point Behavioral Health Program (BVHP BHP)  
5815 Third Street  
San Francisco, CA 94124  
Jacob K. Moody, Executive Director  
Lillian Shine, Deputy Director  
Debbera Burrell, Director, Behavioral Health Services  
Alfredta Nesbitt, Director, Narcotics & Substance Abuse  
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**2. Nature of Document**

New       Renewal       Modification

Providers of Integrated Behavioral Health Services

**3. Goal Statement**

The Bayview Hunters Point Foundation Behavioral Health Program will provide integrated mental health and substance abuse services for adults. The Foundation's goals are:

- \* to continue and expand mental health outpatient services for adults of all ages in a newly formed and integrated *Bay View Hunters Point Behavioral Health Program (BVHP BHP)*.
- \* to establish adult substance abuse outpatient treatment for 70 adults annually, co-located with mental health services at the BVHP BHP.
- \* to *better integrate the mental health and substance abuse services* which The Foundation has traditionally offered.

**4. Target Population**

The Bayview Hunters Point Behavioral Health Program will serve target population clients in San Francisco's mental health system who meet the County's eligibility guidelines and admissions criteria as identified through the access information and referral system. Additionally, CBHS policy stipulates that all programs are expected to provide coordinated care to target population clients who do not require specialty services, when necessary, as determined by CBHS administration. The Foundation plans to deliver outpatient behavioral health services that proportionally break down as follows:

- About 90% of outpatient services delivered will be to mental health and or integrated dual-diagnosis clients (e.g., to clients with serious behavioral health or co-occurring

City Fiscal Year (CBHS only): 7/01/10 – 6/30/11

mental health and substance abuse disorders). We estimate providing 285 adults with 7,939 units of service in this service track each year.

- About 10% of services will be delivered to single substance-abuse-only diagnosis clients. We estimate providing 70adults with 2,050 units of service in this service track each year.

Both service tracks will serve all adult age ranges (ages 18+) from transition age youth (TAY) to adults and older-adults (60+). Because of the nature of the challenges and inequities in the community (per Section a.1), targeted populations will naturally include adults from the following sub-groups:

- Indigent, homeless or marginally housed: Due to poverty in the target area, many clients – about 35% - have these housing challenges.
- Victims of violence/sexual violence: Approximately 65% of client present with trauma issues related to community/domestic/sexual violence.

The target population to be served will include registered residents, meeting CBHS eligibility criteria, who basically are:

- Victims of racial/cultural/language discrimination: Based on current data, we expect 70% of clients to be low-income African American, 15% to be low-income Latino, 10% to be low-income Caucasian, and 5% to be low-income Asian/Pacific Islander. Most have been victims of discrimination.
- Young adults aged 18-26: Historically, about 25% of clients fall in this age range. This group is developmentally distinct from other adults and can access services in our Youth Services Division as a first point of entry.
- Older Adults aged 60+: Historically, about 10% of clients fall in this age range, however, most of these have entered services under age 60, and turned 60 while in services.
- Families: The focus of the BVHP BHP is in fact whole-family treatment, recognizing that everyone is a product of family and environment. The Foundation will seek to increase behavioral health services to pregnant women.
- LGBTQQ: Historically, about 1% of clients identify themselves as LGBTQQ.
- Men who have sex with men/intravenous or methamphetamine users: Historically, about 1-2% of clients identify themselves in these categories.

Clients will be residents of the Southeast Sector of San Francisco and with most clients from zip codes 94124, 94134 and 94107.

Non-discrimination governs the provision of services, benefits and facilities to clients or potential clients. Concurrently, there is also a special focus on the provision of outpatient services to mentally ill ethnic minority populations, and to offer information and services in the primary language of the client.

*The Bayview Hunters Point Behavioral Health Program is a component of a community-based human service agency representing a diverse, multi-ethnic population. The program is staffed with licensed and license-eligible marriage & family therapists, social*

*workers, psychologists, and board certified psychiatrists who are oriented to the community and responsive to the issues of ethnicity, culture, language, and gender.*

*Through linkages with other community health service providers the Bayview Hunters Point Behavioral Health Program has developed a network of services to address the issues of clients with mental health, substance abuse, or co-occurring disorders. In response to the Bayview Hunters Point Health Disparities Report, the Bayview Hunters Point Foundation for Community Improvement and the Southeast Health Center has established the Bayview Health Campus. This collaboration will:*

- allow for BVHPFCI to serve a critical role where service gaps exist at SEHC.*
- allow for a natural referral conduit for SEHC patients into BVHPFCI services, and vice versa*
- be the practical manifestation of the SFDPH integration process*
- Facilitate co-management for our common patients*
- Serve as a platform from which community health coordination and planning can occur to address specific health disparities.*

The Behavioral Health Program provides mental health interventions to residents of San Francisco who have co-occurring chronic mental and substance abuse disorders, with an emphasis on reducing the number of people requiring more intensive levels of care. Through treatment and community services, logical, coordinated interventions will be provided to adult, adolescent and child residents of San Francisco. These services will be rehabilitation oriented and directed toward relieving or reversing the symptoms of emotional and mental disorders, and to reduce inpatient hospitalizations.

The Behavioral Health Program services are provided to adults. Outpatient services are usually provided on a regularly scheduled basis, with arrangements made for non-scheduled visits during times of increased stress or crisis. In promoting comprehensive care, services are provided at sites other than the mental health clinic (i.e., schools, etc.). As indirect services are provided to other individuals who play significant roles in the care of clients, as well as to agencies and programs offering direct services in the community.

## **5. Modality of Service/Intervention**

A. Modality: See CRDC, Exhibit B

B. Definition of Billable Services: Crisis Intervention, Medication Support Services, Mental Health Services, Assessment, Therapeutic Behavioral Services, Outreach Services/Consultation Services, Case Management Brokerage

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Program A	B	C	D
<i>Units of Service (UOS) Description</i>	<i>Units of Service</i>	<i>Number of Clients</i>	<i>Unduplicated Clients (UDC)</i>
<i>UOS Overall: 7.50 FTE x 40 hours/week x 44 weeks/year x 60% effective ratio = 7,920 hours/year</i>	475,200 min		
<i>Mental Health Services</i>	316,346 min	300	300
<i>Medication Support</i>	53,366 min	45	45
<i>Crisis Intervention</i>	1,484 min	3	3
<i>Case Management Brokerage</i>	15,624 min	12	12
<i>Community Client Services (classroom and community presentations)</i>	312 hr (= 18,720 min)	~	~
<i>SA/ODF Individual</i>	896 hr (= 53,760 min)	60	60
<i>SA/ODF Groups</i>	265 hr (= 15,900 min)	45	45
<b>Total UDC Served</b>		465	<b>300</b>
<b>Total UOS</b>	<b>475,200 min</b> <b>(= 7,920 hr)</b>		

## 6. Methodology

### Program Description/Philosophy:

Program services will be delivered within the context of integrated mental health and substance abuse service guidelines, which include several components of integrated programs considered evidence based according to Drake, Essock, and colleagues (2001). These components include:

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- *Staged interventions* where stages of treatment (engagement, persuasion, active treatment and relapse prevention) are delivered based on individual readiness for each stage.
- *Motivational interventions* which involve helping the individual identify goals and to recognize that not managing one's illnesses interferes with attaining these goals.
- *Counseling* to help clients develop skills and supports to control symptoms and pursue an abstinent lifestyle.
- *Social support interventions* which recognize the role of social networks and peer support in recovery from dual disorders.
- *Long-term perspective* which recognizes that recovery may occur over months or years.
- *Comprehensiveness* in helping an individual transform many aspects of their life habits, stress, management, friends, activities and housing.
- *Cultural sensitivity and competence* which are critical to engaging clients.

The BVHP BHP operates from 9:00 A.M. to 6:00 P.M. Monday through Friday. Early morning or evening services are available by appointment. The following services will be offered to all clients:

### **Community Engagement/Outreach**

#### **Assessment:**

#### **Treatment Plan**

#### **Individual Counseling:**

#### **Motivational Interviewing (MI):**

- **Cognitive Behavioral Therapy (CBT):**

In all cases, there will be close monitoring and oversight by the clinician - addressing the different stages of change in recovery - to ensure the stability and consistency of treatment.

#### **Group Counseling:**

#### **Care Coordination/Case Management:**

#### **Medication Management**

#### **Crisis Intervention (CI):**

#### **Transition Planning**

Program services will be delivered within the context of guidelines, which include:

- System-wide standards of accountability based on cost, access, quality and outcomes.
- A single point of entry for adult and children's services
- A common definition of the priority target population
- The use of common admission and discharge criteria coordinated care for all clients
- To provide services that are culturally and linguistically appropriate

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- The provision of a standard core of services in each cluster
- To fulfill the public mental health system's mission of serving as the system of care for San Franciscans, the Behavioral Health Program will participate in the CBHS Advanced Access initiative by:
  - Providing intake assessment and medication evaluation, as needed, within 24-48 hours of request;
  - Ensuring timely collection and reporting of data to CBHS as required. The Outpatient Mental Health Family Center will provide quarterly measures of new client demand according to Advanced Access reporting methodology, and more frequently if required by CBHS;
  - Program will provide and document the initial risk assessment using the CBHS IRA form within 24-48 hours of request for service;
  - Program will adhere to CBHS guidelines regarding assessment and treatment of indigent (uninsured) clients.
  - Measuring delay of access for both new and ongoing clients on at least a monthly basis according to Advanced Access reporting methodology, and more frequently if required by CBHS.

Because of limited and shrinking mental health resources, coupled with the need to immediately serve many new acute clients, the Behavioral Health Program will consistently apply utilization review and discharge/exit criteria to alleviate increasing caseload pressure, and to prioritize services to those most in need. Clinicians will consider such factors as: risk of harm, functional status, psychiatric stability and risk of decompensation, medication compliance progress and status of Care Plan objectives, and the client's overall environment, to determine which clients can be discharged from MHS/CMB services into medication-only, or to PPN/Primary Care. The program will also utilize more time-efficient brief therapy and group interventions to maximize the number of clients that can be helped.

Within the Foundation's ongoing program and services planning, strategies for the design and implementation of Wellness and Recovery models of care represent efforts of highest priority. In promoting integrated services based on behavioral health models, the Foundation is developing Wellness and Recovery models specifically within its mental health and substance abuse programs. Staff and clients of these programs have participated in a number of forums and activities, which serve as the basis for the implementation of a newly formed rehabilitative and wellness/recovery project. The principles guiding the work of this project support vocational, rehabilitative, and consumer-operated projects, and promote enhanced and sustainable levels of functioning and well being for program clients.

The Behavioral Health Program will participate in the CBHS Advanced Access initiative, including ensuring timely measurement of data at the site and reporting of data to CBHS

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as required and which may be changed from time to time with prior notice from CBHS. The Behavioral Health Program will provide and document the initial risk assessments using the CBHA IRA form within 24-48 hours of request for service.

The Behavioral Health Program will adhere to CBHS guidelines regarding assessment and treatment of indigent (uninsured) clients.

The Behavioral Health Program will provide services in the preferred language of the consumer (including sign language as provided through the Department of Public Health) and will make provisions for the use of trained interpreters when needed.

**Admission Criteria:**

The Behavioral Health Program will provide services to not less than 355 adult, adolescent and child clients during the 2009-2010 contract year. At least 25% of the outpatient services provided by the Outpatient Behavioral Health Team will be children's cases. Bayview Behavioral Health Program will make concerted efforts to admit clients referred from 24-hour treatment services. Any refusal of clients will be based on appropriate clinical/program decisions. Lack of Medi-Cal as a funding source will not be used as criteria for refusal of services to clients, although the program is committed to the maximization of Medi-Cal as a revenue source within its contractual agreement with the Department of Public Health.

**Strategies:**

*Behavioral Health Services* (Assessment, Group and Individual Therapy, Collateral Services, Targeted Case Management) are designed to respond to the specific treatment and rehabilitation of clients served.

*Assessments* include evaluation or analysis of the cause or nature of mental, emotional, or behavioral disturbances. Cultural issues and history will be included in the assessment process.

*Group Therapy* represents outpatient contacts in which one or more clinicians treat two or more identified clients at the same time, focusing on the needs of the individuals served. Services are tailored to provide interventions consistent with goals and results.

*Individual Therapy* involves one-to-one contact between the client and clinician, which results in a record of therapeutic experiences in the client's chart, following the identification of milestones that focus on symptom reduction as detailed in the Individual Service Plan and the Coordinated Care Plan.

*Collateral Services* include contact or sessions with significant persons in the life of an identified client, focusing on the needs of that client. Services include consultation and

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training to promote understanding of mental illness and training to assist in effective utilization of services.

*Targeted Case Management* includes the provision of clinic based and offsite behavioral health services, helping clients to access needed supports in order to live successfully in the community (e.g., escorting clients to obtain entitlements, housing, medical care, and managing money), providing as much daily contact as needed and appropriate, providing crisis intervention in a timely manner, arranging urgent medication visits including drop-in med visits, collaborating with other parties involved in the client's life, and providing extensive treatment services.

*Medication Support Services* include the prescribing and administering of medications necessary to alleviate the symptoms of mental illness, and the assessment of side effects and/or results. To maintain continuity and effectiveness, during the transition of clients between service providers, when appropriate, prescribers of medications will attempt to consult with the former prescriber regarding medication regimen.

*Crisis Intervention* will be provided to clients based on specific circumstances. Often a resolution of the crisis situation for an individual is sufficient to restore equilibrium in his or her life, and often results in a return to appropriate functioning. For others, crisis intervention can help to prepare them for longer-term care as indicated.

*Case Management/Brokerage* services promote advocacy and assistance in accessing needed medical, educational, pre-vocational and vocational, rehabilitative or other community services.

*Services to Dually Diagnosed Clients:* The Behavioral Health Program will utilize the Department of Public Health's "Any Door the Right Door" model to assist in the reduction of multiple psychiatric hospitalization and to increase levels of independent functioning in the least restrictive environments. As with its other target populations, the Behavioral Health Program will provide solution-focused interventions with the dually diagnosed population to realistically respond to the multi-problem needs of mental illness and substance abuse. Treatment for these individuals will include assessments; individual and group counseling; services coordination; independent living skills, and substance abuse treatment and referral. During fiscal year 2010-2011, the Foundation's Integrated Behavioral Health Program will provide collaborative treatment options for individuals who present with co-occurring chemical dependency and mental illness. The integrated services provided by the Bayview Hunters Point Integrated Behavioral Health Program and Jelani House (residential substance abuse services) partnership allows for continuous, coordinated, integrated mental health and substance abuse treatment services; referral services and case management for clients with co-occurring disorders.

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*Referral Services:* Referrals from inpatient services will receive priority by the Behavioral Health Program staff to maximize the probability of successful linkages for new clients. These referrals will be immediately assigned to staff to effect appropriate face-to-face follow up and assessment. The program is committed to making contact with the client while he/she is still hospitalized as staffing and resources permit. Development of the service plans for these individuals will include treatment support and family involvement as much as possible, complemented by other needed health and social services referrals.

*Urgent Care:* When Urgent Care services -- psychiatric attention which is needed within the same day (but not emergency psychiatric services which is care provided to a client in response to a potentially life-threatening situation) -- are required, the Behavioral Health Program will provide appropriate clinician and physician back up to meet unexpected client and service needs. These Urgent Care services will permit the provision of needed medications as well. If the Program is unable to immediately address the Urgent Care circumstances, its resource capability will permit appropriate referral and follow up.

**Schedule:**

The Behavioral Health Program operates from 9:00 A.M. to 6:00 P.M. Monday through Friday. Early morning or evening services are available by appointment. Referral and intake services are coordinated through the Integrated Service Center.

**Linkages:**

The Behavioral Health Program will develop linkage strategies to facilitate referrals to vocational services as needed. Within the Bayview Mental Health Services, vocational opportunities will be available for clients and other referral options will be reviewed and made available to all clients. The Center will develop linkage capability with the following off-site Bayview Hunters Point Foundation service providers, in order to promote a broad base of comprehensive child, youth and family treatment options:

- Bayview Youth Services
- Bayview AB3632 Program

**Staffing:**

The Foundation understands the importance of race, culture and language in its service provision, and maintains staffing and programming which appropriately respond to these issues. Recruitment and hiring of staff ensures competency to deliver and manage culturally and linguistically appropriate services to the population served, and provision of effective program and therapeutic interventions designed to meet the special clinical needs of diverse populations. Diverse populations include those from racial, ethnic and cultural backgrounds, the homeless, and individuals of varied sexual orientations and disabilities.

City Fiscal Year (CBHS only): 7/01/10 – 6/30/11

Refer to Exhibit B for further information on staffing.

### **PERFORMANCE OBJECTIVES:**

#### **Objective A.1: Reduced Psychiatric Symptoms**

- A.1.a The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected in July 2009-June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.
- A.1.e 75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge.
- A.1.i Providers will ensure that all clinicians who provide mental health services are certified in the use of the Adult Needs and Strengths assessment (ANSA). New employees will have completed the ANSA training within 30 days of hire.
- A.1.m Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the MRD/ANSA assessment and treatment plans completed in the online record within 30 days of episode opening. For the purpose of this performance objective, an 85% completion will be considered a passing score.

#### **Objective A.3: Increase Stable Living Environment**

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

#### **Objective B.1: Access to Service:**

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

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### **Objective B.2: Treatment Access and Retention**

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

### **Objective C.2: Client Outcomes data collection**

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

### **Objective F.1: Health Disparity in African Americans**

Interventions to address health issues:

#### **F.1.a Metabolic and health screening**

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

#### **F.1.b Primary Care Provider and health care information**

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

#### **F.1.c Active engagement with primary care provider**

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

City Fiscal Year (CBHS only): 7/01/10 – 6/30/11

### Objective g.1: Alcohol Use/Dependency

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

### Objective H.1: Planning for performance Objective FY 2011-2012

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

Contractor: Bayview Hunters Point Foundation  
Program: Bayview Hunters Point  
Children's Behavioral Health Program  
City Fiscal Year (CBHS only): 7/01/10 – 6/30/11

Appendix A-7

Contract Term (MM/DD/YY)  
7/01/10 through 6/30/11

**1. Agency and Program Information**

Bayview Hunters Point Children's Behavioral Health Program  
5815 Third Street  
San Francisco, CA 94124  
Jacob K. Moody, Executive Director  
Lillian Shine, Deputy Director  
Debberra Burrell, Program Director, Behavioral Health Services  
Ph. (415) 822-7500  
Fax (415) 822-9767

**2. Nature of Document**

New       Renewal       Modification

Providers of Behavioral Health Services

**3. Goal Statement**

The Bayview Hunters Point Outpatient Behavioral Health Program Children's Service provides mental health treatment and prevention services to children, youth and their families. The team of clinicians, trained to treat children and adolescents, is part of the SFCBHS System of Care for Children, Youth and Families. It is the goal of the BVPH Behavioral Health Program Outpatient Children's Service's child treatment team to provide age-specific outpatient services to children through the age of 18 that will:

- improve functioning in the home, school, and community,
- improve family support to caregivers,
- promote growth and development, and
- prevent psychiatric disability

Services will be provided in a culturally sensitive, community-based setting. Prevention and early intervention services will be provided through mental health consultation in childcare settings.

**4. Target Population**

The children's services team will serve children through the age of 18 and their caregivers. The geographic area served includes Bayview, Hunter's Point, Visitation Valley, Potrero Hill and Sunnyside. Criteria for admission will be consistent with the CBHS guidelines for eligibility. Referrals will be accepted for all child, youth, and family access points, including the ACCESS unit, the AB3632 unit, the Foster Care Mental Health unit, Child Crisis, and Family Mosaic.

In recent years, the outpatient clinic population has included:

- preschool aged children with social-emotional difficulties, often associated with developmental delay
- school-aged children eligible for AB3632 services who require psychotherapy to benefit from special education
- children and youth with behavioral difficulties, often at risk of school suspension,
- children involved with child welfare due to neglect or abuse
- children exposed to family or community violence
- children whose parents are recovering from substance abuse or addiction
- youth involved with juvenile probation due to conduct disorder or gang involvement

In addition to clinic-based services, outreach and mental health consultation to child care agencies provides prevention and early intervention services to children ages birth to 5.

Approximately 81% of the children served are African-Americans; about 7% Latino, 6% Asian /Pacific Islander and 5% Caucasian; with 95% are EPSAT Medi-Cal eligible.

## 5. Modality of Service/Intervention

A. Modality: See CRDC, Exhibit B

B. Definition of Billable Services:

Mental Health Services, Assessment, Therapy, Collateral, Case Management, Crisis Intervention, Outreach Services/Consultation Services

The program will participate in the CBHS Advanced Access Initiative and will provide an intake appointment within 24-48 hours of request for service. The program will adhere to CBHS guidelines regarding assessment and treatment of indigent clients, who will be referred to Medi-Cal, Healthy Families or Healthy Kids, if eligible.

Contractor: Bayview Hunters F : Foundation  
 Program: Bayview Hunters Point  
 Children's Behavioral Health Program  
 City Fiscal Year (CBHS only): 7/01/10 – 6/30/11

Appendix A-7  
 Contract Term (MM/DD/YY)  
 7/01/10 through 6/30/11

Program A	B	C	D
<i>Units of Services (UOS) Description</i>	<i>Units of Service</i>	<i>Number of Clients</i>	<i>Unduplicated Clients (UDC)</i>
<i>UOS overall: 3.25 FTE x 40 hours/week x 44 weeks/year x 60%LOE = 3,432 hours/year</i>	205,920		
<i>Mental Health Services</i>	148,871	70	70
<i>Medication Support</i>	8,320	4	4
<i>Crisis Intervention</i>	388	1	1
<i>Case Management Brokerage</i>	32,741	16	16
<i>Community Client Services (classrooms and community presentations)</i>	260 hr (= 15,600 min)	~	~
<b>Total UOS</b>	<b>205,920 min</b> <b>(= 3,432 hr)</b>		
<b>Total UDC Served</b>		91	70

Methodology

Services are accessible during the normal clinic hours, 9a.m. to 6 p.m. Monday thru Friday. When parents call, they are offered an intake appointment immediately. Evening appointments can be arranged. Children are generally seen after school.

The program utilizes brief therapy strategies in a flexible, creative manner. Intensive services are offered during the first two months. Less intensive services are available afterward for follow-up and support as needed. Information and referral are provided for a wide range of related programs in the community.

Both individual and conjoint family sessions are provided for children and their caregivers. The child is usually assessed in a play therapy setting. Classroom observation, on-site collaboration and problem-solving with teachers, and educational placement planning are utilized as well. Outreach visits to the home, hospital, or juvenile hall are also offered when necessary.

Professional staff have specialized training and experience. Staff include a board certified, licensed Child Psychiatrist, and clinicians, supervised by licensed clinicians, who are licensed or license-eligible marriage & family therapists & clinical social workers, experienced in serving a diverse, multi-ethnic population composed primarily of English speaking African-American children and families.

### PERFORMANCE/OUTCOME OBJECTIVES

#### **Objective A.1: Reduced Psychiatric Symptoms**

- A.1.a The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected in July 2009-June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.
- A.1.e 75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge.
- A.1.f Providers will ensure that clinicians who provide mental health services are certified in the use of the Child and Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire.
- A.1.g Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and the treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program objective, an 85% completion rate will be considered a passing score.
- A.1.h CYF AGENCY REPRESENTATIVES ATTEND REGULARLY SCHEDULED Super User calls. For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score.

- A.1.i Outpatient clients opened will have a reassessment/Outpatient Treatment Report in the online record within 30 Days of the 6 month anniversary of their Episode Opening date and every 6 months thereafter. For the purpose of this performance objective, a 100% completion will be considered a passing score.
- A.1.j Outpatient clients will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of the Episode Opening.

### **Objective A.3: Increase Stable Living Environment**

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

### **Objective B.2: Treatment Access and Retention**

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

### **Objective F.1: Health Disparity in African Americans**

Interventions to address health issues:

- F.1.a **Metabolic and health screening**  
Metabolic screening (Height, Weight, and Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section.
- F.1.b **Primary Care Provider and health care information**  
All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred.
- F.1.c **Active engagement with primary care provider**  
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.

Contractor: Bayview Hunters Point Foundation

Program: Bayview Hunters Point  
Children's Behavioral Health Program

City Fiscal Year (CBHS only): 7/01/10 – 6/30/11

Appendix A-7

Contract Term (MM/DD/YY)  
7/01/10 through 6/30/11

### **Objective g.1: Alcohol Use/Dependency**

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

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

### **Objective H.1: Planning for performance Objective FY 2011-2012**

H.1.a Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families.

H.1.b Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families.

**1. Agency and Program Information**

AB3632 School-Based Services  
5815 Third Street  
San Francisco, CA 94124  
Jacob K. Moody, Executive Director  
Lillian Shine, Deputy Director  
Debberra Burrell, Program Director, Mental Health Services  
Ph. (415) 822-7500  
Fax (415) 822-9767

**2. Nature of Document**

New     Renewal     Modification

Providers of Behavioral Health Services

**3. Goal Statement**

Through efforts with established community-based mental health programs, San Francisco Community Behavioral Health Services has developed the means to address the critical needs of those individuals meeting AB3632 guidelines. It is the goal of the Bayview Hunters Point Foundation Mental Health School Site Program to provide mental health services to emotionally disturbed children and adolescents who are enrolled in Special Education Classes, and their families. These options will serve to improve the pupils' educational performance, as well as to lessen the possible requirement of more restrictive interventions.

**4. Target Population**

Bayview Hunters Point Mental Health Service will provide the needed mental health services to emotionally disturbed children and adolescents in need of mental health services, and their families. The project will provide school-site mental health services to this targeted population, as well as consultation to appropriate school staff. The schools that will be served include the following:

- Balboa High School
- Phillip and Sala Burton High School
- A.P. Giannini Middle School
- Herbert Hoover Middle School
- Martin Luther King M.S.
- Ida B. Wells High School
- Downtown High School

Contractor: Bayview Hunters I t Foundation  
 Program: AB3632 School-Based Services

Exhibit A-8

Contract Term (MM/DD/YY)  
 7/01/10 through 6/30/11

City Fiscal Year (CBHS only): 7/01/10 – 6/30/11

Funding Source (AIDS Office & CHPP only):

**5. Modality of Service/Intervention**

A. Modality: See CRDC, Exhibit B

B. Definition of Billable Services:

Mental Health Services, Medication Support Services, Crisis Intervention, Targeted Case Management, Outreach Services/Consultation Services

<i>Program A</i>	<i>B</i>	<i>C</i>	<i>D</i>
<i>Units of Service (UOS) Description</i>	<i>Units of Service</i>	<i>Number of Clients</i>	<i>Unduplicated Clients (UDC)</i>
<i>Mental Health Services: 3.0 FTE x 92 hours/month of all contracted Mental Health Services.</i>	<i>99,422</i>	<i>48</i>	<i>48</i>
<i>Mental Health Promotions</i>	<i>86</i>	<i>48</i>	<i>48</i>
<b><i>Total UDC Served</i></b>			<b><i>96</i></b>

**6. Methodology**

**Program Description/Philosophy:**

The AB3632 program is designed to increase Special Education students' abilities to benefit from their educational experience, and to improve their functioning in the classroom and in peer relationships.

The AB3632 program will participate in the CBHS Advanced Access initiative, including ensuring timely measurement of data at the site and reporting of data to CBHS as required and which may be changed from time to time with prior notice from CBHS. The program will provide and document the initial risk assessments using the CBHA IRA form within 24-48 hours of request for service. Program staff will adhere to CBHS guidelines regarding assessment and treatment of indigent (uninsured) clients.

**Strategies:**

In general, our organization plans to provide the following services at the schools:

- 1:1 Mental health/substance abuse counseling
- Special Education Support Services
- Parent Support/Education
- Some Case Management/Mentoring

- Client Support/Empowerment
- Violence/gang prevention via therapeutic discussions and/or guest presenters

**Schedule:**

Ongoing services will be provided before, during and after school hours on school days. Services will be provided as teachers and administrators have availability

**Staffing:**

Refer to Exhibit B for further information on staffing

**PERFORMANCE/OUTCOME OBJECTIVES**

**Objective A.1: Reduced Psychiatric Symptoms**

- A.1.a The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected in July 2009-June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.
- A.1.e 75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge.
- A.1.f Providers will ensure that clinicians who provide mental health services are certified in the use of the Child and Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire.
- A.1.g Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and the treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program objective, an 85% completion rate will be considered a passing score.
- A.1.h CYF AGENCY REPRESENTATIVES ATTEND REGULARLY SCHEDULED Super User calls. For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score.

Contractor: Bayview Hunters Point Foundation

Exhibit A-8

Program: AB3632 School-Based Services

Contract Term (MM/DD/YY)

7/01/10 through 6/30/11

City Fiscal Year (CBHS only): 7/01/10 – 6/30/11

Funding Source (AIDS Office & CHPP only):

- A.1.i Outpatient clients opened will have a reassessment/Outpatient Treatment Report in the online record within 30 Days of the 6 month anniversary of their Episode Opening date and every 6 months thereafter. For the purpose of this performance objective, a 100% completion will be considered a passing score.
- A.1.j Outpatient clients will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of the Episode Opening.

### **Objective A.3: Increase Stable Living Environment**

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

### **Objective B.2: Treatment Access and Retention**

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

### **Objective F.1: Health Disparity in African Americans**

Interventions to address health issues:

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

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

### **Objective g.1: Alcohol Use/Dependency**

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

### **Objective H.1: Planning for performance Objective FY 2011-2012**

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



**1. Agency and Program Information**

Balboa Teen Health Center  
Behavioral Health Services  
1000 Cayuga Avenue, Room 156  
San Francisco, CA 94112  
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Lillian Shine, Deputy Director  
Debberra Burrell, Program Director, Mental Health Services  
Michael Baxter, Director, Primary Care Youth Services, COPC, SFDPH  
Ph. (415) 469-4512  
Fax (415) 337-2175

**2. Nature of Document**

New       Renewal       Modification

Providers of Behavioral Health Services

**3. Goal Statement**

- Provide prevention and early intervention behavioral health services including (1) prevention activities that address stigma, and increase awareness of and access to services, (2) screening, assessment, short-term crisis and individual/group counseling services to students and their families.
- Integrate completely into the student support efforts at Balboa High School provided through the San Francisco Unified School District.

**4. Target Population**

High and middle school students at Balboa and Denman specifically, other adolescents in school settings as requested, students who are recently released from the Youth Guidance Center, and pregnant and parenting teens.

Services at BTHC are available to all Balboa High School and Denman Middle School students, and after school to any SFUSD student by appointment. Generally, our target population is youth from diverse ethnic backgrounds, 12-19 years of age, serving slightly more females than males.

**5. Modality of Service/Intervention**

A. Prevention:

A UOS for prevention is defined as one fifteen (15) minute increment of group or individual behavioral health screening, consultations or presentations (including preparation time and follow-up, approx. two to

three hours for every group presentation) provided to students, family members, or staff/faculty members. UOS can be offered in a face-to-face context, or through media such as closed-circuit school television.

**B. Early Intervention:**

A UOS for early intervention is defined as one fifteen (15) minute increment of face-to-face assessment, individual/group crisis intervention, individual/group/ family counseling, therapy, and/or case management, including charting and other associated clinical paperwork.

**6. Methodology**

**Program Description/Philosophy:**

Balboa Teen Health Center (BTHC) is a program of DPH Community Health Programs for Youth (CHPY), dedicated to the philosophy that adolescents have the right to confidential, comprehensive health care in a safe, accessible setting. The goal of CHPY's services is to promote well-being and health, and encourage family involvement and support when appropriate.

Utilizing staff therapists, graduate trainees and peer advocates (Youth Advisory Board), Behavioral Health Services will provide prevention services to both individuals and groups, support outreach and access activities, and offer assessment, crisis intervention and individual, group, family and collateral services on site at Balboa High School by trained professional staff receiving regular clinical supervision. This program is part of a comprehensive medical/mental health/substance abuse/health education service that emphasizes appropriate integrated interventions to developing adolescents. Top diagnoses for behavioral health services include: depression, anxiety, family/peer relationships, acculturation, academic problems, and trauma related issues.

**Prevention/Outreach Strategies:**

Youth	N=900	Total UOS = 3330
Adult	N=300	

- (1) **YAB stigma presentations:** The behavioral health team will work with BTHC's Youth Advisory Board (YAB) to (1) train peer advocates/educators and (2) review/update power point presentation that (1) addresses the issue of stigma related to youth accessing BH services, (2) educates on minor consent and access to services, and (3) presents several behavioral health issues common to our target population with support options. Utilizing Balboa High School Television (BALTV), the YAB

will broadcast the power point into classrooms, followed by youth/staff pairs to provide in-class follow-up and discussion.

**Timeline:** July 2010- June 2011: ongoing peer development and training  
September 2010- May 2011: average of 4 classes per month

UOS: 400 (youth training/development during the school year-100 hours)  
150 (30 classes X 1.25 hours for each class)

N= 900

- (2) **ELL class presentations:** Balboa High School has a significant number of students who are newly arrived to the United States and San Francisco. Most are just learning English, have not acculturated to this country, and some have suffered significant trauma in their lives. Bilingual staff (Spanish, Cantonese), will work alone or in collaboration with bilingual youth from the YAB to make presentations in ESL classes. Purpose includes supporting positive acculturation, identifying any issues of concern which may lead to an ongoing lunch group or identifying students interested in individual assessment and early intervention services.

**Timeline:** August 2010: Review curriculum, update and modify as needed.  
September 2010-June 2011: offer curriculum in all ELL classes

UOS: 156 (12 classes X 1.25 hours + 24 hours prep)

N= 75

- (3) **Groups: Middle School Youth/ Peer Resources:** In collaboration with Peer Resources at Balboa HS, BTH will train and support high school youth to offer prevention education activities to middle school youth at Denman Middle School; there are two activities that will be offered this year:

(1) In one peer resource class, staff will train high school youth to be mentors to middle school youth in class, on a weekly basis- **25 classes**

(2) In a second high school peer resource class, students will be trained to offer prevention education services including issues of mental health and substance use to middle school students- **25 classes**

**Timeline:** August 2010 – June 2011: ongoing student training at high school level  
September/October 2010 – June 2011: work with middle school youth

UOS: 600 (50 classes X 1 hour/ MS classroom+1 hour/HS class+1 hour prep/class)

N= 25

**(4) Screening:**

Youth = **200 screened**

Family members = **40 included** in screening/assessment/service provision

Any student can self-refer for behavioral health services at BTHC. However, students are most often referred for screening and assessment by someone other than themselves including a friend or parent, school faculty, intra-clinic referral, or from another agency or school. Behavioral health staff meets with the student to screen (identify issues) and assess (determine level of need for intervention). During the assessment phase, staff also determines whether the client meets criteria for minor consent or requires parental consent to continue to treatment phase.

When indicated, parents and/or other family members may be requested to participate in services with their child. In these cases, the family will be asked to come in for an assessment visit which may lead to an agreement for time limited treatment.

**Timeline:** July 2010 – June 2011 services are ongoing

**UOS:** 800 (200 youth/families X average 60 minute screening)

**N=** 200 youth; 40 family members

**(5) Graduate Student Seminar:** training/client consultation seminar for graduate students; training focus on adolescent behavioral health, minor consent, ethics, working with families, etc

**Timeline:** August 2010 – May 2011

**UOS:** 408 (34 seminars @ 2 hours each + 1 hour prep each seminar)

**N=** 5

**(6) Faculty/staff training:** BTHC behavioral health staff will provide education and information to Balboa faculty and administration on topics including CPS reporting and follow-up, suicide prevention, and identifying youth with behavioral health issues and successful referral to clinic services. This will occur periodically through faculty/staff meetings.

**Timeline:** August - September 2010: consult with Balboa administration to identify any specific training needs and finalize topics to be addressed including those listed above

September 2010-June 2011: **a minimum of three presentations** will be made to Balboa faculty and staff as determined by BHS Principal and BTHC Director

**UOS:** 48 (3 one hour trainings + 9 hours preparation)

**N=** 75

- (7) **Parent Outreach/engagement:** BTHC staff will work with parent liaisons at Balboa High School to inform parents of services available through BTHC and to engage them in planning activities throughout the year; this may include attendance and presentations at monthly school Parent-Teacher-Student Association (PTSA) meetings and utilizing the PTSA newsletter to send out information and elicit feedback on a monthly basis.

**Timeline:** September 2010-June 2011: meet with parent liaisons to determine PTSA and newsletter timelines; solicit input on issues liaisons are aware of through conversation with parents; attempt to utilize PTSA meeting in September as a focus group to gather direct family input

December 2010-May 2011: maximize utilization of PTSA and parent liaisons by making monthly presentations that provide information and education, support awareness of services available through the clinic, and solicit input for parent workshops

UOS: 48 (6 one hour PTA presentations + 1 hour preparation for each)

N= 25

UOS: 80 (5 newsletters X 4 hours preparation each)

N= 300

- (8) **Parent workshops:** BTHC staff and YAB will offer periodic workshops on issues cogent to adolescent development and parent roles in positive interventions and support. These workshops will help parents to understand normal adolescent development, identify issues impacting positive development, and address parental roles in limit setting, boundaries and consequences. With assistance from the YAB, these workshops may also offer help in increasing communication between parent and child.

**Timeline:** September-December 2010: offer a minimum of 6 monthly workshops as determined by BTHC staff, BHS administration and parent liaison.

UOS: 120 (6 2-hour presentations + 3 hour prep. for each workshop)

N= 25

- (9) **Staff Consultation:** these services included staff participation in school-based meetings such as Student Success Teams and other student oriented meetings. Staff will also work with individual teachers or other agency staff on behalf of client/family needs. Staff will attend a minimum of 40 school-based meetings and consult with a minimum of 50 adults.

**Timeline:** September 2010 – June 2011; services are ongoing

UOS: 320 (40 meetings X 2 hours each)

N= 30 +

UOS: 200 (100 consults X 30 minutes average)

N= 50

**Early Intervention Services**

Youth	N= 120	Total UOS=4218
Family Members/Other Adults	N= 40	

**(1) Assessment:** 120 youth will be assessed for services

**Timeline:** services are ongoing August 2010 – June 2011

**UOS:** 480 (120 youth X one hour)

**(2) Crisis intervention:** will be provided as needed; this may include both individual and group services; a **minimum of 12 youth** will access crisis services

**Timeline:** services are ongoing October 2010 – June 2011

**UOS:** 100 (10 youth X 2.5 hours average time spent/client)

**(3) Brief individual/family therapy:** utilizing motivational interviewing, CBT, brief therapy, and systems theory, a **minimum of 100 youth** will access individual and family services

**Timeline:** August 2010 – June 2011: services are ongoing

**UOS:** 3062 (100 youth/families X 1.3 one hour sessions/charting average X ~6 sessions)

**(3) Group interventions:** With training and consultation from the UCSF Langley Porter Institute, BTHC behavioral health staff will maintain their Dialectical Behavior Therapy (DBT) consult group this year. Staff will provide a minimum of two group interventions, possibly including lunchtime or after school groups based on identified needs. A **minimum of 15 youth** will participate in an ongoing group interventions.

**Timeline:** August 2010 – June 2011: provision of **at least twice monthly consult group which will meet a minimum of 18 times**

September 2010 – June 2011: implement and continually evaluate work with two groups

**UOS:** 216 (18 groups (1 hour each) + 40 hours preparation and notes)

**(4) Groups: High School/ Various:** This year BTHC will offer a minimum of 2 group series to meet student needs as determined by student feedback, BHS faculty and staff input, and clinic capacity.

**UOS:** 360 (30 groups x 3 hours group/prep/charting)

**N= 15**

**Schedule:**

BTHC is open Monday – Friday between the hours of 8:30 am and 5:00 pm.  
Special events such as parent workshops or PTSA meetings occur after regular clinic  
Hours.

*Mental Health and Health Education Services:*

Individual, couple/dyad and family services are available by appointment and drop-in  
daily; group work is scheduled during class times, during lunch, and after school.

**Linkages:**

Collaborative relationships are in place to provide additional services for specific  
populations including:

- RAMS – provides mental health professional targeting A/PI youth twice weekly at  
BTHC
- BVHP Foundation – provides mental health professional targeting AB3632 youth  
twice weekly at BTHC
- Huckleberry Youth Programs and Larkin Street Youth Services – access to supportive  
housing and other services
- Urban Services YMCA – partnership offering substance abuse prevention and  
treatment services for Denman and Balboa students

**Staffing:**

All Behavioral Health therapist staff are currently licensed MFTs. The Behavioral  
Health staff have a team coordinator and report to the director of Community  
Health Programs for Youth. Interns are recruited primarily from accredited  
programs at SFSU and USF. Behavioral health staff work as part of a  
multidisciplinary team at BTHC.

**7. Objectives and Measurements**

**A. Performance/Outcome Objectives**

**Prevention**

Goal 1: By June 30, 2011, a minimum of 900 youth will participate in a collaborative prevention  
effort of BTHC staff and Youth Advisory Board including viewing a YAB inspired power point  
and participating in a follow-up classroom discussion.

Goal 2: By June 30, 2011, a minimum of 25% of participating youth will complete a pre and post  
survey indicating an increased (1) willingness to access services if needed, (2) understanding of

Contractor: Bayview Hunters Point Foundation  
Program: Balboa Teen Health Center- Behavioral  
Health Services

Exhibit A-9

Contract Term 7/01/10 through 6/30/11

City Fiscal Year (CBHS only): 7/01/10 – 6/30/11

Funding Source (AIDS Office & CHPP only): MHSA

minor consent laws for behavioral health services, and (3) understanding of common adolescent issues benefiting from outside help.

Goal 3: By June 30, 2011, a minimum of 40 parents will participate in 1 or more of 3 Parent Workshops conducted by BTHC behavioral health staff and YAB

Goal 4: By June 30, 2011, parents participating in Parent Workshops will complete a post workshop survey identifying what worked best and least for them and offering feedback for future workshops.

### **Early Intervention**

Goal 1: A minimum of 120 youth will be assessed for mental health and substance abuse issues; 100 will be provided with one or more early intervention services

Goal 2: 60% of these clients will successfully meet their goals or will have left with satisfactory progress as measured by clinic notes, discharge codes and self-report.

## **B. Other Measurable Objectives/Process Objectives**

### **Objective 6. Client Satisfaction**

**During Fiscal Year 2010-11, 100% of unduplicated clients who received a face-to-face billable service during the survey period will be given and encouraged to complete a Citywide Client Satisfaction Survey.**

#### Data Source:

Program Tracking Sheet and Program Self Report

#### Program Review Measurement:

Objective will be evaluated based on the survey administration closest to the 12-month period from July 1, 2010 to June 30, 2011

## **8. Continuous Quality Improvement**

### **Objective 5. Integration Activities**

**By December 31, 2011, program will complete a new self-assessment with the revised COMPASS (a new COMPASS must be completed every other fiscal year).**

Data Source:

Program managers to review information sent to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org) via the shared folder to monitor compliance.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

**Using the results of the most recently completed COMPASS (which must be completed every 2 years), each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).**

Data Source:

Each program will complete the COMPASS self assessment process and submit a summary of the scores to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org). The program manager for each program will review completed COMPASS during the month of January and submit a brief memorandum certifying that the COMPASS was completed.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

**Each program must complete a minimum of six (6) hours of training on co-occurring issues/dual diagnosis capacity during the fiscal year. This training requirement may be satisfied by attending CBHS sponsored integration trainings or with a behavioral health partner. Programs will submit the annual training plan via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).**

Data Source:

Program self report such as activity attendance sheets with documentation of time spent on integration activities. The program manager will certify documentation of this plan.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

**Each program must appoint a Change Agent who is required to attend at least 50% of the monthly Change Agent Meetings.**

Data Source:

Programs must name Change Agent in submission to CBHSIntegration@sfdph.org., and Change Agents must sign-in at monthly meetings.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

Program-Specific COI Activities:

The Director of the Balboa Teen Health Center will be responsible for evaluation of services provided to the client population, and will ensure the collection, compilation, and submission of required reports to CBHS pursuant to established guidelines. Balboa Teen Health Center, Behavioral Health Services, will comply with San Francisco Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

**Quality Assurance Procedures:**

The Balboa Teen Health Center will adhere to the CBHS Child, Adolescent and Family Plan for Quality Management, including chart monitoring, program evaluation and training requirements.

**Emergency Response:**

The Balboa Teen Health Center has developed and will maintain a Site Specific Emergency Response Plan through the San Francisco Unified School District. The Plan has been reviewed and approved by Community Behavioral Health Services, and represents compliance with the Emergency Response Plan of CBHS. Guidelines and procedures have also been developed to ensure an annual update and submission of documentation as requested by Community Behavioral Services relative to the emergency service protocols. Training will occur at the Balboa Teen Health Center as required so that all staff are knowledgeable of the provisions of the Site Specific Emergency Response Plan.

In a declared emergency, the Balboa Teen Health Center Behavioral Health Service will participate in the emergency response of Community Behavioral Health Services. The City will reimburse the Bayview Hunters Point Foundation for its services rendered as

**Contractor: Bayview Hunters P Foundation**  
**Program: Balboa Teen Health Center- Behavioral Health Services**

**Exhibit A-9**

**Contract Term 7/01/10 through 6/30/11**

**City Fiscal Year (CBHS only): 7/01/10 – 6/30/11**

**Funding Source (AIDS Office & CHPP only): MHSA**

part of the City's emergency response following approval of reimbursement to the city by the State of California, Department of Mental Health, and/or the Federal Emergency Management Agency.



1. Family Mosaic Project (Fiscal Intermediary)  
1309 Evans Street  
San Francisco, CA 94124  
(415) 206-7645

2. Nature of Document

New     Renewal     Modification

3. GOAL STATEMENT

The goals of the Family Mosaic Project are to provide a system of coordinated interdepartmental services to severely emotionally disturbed children and their families; reduce out-of-home placements of children; stabilize existing placements, and improve the overall functioning of children served by the Project.

4. TARGET POPULATION

Severely emotionally disturbed children and adolescents between the ages of 3 and 16 who are in out-of-home placements or who are at risk for out-of-home placements.

5. MODALITY/INTERVENTIONS

Modality: Outpatient

Interventions:

The primary service provided by the Family Mosaic Project is case management, following a thorough and comprehensive evaluation. Parents and service providers participate in service plan development facilitated by case managers. The staff to client ratio ranges from 1:12 to 1:15. The total units of service capability are defined as 108 to 230 cases.

6. METHODOLOGY

Case managers coordinate services available through the Department of Health Care Services, Department of Social Services, Juvenile Justice, San Francisco Unified School District and private providers. The program also works with community agencies to develop wrap-around services tailored to the unique needs of the individual child. Primary funding is through a capitated, managed care contract with the California Department of Health Services.

7. OBJECTIVES AND MEASUREMENTS

A. Staff will work with community agencies to develop non-traditional wrap around services

In-service Training – Ongoing:

1) Staff will receive ongoing training on the nature of services in the Department of Human Services, Mental Health, Public Health, Juvenile Probation and the San Francisco Unified School District.

2) Staff will receive training in Cultural Competence.

B. Staff will continue the utilization of the data management system.

**8. CONTINUOUS QUALITY IMPROVEMENT**

The Family Mosaic Project will comply with the existing Department of Public Health, State Mental Health and Community Behavioral Health Services guidelines regarding evaluation procedures. The project will comply with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Continuous Quality Improvement (CQI) procedures will be in compliance with Community Behavioral Health Services requirements.

**1. Agency and Program Information**

Anchor Project (Fiscal Intermediary)  
150 Executive Park, Suite 2800  
San Francisco, CA 94134  
Tel. (415) 468-5100  
Fax (415) 468-5104

**2. Nature of Document**

New                       Renewal                       Modification

Providers of Behavioral Health Services

**3. Goal Statement**

The Anchor Project is a collaborative venture between Community Behavioral Health Services and Golden Gate Regional Center. It involves a multi-disciplinary team working out of the O.M.I. Family Center. The program is funded by Community Behavioral Health Services.

The multi-disciplinary team will be composed of the following members:

- Psychologist Trainee
- Licensed Clinical Social Worker/MFT
- Clinical Social Worker/MFT Coordinator of the program
- Administrative Assistant, and
- Social Work Trainees.

This team will target (40 - 60) consumers who are enrolled in Golden Gate Regional Center Services as well as the mental health program and are:

- Have a dual developmental and mental health diagnosis,
- Have a history of multiple admissions to psychiatric emergency services and inpatient facilities,
- Have a history of sever behavioral problems that place them at risk of losing their community placements.

Each "high risk" adult in this Anchor Project will be assessed by team members and will have a behavioral plan designed for them that will avert crisis through proactive intervention, identification of early warning signs, and clarification of the roles and responsibilities of all participants in the plan.

**4. Target Population**

The target population for this project will be forty (40 - 60) "high risk" adults with developmental and mental health disabilities and/or accompanying behavioral difficulties.

State Definition of Developmental Disability:

“Developmental Disability” means a disability which originates

Federal Definition of Developmental Disability:

For purposes of the Developmental Disabilities Act, a developmental disability is a severe, chronic disability of a person which

- Is attributable to a mental or physical impairment or combination of mental and physical impairments,
- Is manifest before age 22,
- Is likely to continue indefinitely,
- Results in substantial functional limitations in three or more of the following areas of major life activity: self care, receptive and expressive language, learning, mobility, self-direction, capacity for independent language, capacity for independent living, or economic self-sufficiency; and
- Reflects the need for combination and sequence of special, interdisciplinary, or generic care, treatment or other services that are lifelong or extended duration and individually planned and coordinated.

The target population includes males and females 18 to 65 year of age who:

- Have histories of multiple admissions to psychiatric emergency services and inpatient facilities,
- Have seizure disorders,
- Have histories of unsuccessful placements,
- Have drug and alcohol problems,
- Have a history of one or more of the following behaviors: aggressive physical and verbal behaviors, assaultive or self-injurious behavior, suicidal threats, fire-setting, sexual assault or sexually acting out, and dementia.

Adolescents will be admitted to the project on a case-by-case basis.

## 5. Modality of Service/Intervention

Modality: Case Management

Interventions:

- To reduce the use of psychiatric emergency services;
- To reduce the use of inpatient hospitalization;
- Prevent client from going into crisis;
- Reduce loss of community placements;
- Improve/enhance the quality of life for the individual;
- To provide a forum for cross-training of Community Mental Health and Golden Gate Regional Center staff on issues involving developmental disabilities and mental health.

## 6. Methodology

- Prioritization of limited resources to serve those most in need. Need clearly defined by target population criteria used uniformly across the system;
- Development of a single network of services by strengthening the partnership between private (contractors) and public (civil service) services, working toward a common goal of serving the identified target population;
- Linkage of high user clients to services in order to hospitalize fewer Anchor Project patients annually;
- Deliver cost effective services in a manner consistent with maximizing the use of limited staff resources via treatment methods (groups, off-site services, urgent care) which maximizes treatment effectiveness while reducing client dysfunction and therefore reducing cost of service.

## 7. Objectives and Measurements

- Training of staff on admission and discharge criteria role of coordinators and outcome measurement.
- Community outreach.
- Provision of services to the designated target population, regardless of ethnic, cultural background, gender, sexual orientation, creed, or disability.
- Participation in meetings, or training necessary for the implementation of maintenance of new pilot project.
- Notifying CBHS administration when capacity issues arise or other implementation obstacles arise, so that appropriate problem-solving strategies can be jointly developed and implemented by CBHS and the Anchor Project.

## 8. Continuous Quality Improvement

The Anchor Project will comply with the existing Department of Public Health, State Mental Health, and Community Behavioral Health Services guidelines regarding evaluation procedures. The Anchor Project will comply with Health Commission, Local, State, Federal, and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Continuous Quality Improvement (CQI) procedures will be in compliance with Community Behavioral Health Services requirements.

Contractor: Bayview Hunter's P  
Foundation/Dimensions-Clinic Collaborative  
Program: LGBTQ Youth Substance Abuse  
Treatment  
City Fiscal Year (CBHS only): 2010-11

Appendix A-12

Contract Term (MM/DD/YY)  
10/01/10through 06/30/11

Funding Source (AIDS Office & CHPP only):

1. Legal Entity Name: Bayview Hunter's Point Foundation  
Program Name: Dimensions Outpatient LGBTQ Youth Substance Abuse  
Program Address: 17<sup>th</sup> Street, San Francisco, CA 94109  
Telephone: (415) 468.5100/K. Shine-BVHPF; 575.5685/M. Baxter-Dimensions  
Facsimile: (415) 468.5105/575.5799  
Provider Contact: Kim Shine/BVHP, Michael Baxter/Dimensions  
Reporting Unit No new number???

2. Nature of Document (check one)

New  Renewal  Modification

3. Goal Statement

To reduce the impact of substance abuse and addiction among Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Youth by successfully implementing the described interventions.

4. Target Population

The target population served through this contract is adolescent and transitional-age (12-24) lesbian, gay, bisexual, transgender, queer and questioning youth of San Francisco who are abusing substances, are at risk of abusing substances and/or have other co-occurring disorders.

5. Modality(ies)/Interventions

- Outpatient Substance Abuse Treatment.
- Definition of Billable Services:

The unit of service for outpatient programs is defined as the time (in minutes) spent by a substance abuse counselor performing one or more of the following: assessment, treatment planning, individual and group counseling, case management, education, family collateral counseling, aftercare, and crisis intervention. This is inclusive of all time spent by the counselor in providing direct services to the client, including time spent on the phone and in the field, as well as time spent away from the client used for development of assessments, treatment plans, and collateral information.

Formula for defining UOS: 60,300 minutes

UOS = .75FY X 1.45FTE X 35hr X 44wk X .6Effort = 1005 hr = 60,300 minutes

Formula for defining UDC:

40 clients X 1.5 cycles = 60 clients

## 6. Methodology

### Program Description

Dimensions Outpatient Substance Abuse Services are based out of the Dimensions Clinic, located at the Castro Mission Health Center, 3850 17<sup>th</sup> Street in the Castro district of San Francisco. Services are integrated into Dimensions' comprehensive health care program that includes primary medical and reproductive health care, mental health and health education services. Substance abuse services will be available during clinic and non-clinic hours at CMHC and may also be provided at other community sites including LYRIC, the LGBT Center, Huckleberry's MultiService Center, the Larkin Street Youth Clinic, and various SFUSD Wellness Centers..

#### A. Admission, Intake and Enrollment

**Admission criteria** are defined as follows:

All lesbian, gay, bisexual, transgender, queer and questioning youth of San Francisco, between the ages of 12 and 24, who present with signs and symptoms of a substance abuse problem (as indicated by identification of drugs of abuse and an assessment of the social, psychological, physical and/or behavioral problems related to the drug of abuse) are eligible for substance abuse treatment. No potential client will be turned away due to gender, race, creed, ethnicity, religion, sexual orientation, gender identity, physical or psychiatric status. Clients will be assessed for their eligibility and suitability for outpatient treatment and those clients who may need residential or acute services will be referred for collateral or pre-treatment interventions. Clients who exclusively wish methadone maintenance will be referred to an appropriate agency. Admission policy will be explained to all clients at the intake evaluation appointment.

Clients needing substance abuse intervention may be referred to these services in much the same way as other clients are referred to other existing programs. This includes (1) self-referral, (2) intra-clinic referral, and (3) outside agency referral.

The focus of substance abuse counseling is a harm reduction model that may include working toward cessation of use. Individual counseling is anticipated to be 6-9 months in duration generally, with more intensive cases requiring longer interventions. Group interventions will vary in length providing both educational and process oriented components. There will be an emphasis on group work, although some clients will be seen individually only and others in both group and individual sessions.

#### Intake

During the Intake process each client is assessed through a standard intake process to evaluate current substance abuse issues, concurrent psychosocial stressors and needs, and higher-risk sexual and IDU behaviors as well as any potential mental health needs that may need additional assessment and attention. All intakes are conducted by licensed or license-eligible Clinical Social Workers, Marriage

and Family Therapists, or interns enrolled in a Master's level program. The standardized intake assessment and treatment planning considers the following psychosocial issues: substance abuse; medical issues (including HIV and psychiatric medication compliance); housing; employment; education/training; legal; social; sexual; relationship; emotional; recreational; spiritual; stress; family issues; trauma; higher risk sexual behaviors; financial; and, other mental health issues. Intake paperwork has been condensed to reduce the amount of time required to complete the minimum requirements in recognition of the impact that a lengthy enrollment process can have on youth clients. As part of the intake assessment, each client will also be assessed for the need for adjunct services and provided referrals as appropriate. Clients are informed of their right to receive substance abuse treatment without parental consent if they are at least 12 years of age. Because of the important role family plays in most youth clients, we encourage them to inform their parents and bring them into the treatment process as indicated.

Every client enrolled is routinely screened at the time of intake and monitored throughout the course of treatment for the need for primary care; psychiatric services; case management services; HIV and STD testing and counseling; as well as housing, employment, detoxification, benefits, legal and social services.

## C. Program Delivery

### Delivery Model

Dimensions Substance Abuse Services will provide an outpatient substance abuse program which considers the full spectrum of needs of lesbian, gay, bisexual, transgender, queer and questioning substance using/abusing youth. Services will also be provided to those with concomitant mental health problems and/or HIV disease. The program utilizes components from various models of treatment: social and public health, harm reduction, cognitive-behavioral, abstinence, 12-step, and other self-help programs.

The overall structure will be a psychosocial, experiential model that focuses on the development of self-esteem, positive identity, promotes the development of community and instills a sense of empowerment in LGBTQQ Youth through a combination of peer role-modeling, mentoring activities and experiential techniques that incorporate elements of traditional substance abuse treatment in a manner relevant to the developmental needs of varying age-groups and developmental realities of this population. The model will include a phased-approach to treatment whereby those clients who have been in the program longer and achieved substance abuse and mental health goals will be encouraged to take on leadership-roles in the group programs and mentor newer clients and/or those in groups targeted for younger age-groups.

The program will be structured to address the full spectrum of needs of lesbian, gay, bisexual, transgender and queer/questioning youth substance users/abusers and those with concomitant mental health problems and/or other significant psychosocial co-factors. Clinicians are trained in a variety of disciplines and competent at integrating strategies from various models of treatment including: social and public health, harm reduction, abstinence, mental health, cognitive-behavioral, support, dialectical

behavior therapy, motivational interviewing, psychoeducational, relational, 12-step, and other self-help programs. This incorporation of a variety of treatment approaches is founded in our commitment to meeting people where they are and consistent with professionally accepted standards included in "Stages of Change" (Prochaska & DiClemente, 1994), "Motivational Interviewing" (Miller & Rollnick, 2002), harm reduction, and relapse prevention models, all of which are suitable to the proposed model that values 'recovery' from both substance abuse and mental health issues.

### Strategies:

Since the target population is lesbian, gay, bisexual, transgender, queer and questioning youth, special consideration will be given to the understanding of the psychological ramifications of societal sexism, homophobia, heterosexism and transphobia and the role they play in each client's self-acceptance and substance use/abuse. The program is also cognizant of the issues and needs of clients that derive from their racial/ethnic identities, their class status, age, gender, and mental and physical abilities/disabilities. Finally, Dimensions Substance Abuse Services program is designed to be particularly sensitive to those lesbian, gay, bisexual, or transgender clients whose substance abuse or substance dependence exists concurrently with other mental health problems and/or HIV disease.

The primary intervention model for our outpatient substance abuse services will be the motivational intervention model. This strategy will: (1) provide feedback from assessments concerning the impact of substance abuse on physical, social and psychosocial functioning, (2) provide direct advice about the need for change and how it may be accomplished, (3) attempt to remove significant barriers to change, (4) suggest or provide alternative approaches from which the individual can choose to achieve change, (5) decrease the attractiveness of substance use through increasing awareness of the negative consequences and risks associated with it, (6) utilize external contingencies or pressures to enhance commitment, and (7) develop a clear set of personal goals for change and maintaining periodic contact. In addition, the therapist/counselor will attempt to link the youth with as many services as necessary to meet the needs of that particular client and to provide opportunities for alternatives to drug use.

### Location and Hours of Operation

Clinical services are offered at the Dimensions Clinic Thursday 5 pm to 9 pm and Saturday noon to 4 pm. Additional hours at Castro Mission Health Center will include Friday afternoons. Additional outreach and service delivery will be provided at the LGBTQ Community Center, LYRIC, the Larkin Street Youth Clinic and selected Wellness Centers associated with the San Francisco Public School System during school hours.

### Frequency and Duration of Treatment

Clients entering treatment will generally be enrolled in group and/or individual weekly therapy. The anticipated length of staged treatment will be 9 months with an average expected stay of 6 months recognizing that treatment plans will be individualized to meet the needs of each individual client and those with higher acuity may require longer treatment while some clients with lower acuity may desire and be able to be integrated into the community at a faster rate.

## Individual Counseling

Dimensions Substance Abuse Services will provide **individual assessment** services for all clients, with many expected to continue with individual counseling. For some clients, individual counseling is needed as preparation for subsequent group counseling; for others, it is provided to deal with issues that cannot be addressed comprehensively in group or to reinforce what has been addressed in group. In some cases, clients who are unable to engage in group counseling will be provided with individual counseling as the primary treatment modality.

The clinical staff consists of licensed or license-eligible Social Workers or Marriage and Family Therapists who have been trained in a variety of disciplines. They are adept at integrating a variety of psychotherapeutic interventions and counseling techniques including cognitive-behavioral; psychodynamic; motivational interviewing; and harm-reduction and risk-reduction techniques that promote behavioral change and improved functioning. All clinical staff are professionally trained in the provision of substance abuse counseling as well as individual, couples and family psychotherapy.

The individual counselor may also serve as the primary service coordinator and advocate in assisting the client to obtain services from other community service agencies and governmental programs. These include but are not limited to assistance with housing, food, vocational rehabilitation, entitlement programs, medical care, and HIV services. Our clients are frequently without any income, either homeless or at risk of becoming homeless, and case management services assist our clients in obtaining housing and other programs depending upon the client's needs.

## Group Support

Clients enrolled in group services will initially be scheduled to attend one group per week based on their treatment goals/needs and abilities.. We will offer Youth Groups that utilize a harm-reduction approach, but allowing for abstinence-based work as desired by the client.

A variety of therapeutic group techniques will be utilized with the population that are developmentally appropriate to the age range of the group and may include psychoeducational groups that address substance abuse and sexual risk, boundary setting, ego development and dual diagnosis challenges.

Group development and structure will also take the following into consideration:

- The needs of substance abuse treatment that addresses the needs of transgender/gender neutral/gender queer/gender questioning youth who would benefit from the safety of a group outside the traditional binary gender structure.
- Groups that consider and address common issues related to the interrelationship between substance abuse, sex and sexuality

- Harm reduction groups utilizing principles from Motivational Interviewing and selected exercises from the Matrix Model of Substance Abuse Treatment.
- Groups that facilitate expression of issues pertinent to youth including: sexuality, adolescence, family, relationships, school, and the correlation between these issues and substance use in the lives of the participants .
- An abstinence support group for youth who choose abstinence or are mandated to attend abstinence based treatment, if indicated need for same.

#### D. Exit Criteria and Process

The intended length of stay varies with the client's treatment plan and the aspects of the program in which she/he is engaged. Overall, the length of stay for Substance Abuse Services clients will be targeted at 9-12 months. All clients remaining in treatment for longer than 9 months will be reviewed for an evaluation of the need for continued treatment and the development of treatment plan recommendations.

Step-down planning will be a component of all individual treatment plans after 3 months of enrollment. Generally, step-down would involve decreasing individual therapy while promoting ongoing, and perhaps even additional, group support.

Criteria for successful completion of the program will vary, according to client goals and according to the treatment track in which she/he participates. For those clients who have established harm-reduction as their treatment goal, success may be measured by learning to moderate and manage substance use, by making significant changes in lifestyle that ensure improved health and functioning for the client, and/or by movement into abstinence based programming. Clients who establish abstinence as their treatment goal will be considered as having successfully completed the program when they have achieved stable abstinence and developed skills and support systems that support ongoing maintenance of abstinence goals.

Clients who successfully complete the group treatment protocol and/or have been successful in meeting treatment goals are discharged from the program with referrals to ongoing psychotherapy and/or community support groups and services as clinically appropriate.

#### 7. Objectives and Measurements

##### PERFORMANCE OBJECTIVES FY 2010-11

<b>OUTCOME A: IMPROVE CLIENT SYMPTOMS</b>
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### Objective A.1: Reduce Psychiatric Symptoms

**A.1.a** The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-11 will be reduced by at least 15% compare to the number of acute inpatient hospital episodes used by these same clients in Fiscal 200-10. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010 – June 2011 will be compared with data collected July 2009 – June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 55 or less of the clients hospitalized.

### Objective A.2: Reduce Substance Use

**A.2.a** During Fiscal Year 2010-11, at least 60% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes.

Client Inclusion Criteria:

Clients discharged between July 1, 2010 and December 31, 2010.

Program Review Measurement:

Objective will be evaluated based on a 6-month period from July 1, 2010 to December 31, 2010.

**A.2.b** Substance Abuse Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program for 60 days or longer.

Client Inclusion Criteria:

Clients discharged between July 1, 2010 and June 30, 2011.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

### Objective A.3: Increase Stable Living Environment

**A.3.a** 35% of clients who were homeless when they entered treatment will be in a more stable environment after 1 year in treatment.

### Objective B.2: Collect Client Outcomes

**B.2.a** During Fiscal Year 2010-11, 70% of treatment episodes will show three or more service dates of treatment within 30 days of admission as measured by BIS as indicating clients engagement in the treatment process.

**Objective F.1: Health Disparity in African Americans:** to improve health, well-being and quality of life of African Americans living in San Francisco through immediate identification of possible health problems for all current and new AA clients and through enhancing the welcoming and engagement of AA clients.

- F.1.a** Metabolic and health screening (weight, height, blood pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening info in the Avatar Health Monitoring section.
- F.1.b** Primary care provider and health care information: All clients and families at intake and annually will have a review of medical history, verify PCP and last PC visit. Document in Avatar.
- F.1.c** Active engagement with primary care provider: 75% of clients who are in treatment for over 90 days will have, upon discharge, an identified PCP.

**Objective G.1: Alcohol Use/Dependency**

- G.1.a** Information on self-help alcohol and drug addiction recovery groups (Alateen for example) will be kept on prominent display and distributed to clients and families when appropriate at all program sites. (to be displayed when provided by Cultural Competency Unit)
- G.1.b** All contractors are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific populations served, and to inform the SOC Program Manager about the interventions.

**Objective H.1: Planning for Performance Objective FY 2011-12**

- H.1.a** Contractors will remove any barriers to accessing services by African American individuals and families; this will be accomplished through feedback from the SOC, Program Review and Quality Improvement Unit via new client survey with suggested interventions. Contractor will establish performance improvement objective for the following year, based on feedback from the survey.
- H.1.b** Contractors will promote engagement and remove barriers to retention by African American individuals and families. (Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor leading to establishment of performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and ongoing review of clinical literature is encouraged.



## Appendix B Calculation of Charges

### I. 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 (15<sup>th</sup>) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

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

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

### B. Final Closing Invoice

(1) 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 Methadone Maintenance

Appendix B-2 Jail Methadone Courtesy Dosing Program

Appendix B-3a AIDS Opt-Out HIV Early Intervention

Appendix B-3b AIDS Opt-Out HIV Testing Community Engagement

Appendix B-4a Youth Moving Forward

Appendix B-4b PHNH Youth Moving Forward – Intensive Outreach

Appendix B-4c Morrisania West

Appendix B-5 Prevention

Appendix B-6 Adult Behavioral Health

Appendix B-7 Children's Behavioral Health Outpatient

Appendix B-8 AB3632

Appendix B-9 Balboa MHSA

Appendix B-10 Family Mosaic

Appendix B-11 Anchor Program

Appendix B-12 Dimensions Outpatient LGBTQQ Youth Substance Abuse

## B. *COMPENSATION*

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> 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 Twenty Seven Million Four Hundred Fifty One Thousand Eight Hundred Fifty Seven Dollars (\$27,451,857) for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$2,941,270 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in

compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July1, 2010 through June 30, 2011	\$4,979,847	
July1, 2011 through June 30, 2012	\$4,620,026	
July1, 2012 through June 30, 2013	\$4,260,204	
July1, 2013 through June 30, 2014	\$4,260,204	
July1, 2014 through June 30, 2015	\$4,260,204	
July1, 2015 through December 31, 2015	\$2,130,102	
	\$24,510,587	
Contingency		<u>\$2,941,270</u>
Total		\$27,451,857

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

(4) CONTRACTOR further understands that, \$2,072,855 of the period from July 1, 2010 through December 31, 2010 in the Contract Number DPHM11000210 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM07000071 for the Fiscal Year 2010-11.

C. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.

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

E. In no event shall the CITY be liable for interest or late charges for any late payments.

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



CONTRACT TYPE - This contract is: <b>New</b>							
If modification, Effective Date of Mod.		# of Mod:		VENDOR ID (DPH USE ON)			
LEGAL ENTITY NUMBER: 3121							
LEGAL ENTITY/CONTRACTOR NAME: Bayview Hunters Point Foundation							
APPENDIX NUMBER	B-1	B-2	B-3a	B-3b	B-4a	B-4b	
PROVIDER NUMBER	3838	3838	3838	3838	3838	3838	
PROVIDER NAME:	Outpatient Methadone Maintenance	Jail Methadone Courtesy Dosing	AIDS Opt-Out HIV Testing/ HIV Early Intervention	AIDS Opt-Out HIV Testing/ Community Engagement	Youth Moving Forward	PHNH Youth Moving Forward - Intensive Outreach	Page Total
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
<b>FUNDING USES:</b>							
SALARIES & EMPLOYEE BENEFITS	645,101	113,169	13,570	54,278	269,950	132,678	1,228,746
OPERATING EXPENSE	464,638	100,663	8,939	35,756	105,401	39,918	755,315
CAPITAL OUTLAY (COST \$5,000 AND OVER)							-
<b>SUBTOTAL DIRECT COSTS</b>	<b>1,109,739</b>	<b>213,832</b>	<b>22,509</b>	<b>90,034</b>	<b>375,351</b>	<b>172,596</b>	<b>1,984,061</b>
INDIRECT COST AMOUNT	122,834	23,668	2,491	9,966	41,549	19,046	219,554
INDIRECT %	11%	11%	11%	11%	11%	11%	11%
<b>TOTAL FUNDING USES:</b>	<b>1,232,573</b>	<b>237,500</b>	<b>25,000</b>	<b>100,000</b>	<b>416,900</b>	<b>191,642</b>	<b>2,203,615</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
<b>FEDERAL REVENUES</b>							
SDMC Regular FFP (50%)							-
ARRA SDMC FFP (11.5%)							-
<b>STATE REVENUES</b>							
EPSDT State Match							-
MHSA							-
Family Mosaic Capitated Medi-Cal							-
<b>GRANTS</b>							
SAMHSA							-
<b>PRIOR YEAR ROLL OVER</b>							
MHSA							-
<b>WORK ORDERS</b>							
							-
<b>3RD PARTY PAYOR REVENUES</b>							
							-
<b>REALIGNMENT FUNDS</b>							
<b>COUNTY GENERAL FUND</b>							
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>							-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>							
<b>FEDERAL REVENUES</b>							
SAPT Federal Discretionary 93.959	780,552				39,844		820,396
Drug Medical	375,626						375,626
HIV Set-Aside 93.959			25,000	100,000			125,000
Adolescent Treatment Services 93.959					262,152		262,152
SAPT Primary Prevention 93.959							-
<b>STATE REVENUES</b>							
GF Match to CAL SGF					2,534		2,534
State General Fund					22,810		22,810
<b>GRANTS/PROJECTS</b>							
							-
<b>WORK ORDERS</b>							
							-
<b>3RD PARTY PAYOR REVENUES</b>							
							-
COUNTY GENERAL FUND	76,395	237,500			89,560	191,642	595,097
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>1,232,573</b>	<b>237,500</b>	<b>25,000</b>	<b>100,000</b>	<b>416,900</b>	<b>191,642</b>	<b>2,203,615</b>
<b>TOTAL DPH REVENUES</b>	<b>1,232,573</b>	<b>237,500</b>	<b>25,000</b>	<b>100,000</b>	<b>416,900</b>	<b>191,642</b>	<b>2,203,615</b>
<b>NON-DPH REVENUES</b>							
In-Kind							-
<b>TOTAL NON-DPH REVENUES</b>							-
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>1,232,573</b>	<b>237,500</b>	<b>25,000</b>	<b>100,000</b>	<b>416,900</b>	<b>191,642</b>	<b>2,203,615</b>

Prepared by/Phone Number: Lillian "Kim" Shine 415-466-5106

CONTRACT TYPE - This contract is: NA						
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (L USE ONLY):		
LEGAL ENTITY NUMBER:						
LEGAL ENTITY/CONTRACTOR NAME:						
APPENDIX NUMBER	B-4c	B-5	B-6	B-7	B-8	
PROVIDER NUMBER	3121	3121	3638	3638	3121	
PROVIDER NAME:	Mormonia West	Prevention	Adult Behavioral Health	Children's Behavioral Health Outpatient	AB3632	Page Total
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	40,971	80,386	664,427	316,400	165,172	1,267,355
OPERATING EXPENSE	28,997	14,370	240,913	84,714	12,913	381,907
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
<b>SUBTOTAL DIRECT COSTS</b>	<b>69,968</b>	<b>94,756</b>	<b>905,340</b>	<b>401,114</b>	<b>178,085</b>	<b>1,649,262</b>
INDIRECT COST AMOUNT	7,597	10,489	100,210	44,408	19,712	182,416
INDIRECT %	11%	11%	11%	11%	11%	56%
<b>TOTAL FUNDING USES:</b>	<b>77,565</b>	<b>105,245</b>	<b>1,005,550</b>	<b>445,522</b>	<b>197,797</b>	<b>1,831,678</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
<b>FEDERAL REVENUES</b>						
SDMC Regular FFP (50%)			313,572	222,761	35,573	571,906
ARRA SDMC FFP (11.59)			72,686	51,636	8,246	132,568
<b>STATE REVENUES</b>						
EPSDT State Match				148,849	11,793	160,642
MHSA					50,000	50,000
Family Mosaic Capitated Medi-Cal						
<b>GRANTS</b>						
SAMHSA						
PRIOR YEAR ROLL OVER						
MHSA						
<b>WORK ORDERS</b>						
<b>3RD PARTY PAYOR REVENUES</b>						
<b>REALIGNMENT FUNDS</b>						
COUNTY GENERAL FUND			82,126		11,977	94,103
			537,166	22,276	80,207	639,649
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>			<b>1,005,550</b>	<b>445,522</b>	<b>197,796</b>	<b>1,648,868</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
<b>FEDERAL REVENUES</b>						
SAPT Federal Discretionary 93.959						
Drug Medical						
HIV Set-Aside 93.959						
Adolescent Treatment Services 93.959						
SAPT Primary Prevention 93.959		105,245				105,245
<b>STATE REVENUES</b>						
GF Match to CAL SGF						
State General Fund						
<b>GRANTS/PROJECTS</b>						
<b>WORK ORDERS</b>						
<b>3RD PARTY PAYOR REVENUES</b>						
COUNTY GENERAL FUND	77,565					77,565
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>77,565</b>	<b>105,245</b>				<b>182,810</b>
<b>TOTAL DPH REVENUES</b>	<b>77,565</b>	<b>105,245</b>	<b>1,005,550</b>	<b>445,522</b>	<b>197,796</b>	<b>1,831,678</b>
Unit of Time	45.896					45,896
Rate	1.69					
<b>TOTAL NON-DPH REVENUES</b>						
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>77,565</b>	<b>105,245</b>	<b>1,005,550</b>	<b>445,522</b>	<b>197,796</b>	<b>1,831,678</b>

CONTRACT TYPE - This contract is:		New				
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DP E ONLY):		
LEGAL ENTITY NUMBER:						
LEGAL ENTITY/CONTRACTOR NAME:						
APPENDIX NUMBER	B-9	B-10	B-11	B-12		
PROVIDER NUMBER						
PROVIDER NAME:	Balboa MHA	Family Mosaic	Anchor Program	Dimensions Opt Substance Abuse	Page Total	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11		
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	188,432	358,237	166,370	85,800	798,839	3,294,940
OPERATING EXPENSE	34,961	23,170	13,077	3,500	74,708	1,211,930
CAPITAL-OUTLAY (COST \$5,000 AND OVER)						
<b>SUBTOTAL DIRECT COSTS</b>	<b>223,393</b>	<b>381,407</b>	<b>179,447</b>	<b>89,300</b>	<b>873,547</b>	<b>4,506,870</b>
INDIRECT COST AMOUNT	24,007	37,130	21,659	10,700	93,496	495,466
INDIRECT %	11%	10%	12%	12%	11%	11%
<b>TOTAL FUNDING USES:</b>	<b>247,400</b>	<b>418,537</b>	<b>201,106</b>	<b>100,000</b>	<b>967,043</b>	<b>5,002,336</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
<b>FEDERAL REVENUES</b>						
SDMC Regular FFP (50%)						671,906
ARRA SDMC FFP (11.59)						132,568
<b>STATE REVENUES</b>						
EPSDT State Match						160,642
MHSA	150,000				150,000	200,000
Family Mosaic Capitated Medi-Cal		233,646			233,646	233,646
<b>GRANTS</b>						
SAMHSA		143,228			143,228	143,228
<b>PRIOR YEAR ROLL OVER</b>						
MHSA	74,909				74,909	74,909
<b>WORK ORDERS</b>						
<b>3RD PARTY PAYOR REVENUES</b>						
<b>REALIGNMENT FUNDS</b>						
COUNTY GENERAL FUND		41,663	156,215	44,891	44,891	138,994
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>224,909</b>	<b>418,537</b>	<b>201,106</b>	<b>-</b>	<b>844,552</b>	<b>2,493,420</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
<b>FEDERAL REVENUES</b>						
SAPT Federal Discretionary 93.959						820,396
Drug Medical						375,626
HIV Set-Aside 93.959						125,000
Adolescent Treatment Services 93.959						262,152
SAPT Primary Prevention 93.959						105,245
<b>STATE REVENUES</b>						
GF Match to CAL SGF						2,534
State General Fund						22,810
<b>GRANTS/PROJECTS</b>						
<b>WORK ORDERS</b>						
<b>3RD PARTY PAYOR REVENUES</b>						
COUNTY GENERAL FUND				100,000	100,000	772,662
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>100,000</b>	<b>100,000</b>	<b>2,486,425</b>
<b>TOTAL DPH REVENUES</b>	<b>224,909</b>	<b>418,537</b>	<b>201,106</b>	<b>100,000</b>	<b>944,552</b>	<b>4,979,845</b>
<b>NON-DPH REVENUES</b>						
In-Kind	22,491				22,491	22,491
<b>TOTAL NON-DPH REVENUES</b>	<b>22,491</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>22,491</b>	<b>22,491</b>
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>247,400</b>	<b>418,537</b>	<b>201,106</b>	<b>100,000</b>	<b>967,043</b>	<b>5,002,336</b>

Prepared by/Phone Number: Lillian "Kim" Shine 415-468-5106

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

FISCAL YEAR:		July 2010 - June 2011			PENIDX #: B-1, Page 1	
LEGAL ENTITY NAME:		Bayview Hunters Point Foundation			PROVIDER #: 3838	
PROVIDER NAME:		Bayview Hunters Point Foundation				
REPORTING UNIT NAME:	Outpatient Methadone Maintenance	Outpatient Methadone Maintenance	Outpatient Methadone Maintenance			
REPORTING UNIT:	38164	38164	38164			
MODE OF SVCS / SERVICE FUNCTION CODE:	NTP-48	NTP-48 INDIVIDUAL	NTP-48 Groups			
SERVICE DESCRIPTION:	SA-Narcotic Tx Narc Replacement Therapy - All Svcs	Individual Counseling	Group Counseling			TOTAL
CBHS FUNDING TERM:	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11			
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	465,345	176,325	3,431			645,101
OPERATING EXPENSE	335,168	129,470	-			464,638
CAPITAL OUTLAY (COST \$5,000 AND OVER)						-
SUBTOTAL DIRECT COSTS	800,513	305,795	3,431			1,109,739
INDIRECT COST AMOUNT	86,606	33,805	423			122,834
TOTAL FUNDING USES:	889,119	339,600	3,854			1,232,573
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
FEDERAL REVENUES						-
STATE REVENUES						-
GRANTS						-
PRIOR YEAR ROLL OVER						-
WORK ORDERS						-
3RD PARTY PAYOR REVENUES						-
REALIGNMENT FUNDS						-
COUNTY GENERAL FUND						-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES						-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
FEDERAL REVENUES						-
SAPT Federal Discretionary 93 959	563,052	217,500				780,552
Drug Medical	270,959	102,813	1,854			375,626
STATE REVENUES						-
GRANTS/PROJECTS						-
WORK ORDERS						-
3RD PARTY PAYOR REVENUES						-
COUNTY GENERAL FUND	55,108	19,287	2,000			76,395
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	889,119	339,600	3,854			1,232,573
<b>TOTAL DPH REVENUES</b>	889,119	339,600	3,854			1,232,573
NON-DPH REVENUES						-
TOTAL NON-DPH REVENUES						-
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	889,119	339,600	3,854			1,232,573
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
UNITS OF SERVICE <sup>1</sup>	71,473					
UNITS OF TIME <sup>2</sup>		22,635	1,062			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	12.44	15.00	3.63			
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	12.44	15.00	3.63			
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	12.44	16.00	3.63			
UNDUPLICATED CLIENTS	197	197	89			

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours



DPH 4: Operating Expenses Detail

APPENDIX #: B-1, Page 3  
 Document Date: 10/28/10

Provider Number (same as line 7 on DPH 1): 3121  
 Provider Name (same as line 8 on DPH 1): Outpatient Methadone Maintenance

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
Rental of Property	131,251	131,251				
Utilities(Elec. Water, Gas, Phone, Scavenger)	31,918	31,918				
Office Supplies, Postage	30,059	30,059				
Building Maintenance Supplies and Repair	19,230	19,230				
Printing and Reproduction	312	312				
Insurance	20,214	20,214				
Staff Training	-	-				
Staff Travel-(Local & Out of Town)	7,724	7,724				
Rental of Equipment	4,168	4,168				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
Medical Director & As-needed Nurses	92,340	92,340				
	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
Medical Supplies	56,024	56,024				
Security Services	33,689	33,689				
Lab Tests	18,728	18,728				
Licenses	17,412	17,412				
Advertising	1,569	1,569				
<b>TOTAL OPERATING EXPENSE</b>	<b>464,638</b>	<b>464,638</b>				

**CDRS BUDGET JUSTIFICATION**

Provider Number (same as line 7 on DPH 1):3838

Provider Name (same as line 6 on DPH 1):Outpatient Methadone Maintenance

DATE: 10/28/2010

Fiscal Year: 2010 / 11

Salaries and Benefits	Salaries	FTE
Director of Substance Abuse: Responsible for the overall supervision and the day to day operations of the substance abuse programs.	\$45,518	59%
Minimum Qualifications: Bachelor's Degree in Social Work, Psychology or Behavioral Health and five years experience in a supervisory capacity and management of a Substance Abuse Program.		
0.591 FTE x \$77,028 = \$45,518		
Administrative Assistant: Responsible for performing secretarial and administrative work in connection with clerical functions of the Substance Abuse Program.	\$29,690	90%
Minimum Qualifications: Associate Degree in secretarial science or completion of high school, supplemented by at least four years of progressive office management.		
0.90 FTE x \$32,989 = \$29,690		
Medical Records/Billing Technician: This position compiles the medical records on clients treated in Bayview Substance Abuse Services. Ensures charting and recordkeeping guidelines, filing, and records security.	\$27,603	76%
Minimum Qualifications: Completion of high school, supplemented by by combination of training and experience. Good typing and organizational skills.		
0.761 FTE x \$36,261 = \$27,603		
Intake/Billing Clerk: This position ensures that services and financial eligibility for all clients enrolled in programs are processed, i.e., conducts client intakes, billing and payment documentation and data input.	\$24,978	85%
Minimum Qualifications: Completion of high school, supplemented by work experience in medical billing and intake functions.		
0.848 FTE x \$29,449 = 24,978		
Nurse Practitioner/Physician: This position performs medical examinations of new clients and re-evaluations of clients on an annual basis. Performs limited laboratory, phelobotomy and test procedures.	\$38,000	50%
Minimum Qualifications: Must be a licensed Family Nurse Practitioner or Physician's Assistant in the State of California, with at least two years experience in a substance abuse rehabilitation program.		
0.50 FTE x \$76,000 = 38,000		
LVN Coordinator: This position is responsible for participating in and executing polices, methods and procedures within the field of dispensing methadone; direct and indirect services for the medication functions of the clinic; provides supervision of the administering of methadone to clients enrolled in the substance abuse program.	\$34,590	58%
Minimum Qualifications: Registered Nurse in the State of California, with at least two years experience working in a substance abuse rehabilitation program.		
0.58 FTE x \$59,587 = 34,590		
Licensed Vocational Nurses: Responsible for providing daily doses to clients enrolled in the substance abuse program. Responsible for delivering methadone to local jails.	\$92,104	200%
Minimum Qualifications: Must be a Licesned Vocational Nurse in the State of California, with a minimum of one year's experience working in a Methadone Program preferred.		
2.00 FTE x \$46,052 = 92,104		

Methadone Coordinator: Responsible for oversight and supervision to counseling staff. Coordinate policies and procedures for the unit.	\$48,674	100%
Minimum Qualifications: Bachelor's Degree in psychology, social work, counseling or related field. Four years experience working in substance abuse field. Two years experience in a supervisory capacity.		
1.00 FTE x \$48,674 = 48,674		
Counselors: Responsible for counseling and support to individuals who present with substance abuse problems. Participates in counseling functions, e.g., setting goals and objectives, conducting treatment sessions, etc. Collection of urine specimens when required.	\$157,377	500%
Minimum Qualifications: Bachelor's degree in psychology, social work, counselor or related field. Minimum of one year's experience directly related to the above described duties.		
5.00 FTE x \$31,475 = 157,377		
<b>TOTAL SALARIES</b>	<b>\$498,534</b>	<b>12.18</b>

Payroll Taxes, $498,534 \times .0765 = 38,138$	\$38,138	
Workers Compensation, $498,534 \times 0.01871 = 9,328$	\$9,328	
SUI, $12.68 \text{ employees} \times 7,000 \times 0.062 = 5,503$	\$5,503	
Medical, Dental & Life Insurance, $11.68 * 572.40/\text{mo} \times 12 \text{ mo} = 80,228$	\$80,228	
Longevity Pay, $10 \times 960 = 9,600$	\$9,600	
Retirement account, $12.18 \text{ employees} \times 366 = 4,457$	\$3,770	
<b>TOTAL BENEFITS</b>	<b>\$146,567</b>	

**TOTAL SALARIES & BENEFITS \$645,101**

**Operating Expenses**

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as

**Occupancy:**

Rent:

Rental of Property, Substance Abuse facility, $0.76 \times 172,312 = 131,251$	\$131,251
Security, Substance Abuse facility, $0.76 \times 44,229 = 33,689$	\$33,689

Utilities:

Utilities, Substance Abuse facility, $0.76 \times 41,903 = 31,918$	\$31,918
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Building Maintenance:

Building Maintenance and repairs, $0.76 \times 25,246 = 19,230$	\$19,230
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**Total Occupancy: \$216,088**

**Materials and Supplies:**

Office Supplies:

Office supplies & postage, Substance Abuse, $0.76 \times 39,463 = 30,059$	\$30,059
Advertising and recruiting, Substance Abuse program, $0.76 \times 2,056 = 1,569$	\$1,569

Printing/Reproduction:

Mimeo & Printing, Substance Abuse program, $0.76 \times 410 = 312$	\$312
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Program/Medical Supplies:

Medical supplies, Substance Abuse program, $0.76 \times 73,550 = 56,024$	\$56,024
Lab Tests, Substance Abuse program, $0.76 \times 24,587 = 18,728$	\$18,728
Licenses and Fees, Substance Abuse program, $0.76 \times 22,859 = 17,412$	\$17,412

**Total Materials and Supplies: \$124,104**

**General Operating:**

Insurance:

Insurance, Substance Abuse Program,  $0.76 \times 26,538 = 20,214$  \$20,214

Staff Training:

Rental of Equipment:

Leased Equipment, Substance Abuse program,  $0.76 \times 5,471 = 4,168$  \$4,168

**Total General Operating: \$24,382**

Staff Travel (Local & Out of Town):

Travel & vehicle, Substance Abuse program,  $0.76 \times 10,141 = 7,724$  \$7,724

**\$7,724**

Consultants/Subcontractors:

Consultants, including Medical Director & as-needed extra nurses

Substance Abuse Program,  $0.76 \times 121,229 = 92,340$  \$92,340

**Total Consultants/Subcontractors: \$92,340**

**TOTAL OPERATING COSTS: \$464,638**

**CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0**

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$1,109,739**

**CONTRACT TOTAL: \$1,232,573**

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

FISCAL YEAR:		July 2010 - June 2011			PPENIDX #: B-2, Page 1	
LEGAL ENTITY NAME:		Bayview Hunters Point Foundation			PROVIDER #: 3121	
PROVIDER NAME:		Bayview Hunters Point Foundation				
REPORTING UNIT NAME:	Jail Methadone Courtesy Dosing					
REPORTING UNIT:	N/A					
MODE OF SVCS / SERVICE FUNCTION CODE	NTP-41					
SERVICE DESCRIPTION:	SA-Narcotic Tx Prog OP Meth Detox (OMD)					TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11					
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	113,189					113,189
OPERATING EXPENSE	100,663					100,663
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	213,832					213,832
INDIRECT COST AMOUNT	23,668					23,668
TOTAL FUNDING USES:	237,500					237,500
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
<b>FEDERAL REVENUES</b>						
STATE REVENUES						
GRANTS						
PRIOR YEAR ROLL OVER						
WORK ORDERS						
3RD PARTY PAYOR REVENUES						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>						
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
<b>FEDERAL REVENUES</b>						
<b>STATE REVENUES</b>						
<b>GRANTS/PROJECTS</b>						
<b>WORK ORDERS</b>						
<b>3RD PARTY PAYOR REVENUES</b>						
COUNTY GENERAL FUND	237,500					237,500
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>237,500</b>					<b>237,500</b>
<b>TOTAL DPH REVENUES</b>	<b>237,500</b>					<b>237,500</b>
<b>NON-DPH REVENUES</b>						
<b>TOTAL NON-DPH REVENUES</b>						
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>237,500</b>					<b>237,500</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
UNITS OF SERVICE <sup>1</sup>	19,092					
UNITS OF TIME <sup>2</sup>						
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	12.44					
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	12.44					
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	12.44					
UNDUPLICATED CLIENTS	66					

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours



DPH 4: Operating Expenses Detail

APPENDIX #: B-2, Page 3  
 Document Date: 10/28/10

Provider Number (same as line 7 on DPH 1): 3838  
 Provider Name (same as line 8 on DPH 1): Jail Methadone Courtesy Dosing

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: <u>                    </u> (grant title)	GRANT #2: <u>                    </u> (grant title)	WORK ORDER #1: <u>                    </u> (dept. name)	WORK ORDER #2: <u>                    </u> (dept. name)
Expenditure Category	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	Term: <u>7/1/10-6/30/11</u>	Term: <u>7/1/10-6/30/11</u>	Term: <u>                    </u>	Term: <u>                    </u>	Term: <u>                    </u>	Term: <u>                    </u>
Rental of Property	28,436	28,436				
Utilities(Elec, Water, Gas, Phone, Scavenger)	6,915	6,915				
Office Supplies, Postage	6,513	6,513				
Building Maintenance Supplies and Repair	4,166	4,166				
Printing and Reproduction	68	68				
Insurance	4,379	4,379				
Staff Training	-	-				
Staff Travel-Local & Out of Town	1,674	1,674				
Rental of Equipment	903	903				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
Medical Director & As-needed Nurses	20,006	20,006				
	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
Medical Supplies	12,138	12,138				
Security Services	7,299	7,299				
Lab Tests	4,057	4,057				
Licenses	3,772	3,772				
Advertising	337	337				
<b>TOTAL OPERATING EXPENSE</b>	<b>100,663</b>	<b>100,663</b>				

**CBHS BUDGET JUSTIFICATION**

**Provider Number (same as line 7 on DPH 1):** \_\_\_\_\_

**Provider Name:** Jail Methadone Courtesy Dosing

**DATE:** 10/28/2010

**Fiscal Year:** 2010 / 11

Salaries and Benefits	Salaries	FTE
Director of Substance Abuse: Responsible for the overall supervision and the day to day operations of the substance abuse programs.	\$9,804	13%
Minimum Qualifications: Bachelor's Degree in Social Work, Psychology or Behavioral Health and five years experience in a supervisory capacity and management of a Substance Abuse Program.		
0.1273 FTE x \$77,028 = \$9,804		
Administrative Assistant: Responsible for performing secretarial and administrative work in connection with clerical functions of the Substance Abuse Program.	\$330	1%
Minimum Qualifications: Associate Degree in secretarial science or completion of high school, supplemented by at least four years of progressive office management.		
0.01 FTE x \$32,989 = \$330		
Intake/Billing Clerk: This position ensures that services and financial eligibility for all clients enrolled in programs are processed, i.e., conducts client intakes, billing and payment documentation and data input.	\$4,471	15%
Minimum Qualifications: Completion of high school, supplemented by work experience in medical billing and intake functions.		
0.152 FTE x \$29,449 = \$4,471		
Medical Records/Billing Technician: This position compiles the medical records on clients treated in Bayview Substance Abuse Services. Ensures charting and recordkeeping guidelines, filing, and records security.	\$5,471	15%
Minimum Qualifications: Completion of high school, supplemented by by combination of training and experience. Good typing and organizational skills.		
0.151 FTE x \$36,261 = \$5,471		
LVN Coordinator: This position is responsible for participating in and executing policies, methods and procedures within the field of dispensing methadone; direct and indirect services for the medication functions of the clinic; provides supervision of the administering of methadone to registered inmates in San Francisco county jails.	\$24,997	41%
Minimum Qualifications: Registered Nurse in the State of California, with at least two years experience working in a substance abuse rehabilitation program.		
0.41 FTE x \$59,587 = 24,997		
Licensed Vocational Nurses: Responsible for delivering methadone to local jails.	\$46,052	100%
Minimum Qualifications: Must be a Licesned Vocational Nurse in the State of California, with a minimum of one year's experience working in a Methadone Program preferred.		
1.00 FTE x \$46,052 = 46,052		
<b>TOTAL SALARIES</b>	<b>\$91,125</b>	<b>1.85</b>

Payroll Taxes, 91,125 x .0765 = 6,971	\$6,971	
Workers Compensation, 91,125 x 0.01871 = 1,705	\$1,705	
SUI, 1.85 employees x 7,000 x 0.062 = 803	\$803	
Medical, Dental & Life Insurance, 1.85 * 566/mo x 12 mo = 12,565	\$12,565	

	TOTAL BENEFITS	\$22,044

**TOTAL SALARIES & BENEFITS \$113,169**

**Operating Expenses**

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

Rent:

Rental of Property, Substance Abuse facility, $0.17 \times 172,312 = 28,436$	\$28,436
Security, Substance Abuse facility, $0.17 \times 44,229 = 7,299$	\$7,299

Utilities:

Utilities, Substance Abuse facility, $0.17 \times 41,903 = 6,915$	\$6,915
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Building Maintenance:

Building Maintenance and repairs, $0.17 \times 25,246 = 4,166$	\$4,166
--	---------

Total Occupancy: \$46,816

**Materials and Supplies:**

Office Supplies:

Office supplies & postage, Substance Abuse, $0.17 \times 39,463 = 6,512$	\$6,512
Advertising and recruiting, Substance Abuse program, $0.17 \times 2,056 = 338$	\$338

Printing/Reproduction:

Mimeo & Printing, Substance Abuse program, $0.17 \times 410 = 68$	\$68
---	------

Program/Medical Supplies:

Medical supplies, Substance Abuse program, $0.17 \times 73,550 = 12,138$	\$12,138
Lab Tests, Substance Abuse program, $0.17 \times 24,587 = 4,057$	\$4,057
Licenses and Fees, Substance Abuse program, $0.17 \times 22,859 = 3,772$	\$3,772

Total Materials and Supplies: \$26,885

**General Operating:**

Insurance:

Insurance, Substance Abuse Program, $0.17 \times 26,538 = 4,379$	\$4,379
--	---------

Staff Training:

Rental of Equipment:

Leased Equipment, Substance Abuse program, $0.17 \times 5,471 = 903$	\$903
--	-------

Total General Operating: \$5,282

**Staff Travel (Local & Out of Town):**

Travel & vehicle, Substance Abuse program, $0.17 \times 10,141 = 1,674$	\$1,674
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\$1,674

Consultants, including Medical Director & as-needed extra nurses		
Substance Abuse Program, 0.17/	11,229 = 20,006	\$20,006

Total Consultants/Subcontractors: \$20,006

TOTAL OPERATING COSTS: \$100,663

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$213,832

CONTRACT TOTAL: \$237,500

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

FISCAL YEAR: July 2010 - June 2011		PPENDIX #: B-3a, Page 1			
LEGAL ENTITY NAME: Bayview Hunters Point Foundation		PROVIDER #: 3121			
PROVIDER NAME: Bayview Hunters Point Foundation					
REPORTING UNIT NAME:	AIDS Opt-Out HIV Testing/ HIV Early Intervention				
REPORTING UNIT:	38164				
MODE OF SVCS / SERVICE FUNCTION CODE	Anc-65				
SERVICE DESCRIPTION	SA-Ancillary Svcs HIV Early Intervention				TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11			
<b>FUNDING USES:</b>					
SALARIES & EMPLOYEE BENEFITS	13,570	-	-	-	13,570
OPERATING EXPENSE	8,939	-	-	-	8,939
CAPITAL OUTLAY (COST \$5,000 AND OVER)					
SUBTOTAL DIRECT COSTS	22,509	-	-	-	22,509
INDIRECT COST AMOUNT	2,491	-	-	-	2,491
TOTAL FUNDING USES:	25,000	-	-	-	25,000
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
FEDERAL REVENUES					
STATE REVENUES					
GRANTS					
PRIOR YEAR ROLL OVER					
WORK ORDERS					
3RD PARTY PAYOR REVENUES					
REALIGNMENT FUNDS					
COUNTY GENERAL FUND					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>					
FEDERAL REVENUES					
HIV Set-Aside 93,959	25,000				25,000
STATE REVENUES					
GRANTS/PROJECTS					
WORK ORDERS					
3RD PARTY PAYOR REVENUES					
COUNTY GENERAL FUND					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	25,000	-	-	-	25,000
<b>TOTAL DPH REVENUES</b>	<b>25,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>25,000</b>
NON-DPH REVENUES					
TOTAL NON-DPH REVENUES	-	-	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)	25,000	-	-	-	25,000
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>					
UNITS OF SERVICE <sup>1</sup>	197				
UNITS OF TIME <sup>2</sup>					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	126.90				
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	126.90				
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	126.90				
UNDUPLICATED CLIENTS	197				

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours



DPH 4: Operating Expenses Detail

APPENDIX #: B-3a, Page 3  
 Document Date: 10/28/10

Provider Number (same as line 7 on DPH 1): 3838  
 Provider Name (same as line 8 on DPH 1): AIDS Opt-Out HIV Testing/ HIV Early Intervention

Expenditure Category

Rental of Property  
 Utilities(Elec, Water, Gas, Phone, Scavenger)  
 Office Supplies, Postage  
 Building Maintenance Supplies and Repair  
 Printing and Reproduction  
 Insurance  
 Staff Training  
 Staff Travel-(Local & Out of Town)  
 Rental of Equipment  
 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 OTHER  
 Medical Supplies  
 Security Services  
 Lab Tests  
 Licenses  
 Advertising

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: <u>7/1/10-6/30/11</u>	Term: <u>7/1/10-6/30/11</u>	Term: _____	Term: _____	Term: _____	Term: _____
2,525	2,525				
614	614				
578	578				
370	370				
6	6				
389	389				
-	-				
149	149				
80	80				
1,777	1,777				
-	-				
-	-				
-	-				
-	-				
1,078	1,078				
648	648				
360	360				
335	335				
30	30				
<b>8,939</b>	<b>8,939</b>				

TOTAL OPERATING EXPENSE

**CDRS BUDGET JUSTIFICATION**

Provider Number (same as line 7 on DPH 1): 3838

Provider Name : AIDS Opt-Out, HIV Testing/ HIV Early Intervention

DATE: 10/28/2010

Fiscal Year: 2010 / 11

**Salaries and Benefits**

	Salaries	FTE
Director of Substance Abuse: Responsible for the overall supervision and the day to day operations of the substance abuse programs and AIDS services.	\$7,383	10%
Minimum Qualifications: Bachelor's Degree in Social Work, Psychology or Behavioral Health and five years experience in a supervisory capacity and management of a Substance Abuse Program.		
0.096 FTE x \$77,028 = \$7,383		
Administrative Assistant: Responsible for performing secretarial and administrative work in connection with clerical functions of the Substance Abuse Program.	\$1,491	5%
Minimum Qualifications: Associate Degree in secretarial science or completion of high school, supplemented by at least four years of progressive office management.		
0.045 FTE x \$32,989 = \$1,491		
Medical Records/Billing Technician: This position compiles the medical records on clients treated in Bayview Substance Abuse Services. Ensures charting and recordkeeping guidelines, filing, and records security.	\$1,590	5%
Minimum Qualifications: Completion of high school, supplemented by by combination of training and experience. Good typing and organizational skills.		
0.045 FTE x \$36,261 = \$1,590		
<b>TOTAL SALARIES</b>	<b>\$10,464</b>	<b>0.19</b>

Payroll Taxes, $10,464 \times .0765 = 801$	\$801
Workers Compensation, $10,464 \times 0.01871 = 196$	\$196
SUI, $0.19 \text{ employees} \times 7,000 \times 0.062 = 83$	\$83
Medical, Dental & Life Insurance, $0.19 * 700/\text{mo} \times 12 \text{ mo} = 1,596$	\$1,596
Longevity Pay, $0.28 \times 960 = 269$	\$269
Retirement account, $1.37 \text{ employees} \times 158 = 216$	\$161
<b>TOTAL BENEFITS</b>	<b>\$3,106</b>

**TOTAL SALARIES & BENEFITS \$13,570**

**Operating Expenses**

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as

**Occupancy:**

Rent:

Rental of Property, Substance Abuse facility,  $0.014 \times 172,312 = 2,525$  \$2,525

Security, Substance Abuse facility,  $0.014 \times 44,229 = 648$  \$648

Utilities:

Utilities, Substance Abuse facility,  $0.014 \times 41,903 = 614$  \$614

Building Maintenance:

Building Maintenance and repairs,  $0.014 \times 25,246 = 370$  \$370

Total Occupa \$4,157

**Materials and Supplies:**

Office Supplies:

Office supplies & postage, Substance Abuse,  $0.014 \times 39,463 = 578$  \$578  
Advertising and recruiting, Substance Abuse program,  $0.014 \times 2,056 = 30$  \$30

Printing/Reproduction:

Mimeo & Printing, Substance Abuse program,  $0.014 \times 410 = 6$  \$6

Program/Medical Supplies:

Medical supplies, Substance Abuse program,  $0.014 \times 73,550 = 1,078$  \$1,078  
Lab Tests, Substance Abuse program,  $0.014 \times 24,587 = 360$  \$360  
Licenses and Fees, Substance Abuse program,  $0.014 \times 22,859 = 335$  \$335

**Total Materials and Supplies: \$2,387**

**General Operating:**

Insurance:

Insurance, Substance Abuse Program,  $0.014 \times 26,538 = 389$  \$389

Staff Training:

Rental of Equipment:

Leased Equipment, Substance Abuse program,  $0.014 \times 5,471 = 80$  \$80

**Total General Operating: \$469**

**Staff Travel (Local & Out of Town):**

Travel & vehicle, Substance Abuse program,  $0.014 \times 10,141 = 149$  \$149

**\$149**

**Consultants/Subcontractors:**

Consultants, including Medical Director & as-needed extra nurses  
Substance Abuse Program,  $0.014 \times 121,229 = 1777$  \$1,777

**Total Consultants/Subcontractors: \$1,777**

**TOTAL OPERATING COSTS: \$8,939**

**CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0**

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$22,509**

**CONTRACT TOTAL: \$25,000**

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

FISCAL YEAR:		July 2010 - June 2011		APPENDIX #: B-3b, Page 1	
LEGAL ENTITY NAME:	Bayview Hunters Point Foundation			PROVIDER #:	3121
PROVIDER NAME:		Bayview Hunters Point Foundation			
REPORTING UNIT NAME:	AIDS Opt-Out HIV Testing/ HIV Early Intervention				
REPORTING UNIT:	38164				
MODE OF SVCS / SERVICE FUNCTION CODE	NA				
SERVICE DESCRIPTION	Community Engagement - Cost Reimbursement				TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11				
<b>FUNDING USES:</b>					
SALARIES & EMPLOYEE BENEFITS	54,278	-	-	-	54,278
OPERATING EXPENSE	35,766	-	-	-	35,766
CAPITAL OUTLAY (COST \$5,000 AND OVER)					
SUBTOTAL DIRECT COSTS	90,034	-	-	-	90,034
INDIRECT COST AMOUNT	9,966	-	-	-	9,966
TOTAL FUNDING USES:	100,000	-	-	-	100,000
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
FEDERAL REVENUES					
STATE REVENUES					
GRANTS					
PRIOR YEAR ROLL OVER					
WORK ORDERS					
3RD PARTY PAYOR REVENUES					
REALIGNMENT FUNDS					
COUNTY GENERAL FUND					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES					
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>					
FEDERAL REVENUES					
HIV Set-Aside 93.959	100,000	-	-	-	100,000
STATE REVENUES					
GRANTS/PROJECTS					
WORK ORDERS					
3RD PARTY PAYOR REVENUES					
COUNTY GENERAL FUND					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	100,000	-	-	-	100,000
<b>TOTAL DPH REVENUES</b>	<b>100,000</b>	-	-	-	<b>100,000</b>
<b>NON-DPH REVENUES</b>					
TOTAL NON-DPH REVENUES					
TOTAL REVENUES (DPH AND NON-DPH)	100,000	-	-	-	100,000
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>					
UNITS OF SERVICE <sup>1</sup>	170				
UNITS OF TIME <sup>2</sup>					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR	-	-	-	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	CR	-	-	-	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	N/A				
UNDUPLICATED CLIENTS	170				

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours



DPH 4: Operating Expenses Detail

APPENDIX #: B-3b, Page 3  
 Document Date: 10/28/10

Provider Number (same as line 7 on DPH 1): 3838  
 Provider Name (same as line 8 on DPH 1): AIDS Opt-Out HIV Testing/ HIV Early Intervention

Expenditure Category

Rental of Property  
 Utilities(Elec, Water, Gas, Phone, Scavenger)  
 Office Supplies, Postage  
 Building Maintenance Supplies and Repair  
 Printing and Reproduction  
 Insurance  
 Staff Training  
 Staff Travel-(Local & Out of Town)  
 Rental of Equipment  
 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 OTHER  
 Medical Supplies  
 Security Services  
 Lab Tests  
 Licenses  
 Advertising

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: <u>                    </u> (grant title)	GRANT #2: <u>                    </u> (grant title)	WORK ORDER #1: <u>                    </u> (dept. name)	WORK ORDER #2: <u>                    </u> (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: <u>7/1/10-6/30/11</u>	Term: <u>7/1/10-6/30/11</u>	Term: <u>                    </u>	Term: <u>                    </u>	Term: <u>                    </u>	Term: <u>                    </u>
10,100	10,100				
2,456	2,456				
2,314	2,314				
1,480	1,480				
24	24				
1,555	1,555				
-	-				
594	594				
321	321				
7,106	7,106				
-	-				
-	-				
-	-				
-	-				
4,311	4,311				
2,593	2,593				
1,441	1,441				
1,340	1,340				
121	121				
<b>35,756</b>	<b>35,756</b>				

TOTAL OPERATING EXPENSE

## CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1): 3838

Provider Name (same as line 8 on DPH 1): AIDS Opt-Out HIV Testing/ HIV Early Intervention

DATE: 10/28/2010

Fiscal Year: 2010 / 11

Salaries and Benefits	Salaries	FTE
Director of Substance Abuse: Responsible for the overall supervision and the day to day operations of the substance abuse programs and AIDS services.	\$7,323	10%
Minimum Qualifications: Bachelor's Degree in Social Work, Psychology or Behavioral Health and five years experience in a supervisory capacity and management of a Substance Abuse Program.		
$0.095 \text{ FTE} \times \$77,028 = \$7,323$		
Administrative Assistant: Responsible for performing secretarial and administrative work in connection with clerical functions of the Substance Abuse Program.	\$1,478	5%
Minimum Qualifications: Associate Degree in secretarial science or completion of high school, supplemented by at least four years of progressive office management.		
$0.045 \text{ FTE} \times \$32,989 = \$1,478$		
Medical Records/Billing Technician: This position compiles the medical records on clients treated in Bayview Substance Abuse Services. Ensures charting and recordkeeping guidelines, filing, and records security.	\$1,597	5%
Minimum Qualifications: Completion of high school, supplemented by by combination of training and experience. Good typing and organizational skills.		
$0.045 \text{ FTE} \times \$36,261 = \$1,597$		
Counselor: Responsible for providing pre and post counseling and referral support to individuals who are HIV+ or who have AIDS.	\$31,510	100%
Minimum Qualifications: Bachelor's Degree in Social Work, Psychology or Counseling, one year experience working in Public Health.		
$1.00 \text{ FTE} \times \$31,510 = \$31,510$		
<b>TOTAL SALARIES</b>	<b>\$41,908</b>	<b>1.19</b>
Payroll Taxes, $52,372 \times .0765 = 4,006$	\$3,206	
Workers Compensation, $52,372 \times 0.01871 = 980$	\$784	
SUI, $1.37 \text{ employees} \times 7,000 \times 0.062 = 595$	\$516	
Medical, Dental & Life Insurance, $1.19 * 550/\text{mo} \times 12 \text{ mo} = 8,174$	\$7,864	
<b>TOTAL BENEFITS</b>	<b>\$12,370</b>	

**TOTAL SALARIES & BENEFITS      \$54,278**

**Operating Expenses**

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

Rent:

Rental of Property, Substance Abuse facility, $0.056 \times 172,312 = 10,100$	\$10,100
Security, Substance Abuse facility, $0.056 \times 44,229 = 2,593$	\$2,593

Utilities:

Utilities, Substance Abuse facility, $0.056 \times 41,903 = 2,456$	\$2,456
--	---------

Building Maintenance and repairs, 0.056 x 25,246 = 1,480 \$1,480

**Total Occupancy: \$16,629**

**Materials and Supplies:**

Office Supplies:

Office supplies & postage, Substance Abuse, 0.056 x 39,463 = 2,314 \$2,314

Advertising and recruiting, Substance Abuse program, 0.056 x 2,056 = 121 \$121

Printing/Reproduction:

Mimeo & Printing, Substance Abuse program, 0.056 x 410 = 24 \$24

Program/Medical Supplies:

Medical supplies, Substance Abuse program, 0.056 x 73,550 = 4,311 \$4,311

Lab Tests, Substance Abuse program, 0.056 x 24,587 = 1,441 \$1,441

Licenses and Fees, Substance Abuse program, 0.056 x 22,859 = 1,340 \$1,340

**Total Materials and Supplies: \$9,551**

**General Operating:**

Insurance:

Insurance, Substance Abuse Program, 0.056 x 26,538 = 1,555 \$1,555

Staff Training:

Rental of Equipment:

Leased Equipment, Substance Abuse program, 0.056 x 5,471 = 321 \$321

**Total General Operating: \$1,876**

**Staff Travel (Local & Out of Town):**

Travel & vehicle, Substance Abuse program, 0.056 x 10,141 = 594 \$594

**\$594**

**Consultants/Subcontractors:**

Consultants, including Medical Director & as-needed extra nurses

Substance Abuse Program, 0.056 x 121,229 = 7,106 \$7,106

**Total Consultants/Subcontractors: \$7,106**

**TOTAL OPERATING COSTS: \$35,756**

**CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0**

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$90,034**

**CONTRACT TOTAL: \$100,000**

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

AL YEAR:	July 2010 - June 2011		APPENDIX #:	B-4a, Page 1	
LEGAL ENTITY NAME:	Bayview Hunters Point Foundation		PROVIDER #:	3121	
PROVIDER NAME:	Bayview Hunters Point Foundation				
REPORTING UNIT NAME::	Youth Moving Forward	Youth Moving Forward			
REPORTING UNIT:	38171	38171			
MODE OF SVCS / SERVICE FUNCTION CODE	Nonres-33	Nonres-34			
SERVICE DESCRIPTION	SA-Nonresidntl ODF Group	SA-Nonresidntl ODF Indv			TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11			
<b>FUNDING USES:</b>					
SALARIES & EMPLOYEE BENEFITS	80,985	188,965			269,950
OPERATING EXPENSE	31,620	73,781			105,401
CAPITAL OUTLAY (COST \$5,000 AND OVER)					
<b>SUBTOTAL DIRECT COSTS</b>	<b>112,605</b>	<b>262,746</b>			<b>375,351</b>
INDIRECT COST AMOUNT	12,465	29,084			41,549
<b>TOTAL FUNDING USES:</b>	<b>125,070</b>	<b>291,830</b>			<b>416,900</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
FEDERAL REVENUES					
STATE REVENUES					
GRANTS					
PRIOR YEAR ROLL OVER					
WORK ORDERS					
3RD PARTY PAYOR REVENUES					
REALIGNMENT FUNDS					
COUNTY GENERAL FUND					
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>					
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>					
FEDERAL REVENUES					
SAPT Federal Discretionary 93.959	11,953	27,891			39,844
Adolescent Treatment Services 93.959	78,646	183,506			262,152
STATE REVENUES					
GF Match to CAL SGF	760	1,774			2,534
State General Fund	6,843	15,967			22,810
GRANTS/PROJECTS					
WORK ORDERS					
3RD PARTY PAYOR REVENUES					
COUNTY GENERAL FUND	26,868	62,692			89,560
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>125,070</b>	<b>291,830</b>			<b>416,900</b>
<b>TOTAL DPH REVENUES</b>	<b>125,070</b>	<b>291,830</b>			<b>416,900</b>
<b>NON-DPH REVENUES</b>					
<b>TOTAL NON-DPH REVENUES</b>					
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>125,070</b>	<b>291,830</b>			<b>416,900</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>					
UNITS OF SERVICE <sup>1</sup>	1,350	5,520			
UNITS OF TIME <sup>2</sup>					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	92.64	52.87			
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	92.64	52.87			
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	81.75	98.83			
UNDUPLICATED CLIENTS	75	90			

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours



DPH 4: Operating Expenses Detail

APPENDIX #: B-4a, Page 3  
 Document Date: 10/28/10

Provider Number (same as line 7 on DPH 1): 3838  
 Provider Name (same as line 8 on DPH 1): Youth Moving Forward

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: <u>                    </u> (grant title)	GRANT #2: <u>                    </u> (grant title)	WORK ORDER #1: <u>                    </u> (dept. name)	WORK ORDER #2: <u>                    </u> (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	<u>Term: 7/1/10-6/30/11</u>	<u>Term: 7/1/10-6/30/11</u>	<u>Term: _____</u>	<u>Term: _____</u>	<u>Term: _____</u>	<u>Term: _____</u>
Rental of property	44,879	44,879				
Utilities	8,858	8,858				
Office Supplies, Postage	15,722	15,722				
Bldg Maintenance, Supplies & Repair	11,613	11,613				
Printing & Reproduction	492	492				
Insurance	3,018	3,018				
Staff Training	-	-				
Staff Travel	3,392	3,392				
Rental of Equipment	3,320	3,320				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
	-	-				
	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
Recreational/Project Supplies	2,821	2,821				
Food for Client Activities	3,412	3,412				
Security Service	2,296	2,296				
Advertising	328	328				
Vehicle Expenses	5,250	5,250				
<b>TOTAL OPERATING EXPENSE</b>	<b>105,401</b>	<b>105,401</b>				

**CBHS BUDGET JUSTIFICATION**

Provider Number (same as line 7 on DPH 1): 3838

Provider Name (same as line 8 on DPH 1): Youth Moving Forward

DATE: 10/28/2010

Fiscal Year: 2010 / 11

Salaries and Benefits	Salaries	FTE
Director of Youth Services: Responsible for the day to day operations of the youth services program, and provides direct staff supervision.	\$31,540	48%
Minimum Qualifications: Bachelor's Degree in Social Work, Psychology or related field. Must have five years of management and supervisory experience working in a youth services program.		
0.485 FTE x \$65,000 = \$31,540		
Administrative Assistant: Responsible for secretarial and administrative work; maintains office files and a wide variety of other office records; maintains office supplies.	\$17,616	55%
Minimum Qualifications: Associate degree in Secretarial Science, or completion of high school, supplemented by at least four years of progressively responsible office management experience; computer and software proficiency.		
0.55 FTE x \$32,028 = \$17,616		
Counselors: Maintains a caseload of active clients which includes development of treatment plans, counseling evaluations and follow up sessions. Conducts individual, group and family counseling sessions.	\$125,524	400%
Minimum Qualifications: Bachelor's degree in social work, psychology or related field; minimum of two year experience working with youth.		
4.00 FTE x \$31,381 = \$125,524		
Psychologist: Provides clinical supervision to program counseling staff. Provides quality assurance and utilization review functions within the BVHP Youth Services Program.	\$8,277	12%
Minimum Qualifications: Master's degree in Psychology and credential to practice clinical psychology in the State of California; and three years experience in diagnostic assessment; Or possession of PH.D degree with specialization in clinical psychology.		
0.12 FTE x \$68,975 = \$8,277		
Director of Compliance & QA: Responsible to appropriate Quality Measures and reporting methods to track the agency's success, i.e., monthly billings, productivity and service analyses.	\$8,563	12%
Minimum Qualifications: Bachelor's degree in human services, human development or related field. Minimum four years of direct service experience and two years of supervisory experience.		
0.12 FTE x \$71,358 = \$8,563		
Coordinator: Responsible for implementing and evaluating YMF program. Assist in the daily operations of the YMF program, including the coordination of the education, counseling, life skills, job placement and leadership components.	\$20,000	50%
Minimum Qualifications: Bachelor's social work, public administration, education or related field. One year experience as a Program Coordinator or case management. Demonstrated ability in youth development, employment training, etc.		
0.50 FTE x \$40,000 = \$20,000		
<b>TOTAL SALARIES</b>	<b>\$211,520</b>	<b>5.77</b>
Payroll Taxes, 219,395 x .0765 = 16,784	\$16,784	
Workers Compensation, 219,395 x 0.0077 = 1,689	\$1,689	

SUI, 5.00 employees x 7,000 x 0.062 = 3,103	\$3,103
Medical, Dental & Life Insur, 5.65 * 532/mo x 12 mo = 36,854	\$36,854
<b>TOTAL BENEFITS</b>	<b>\$58,430</b>

**TOTAL SALARIES & BENEFITS \$269,950**

**Operating Expenses**

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

Rent:

Rental of Property, Youth Services facility, 0.88 x 50,998 = 44,879	\$44,879
Security, Youth Services facility, 0.88 x 2,609 = 2,296	\$2,296

Utilities:

Utilities, Youth Services facility, 0.88 x 10,066 = 8,858	\$8,858
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Building Maintenance:

Building Maintenance and repairs, 0.88 x 13,196 = 11,613	\$11,613
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**Total Occupancy: \$67,646**

**Materials and Supplies:**

Office Supplies:

Office supplies & postage, Youth Services, 0.88 x 17,865 = 15,722	\$15,722
Advertising and recruiting, Youth Services program, 0.88 x 373 = 328	\$328

Printing/Reproduction:

Mimeo & Printing, Youth Services program, 0.88 x 559 = 492	\$492
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Program/Medical Supplies:

Recreational/Project supplies, Youth Program, 0.88 x 3,206 = 2,821	\$2,821
Food for Client Activities, Youth Programs, 0.88 x 3,877 = 3,412	\$3,412
	\$0

**Total Materials and Supplies: \$22,775**

**General Operating:**

Insurance:

Insurance, Youth Services Program, 0.88 x 3,429 = 3,018	\$3,018
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Staff Training:

Rental of Equipment:

Leased Equipment, Youth Services program, 0.88 x 3,773 = 3,320	\$3,320
--	---------

**Total General Operating: \$6,338**

**Staff Travel (Local & Out of Town):**

Staff Travel, Youth Services program, 0.88 x 3,854 = 3,392	\$3,392
Vehicle Expenses, Youth Services, 0.88 x 5,966 = 5,250	\$5,250

Consultants/Subcontractors


Total Consultants/Subcontractors: \$0

**TOTAL OPERATING COSTS: \$105,401**

**CAPITAL EXPENDITURES:** *(If needed - A unit valued at \$5,000 or more)* \$0

<b>TOTAL DIRECT COSTS (Salaries &amp; Benefits plus Operating Costs):</b>	<b>\$375,351</b>
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<b>CONTRACT TOTAL:</b>	<b>\$416,900</b>
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**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

FISCAL YEAR: July 2010 - June 2011		APPENDIX #: B-4b, Page 1			
LEGAL ENTITY NAME:	Bayview Hunters Point Foundation		PROVIDER #:	3121	
PROVIDER NAME:	Bayview Hunters Point Foundation				
REPORTING UNIT NAME:	PHNH Youth Moving Forward - Intensive Outreach	PHNH Youth Moving Forward - Intensive Outreach			
REPORTING UNIT:	38171	38171			
MODE OF SVCS / SERVICE FUNCTION CODE:	Nonres-33	Nonres-34			
SERVICE DESCRIPTION:	SA-Nonresidntl ODF Group	SA-Nonresidntl ODF Indv			TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11			
<b>FUNDING USES:</b>					
SALARIES & EMPLOYEE BENEFITS	39,803	92,875			132,678
OPERATING EXPENSE	11,975	27,943			39,918
CAPITAL OUTLAY (COST \$5,000 AND OVER)					
SUBTOTAL DIRECT COSTS	51,778	120,818			172,596
INDIRECT COST AMOUNT	5,714	13,332			19,046
TOTAL FUNDING USES:	57,492	134,150			191,642
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
FEDERAL REVENUES					
STATE REVENUES					
GRANTS					
PRIOR YEAR ROLL OVER					
WORK ORDERS					
3RD PARTY PAYOR REVENUES					
REALIGNMENT FUNDS					
COUNTY GENERAL FUND					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES					
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>					
FEDERAL REVENUES					
STATE REVENUES					
GRANTS/PROJECTS					
WORK ORDERS					
3RD PARTY PAYOR REVENUES					
COUNTY GENERAL FUND	57,492	134,150			191,642
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	57,492	134,150			191,642
<b>TOTAL DPH REVENUES</b>	<b>57,492</b>	<b>134,150</b>			<b>191,642</b>
NON-DPH REVENUES					
TOTAL NON-DPH REVENUES					
TOTAL REVENUES (DPH AND NON-DPH)	57,492	134,150			191,642
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>					
UNITS OF SERVICE <sup>1</sup>	810	4,140			
UNITS OF TIME <sup>2</sup>					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	70.98	32.40			
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	70.98	32.40			
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	88.86	88.90			
UNDUPLICATED CLIENTS	36	45			

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours





**CBHS BUDGET JUSTIFICATION**

Provider Number (same as line 7 on DPH 1): 3838

Provider Name (same as line 8 on DPH 1): PHNH YMF - Intensive Outreach

DATE: 10/28/2010

Fiscal Year: 2010 / 11

**Salaries and Benefits**

	Salaries	FTE
Substance Abuse Specialist 1: Provides case management, substance abuse, relapse prevention, anger and domestic violence counseling.	\$42,000	100%
Minimum Qualifications: Certified Addiction Treatment Certificate, at least two years work experience in youth program.		
1.00 FTE x \$42,000 = \$42,000		
Substance Abuse Specialist 2: Provides case management, substance abuse counseling, anger management, crisis intervention and relapse prevention.	\$38,000	100%
Minimum Qualifications: Bachelor's degree in counseling, social work or related field, two years work experience in a youth program.		
1.00 FTE x \$38,000 = \$38,000		
Administrative Assistant: Responsible for secretarial and administrative work; maintains office files and a wide variety of other office records, maintains office supplies.	\$31,200	100%
Minimum Qualifications: Associate degree in Secretarial Science, or completion of high school, supplemented by at least four years of progressively responsible office management experience; computer and software proficiency.		
1.00 FTE x \$31,200 = \$31,200		
<b>TOTAL SALARIES</b>	<b>\$111,200</b>	<b>3.00</b>

Payroll Taxes plus benefits	\$21,478	
<b>TOTAL BENEFITS</b>	<b>\$21,478</b>	

**TOTAL SALARIES & BENEFITS \$132,678**

**Operating Expenses**

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as

**Occupancy:**

Rent:

Rental of Property \$15,000

Utilities:

Utilities \$5,000

Building Maintenance:

Building Maintenance and repairs \$2,000

Janitorial service \$3,000

Total Occupancy: \$25,000

**Materials and Supplies:**

Office Supplies:

Office supplies & postage \$1,618

Printing/Reproduction:

Program/Medical Supplies:

Program Activities \$2,400

Nutritional Meals \$1,500

\$0

Total Materials and Supplies: \$5,518

**General Operating:**

Insurance:

Insurance \$3,500

Staff Training:

Staff Training \$1,800

Rental of Equipment:

Total General Operating: \$5,300

**Staff Travel (Local & Out of Town):**

Staff Travel \$600

\$600

**Consultants/Subcontractors:**

DADP Certification/License Fee \$3,500

Total Consultants/Subcontractors: \$3,500

TOTAL OPERATING COSTS: \$39,918

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$172,596**

**CONTRACT TOTAL: \$191,642**

FISCAL YEAR:		July 2010 - June 2011		APPENIX #: B-4c, Page 1	
LEGAL ENT	AME:	Bayview Hunters Point Foundation		ROVIDER #:	3121
PROVIDER NAME:		Bayview Hunters Point Foundation			
REPORTING UNIT NAME:		0			
REPORTING UNIT:		38171			
MODE OF SVCS / SERVICE FUNCTION CODE		Nonres-33			
SERVICE DESCRIPTION		Fiscal intermediary - Cost Reimbursement			TOTAL
CBHS FUNDING TERM:		7/1/10-9/30/10			
<b>FUNDING USES:</b>					
SALARIES & EMPLOYEE BENEFITS		40,971			40,971
OPERATING EXPENSE		28,997			28,997
CAPITAL OUTLAY (COST \$5,000 AND OVER)					
SUBTOTAL DIRECT COSTS		69,968			69,968
INDIRECT COST AMOUNT		7,597			7,597
TOTAL FUNDING USES:		77,565			77,565
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
FEDERAL REVENUES					
STATE REVENUES					
GRANTS					
PRIOR YEAR ROLL OVER					
WORK ORDERS					
3RD PARTY PAYOR REVENUES					
REALIGNMENT FUNDS					
COUNTY GENERAL FUND					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES					
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>					
FEDERAL REVENUES					
STATE REVENUES					
GRANTS/PROJECTS					
WORK ORDERS					
3RD PARTY PAYOR REVENUES					
COUNTY GENERAL FUND		77,565			77,565
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		77,565			77,565
<b>TOTAL DPH REVENUES</b>		77,565			77,565
NON-DPH REVENUES					
TOTAL NON-DPH REVENUES					
TOTAL REVENUES (DPH AND NON-DPH)		77,665			77,665
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>					
UNITS OF SERVICE <sup>1</sup>		3			
UNITS OF TIME <sup>2</sup>					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		CR			
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)		CR			
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)					
UNDUPLICATED CLIENTS		n/a			

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours





## CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1): 3121

Provider Name (same as line 8 on DPH 1): Morrisania West

DATE: 10/28/2010

Fiscal Year: 2010 / 11

Salaries and Benefits	Salaries	FTE
Executive Director: Responsible for the day to day operations of the program.	\$8,802	25%
Minimum Qualifications: Master's degree in public health, human development or related field.		
$0.25 \text{ FTE} \times \$35,208 = \$8,802$		
Counselor 1: Maintains a caseload of active clients which includes development of treatment plans, counseling evaluations and follow up sessions. Conducts individual, group and family counseling sessions.	\$15,442	25%
Minimum Qualifications: Bachelor's degree in social work, psychology or related field; minimum of two year experience working with youth.		
$0.25 \text{ FTE} \times \$61,768 = \$15,442$		
Counselor 2: Maintains a caseload of active clients which includes development of treatment plans, counseling evaluations and follow up sessions. Conducts individual, group and family counseling sessions.	\$1,487	8%
Minimum Qualifications: Bachelor's degree in social work, psychology or related field; minimum of two year experience working with youth.		
$0.08 \text{ FTE} \times \$18,587.50 = \$1,487$		
Coordinator: Responsible implementing and evaluating program for Morrisania West. Assist in the daily operations of the Morrisania West program, including the coordination of the education, counseling, life skills, job placement, and leadership components.	\$8,703	25%
Minimum Qualifications: Bachelor's social work, public administration, education or related field. One year experience as a Program Coordinator or case management. Demonstrated ability in youth development, employment training, etc.		
$0.25 \text{ FTE} \times \$34,812 = \$8,703$		
<b>TOTAL SALARIES</b>	<b>\$34,434</b>	<b>0.83</b>

Payroll Taxes plus benefits	\$6,537	
<b>TOTAL BENEFITS</b>	<b>\$6,537</b>	

**TOTAL SALARIES & BENEFITS      \$40,971**

**Operating Expenses**

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as

**Occupancy:**

Rent:

Rent \$24,620

Utilities:

Utilities \$639

Building Maintenance:

Total Occupancy: \$27,473

**Materials and Supplies:**

Office Supplies:

Printing/Reproduction:

Program/Medical Supplies:

Program Supplies

\$39

\$0

Total Materials and Supplies:

\$39

**General Operating:**

Insurance:

Gen Liab Insurance

\$1,412

Staff Training:

Rental of Equipment:

Leased Equipment

\$73

Total General Operating:

\$1,485

**Staff Travel (Local & Out of Town):**

\$0

**Consultants/Subcontractors:**

Total Consultants/Subcontractors:

\$0

TOTAL OPERATING COSTS:

\$28,997

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)

\$0

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):**

**\$69,968**

**CONTRACT TOTAL:**

**\$77,565**

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

F	YEAR:	July 2010 - June 2011			APPENDIX #:	B-5, Page 1
LEGAL ENTITY NAME:		Bayview Hunters Point Foundation			PROVIDER #:	3121
PROVIDER NAME:		Bayview Hunters Point Foundation				
REPORTING UNIT NAME:	Prevention	Prevention	Prevention			
REPORTING UNIT:						
MODE OF SVCS / SERVICE FUNCTION CODE	PriPrev-13	PriPrev-16	PriPrev-17			
SERVICE DESCRIPTION	SA-PriPrevention Education	SA-PriPrevention Cmnty Based	SA-PriPrevention Environmental			TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11			
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	26,796	26,795	26,795			80,386
OPERATING EXPENSE	4,790	4,790	4,790			14,370
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	31,586	31,585	31,585			94,756
INDIRECT COST AMOUNT	3,496	3,496	3,497			10,489
TOTAL FUNDING USES:	35,082	35,081	35,082			105,245
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
FEDERAL REVENUES						
STATE REVENUES						
GRANTS						
PRIOR YEAR ROLL OVER						
WORK ORDERS						
3RD PARTY PAYOR REVENUES						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES						
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
FEDERAL REVENUES						
SAPT Primary Prevention 93.959	35,082	35,081	35,082			105,245
STATE REVENUES						
GRANTS/PROJECTS						
WORK ORDERS						
3RD PARTY PAYOR REVENUES						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	35,082	35,081	35,082			105,245
<b>TOTAL DPH REVENUES</b>	<b>35,082</b>	<b>35,081</b>	<b>35,082</b>			<b>105,245</b>
NON-DPH REVENUES						
TOTAL NON-DPH REVENUES						
TOTAL REVENUES (DPH AND NON-DPH)	35,082	35,081	35,082			105,245
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup>	702	702	702			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	49.97	49.87	49.97			
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	49.97	49.97	49.97			
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	49.97	49.97	49.97			
UNDUPLICATED CLIENTS	50	50	50			

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours



DPH 4: Operating Expenses Detail

APPENDIX #: B-5, Page 3  
 Document Date: 10/28/10

Provider Number (same as line 7 on DPH 1): 3121  
 Provider Name (same as line 8 on DPH 1): Youth Services Prevention

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: <u>                    </u> (grant title)	GRANT #2: <u>                    </u> (grant title)	WORK ORDER #1: <u>                    </u> (dept. name)	WORK ORDER #2: <u>                    </u> (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	Term: <u>7/1/10-6/30/11</u>	Term: <u>7/1/10-6/30/11</u>	Term: <u>                    </u>	Term: <u>                    </u>	Term: <u>                    </u>	Term: <u>                    </u>
Rental of property	6,119	6,119				
Utilities	1,208	1,208				
Office Supplies, Postage	2,143	2,143				
Bldg Maintenance, Supplies & Repair	1,583	1,583				
Printing & Reproduction	67	67				
Insurance	411	411				
Staff Training	-	-				
Staff Travel	462	462				
Rental of Equipment	453	453				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
Recreational/Project Supplies	385	385				
Food for Client Activities	465	465				
Security Service	313	313				
Advertising	45	45				
Vehicle Expenses	716	716				
<b>TOTAL OPERATING EXPENSE</b>	<b>14,370</b>	<b>14,370</b>				

**CBRS BUDGET JUSTIFICATION**

Provider Number (same as line 7 on DPH 1): 3121

Provider Name (same as line 8 on DPH 1): Youth Services Prevention

DATE: 10/28/2010

Fiscal Year: 2010 / 11

Salaries and Benefits	Salaries	FTE
Director of Youth Services: Responsible for the day to day operations of the youth services program, and provides direct staff supervision.	\$16,185	27%
Minimum Qualifications: Bachelor's Degree in Social Work, Psychology or related field. Must have five years of management and supervisory experience working in a youth services program.		
0.249 FTE x \$65,000 = \$16,185		
Administrative Assistant: Responsible for secretarial and administrative work; maintains office files and a wide variety of other office records, maintains office supplies.	\$10,409	33%
Minimum Qualifications: Associate degree in Secretarial Science, or completion of high school, supplemented by at least four years of progressively responsible office management experience; computer and software proficiency.		
0.325 FTE x \$32,028 = \$10,409		
Counselors: Conducts outreach using the Community Action Model. The staff also seeks to influence policy makers by advocating environmental strategies that promote positive public policy.	\$35,257	100%
Minimum Qualifications: Bachelor's degree in social work, psychology or related field; minimum of two year experience working with youth.		
1.00 FTE x \$35,257 = \$35,257		
Director of Compliance & QA: Responsible to appropriate Quality Measures and reporting methods to track the agency's success, i.e., monthly billings, productivity and service analyses.	\$2,141	3%
Minimum Qualifications: Bachelor's degree in human services, human development or related field. Minimum four years of direct service experience and two years of supervisory experience.		
0.03 FTE x \$71,358 = \$2,141		
<b>TOTAL SALARIES</b>	<b>\$63,992</b>	<b>1.63</b>

Payroll Taxes, 63,992 x .0765 = 4,895	\$4,895	
Workers Compensation, 63,992 x 0.0077 = 493	\$493	
SUI, 1.63 employees x 7,000 x 0.062 = 707	\$707	
Medical, Dental & Life Insurance, 1.51 * 569/mo x 12 mo = 10299	\$10,299	
<b>TOTAL BENEFITS</b>	<b>\$16,394</b>	

**TOTAL SALARIES & BENEFITS      \$80,386**

**Operating Expenses**

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

Rent:

Rental of Property, Youth Services facility, 0.12 x 50,998 = 6,119      \$6,119

Security, Youth Services facility, 0.12 x 2,609 = 313      \$313

Utilities:

Utilities, Youth Services facility, 0.12 x 10,066 = 1,208      \$1,208

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Building Maintenance:

Building Maintenance and repairs,  $0.12 \times 13,196 = 1,583$  \$1,583

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Total Occupancy: \$9,223

**Materials and Supplies:**

Office Supplies:

Office supplies & postage, Youth Services,  $0.12 \times 17865 = 2,143$  \$2,143

Advertising and recruiting, Youth Services program,  $0.12 \times 373 = 45$  \$45

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Printing/Reproduction:

Mimeo & Printing, Youth Services program,  $0.12 \times 559 = 67$  \$67

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Program/Medical Supplies:

Recreational/Project supplies, Youth Program,  $0.12 \times 3,206 = 385$  \$385

Food for Client Activities, Youth Programs,  $0.12 \times 3877 = 465$  \$465

\$0

Total Materials and Supplies: \$3,105

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**General Operating:**

Insurance:

Insurance, Youth Services Program,  $0.12 \times 3429 = 411$  \$411

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Staff Training:

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Rental of Equipment:

Leased Equipment, Youth Services program,  $0.12 \times 3773 = 453$  \$453

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Total General Operating: \$864

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**Staff Travel (Local & Out of Town):**

Staff Travel, Youth Services program,  $0.12 \times 3854 = 462$  \$462

Vehicle Expenses, Youth Services,  $0.12 \times 5966 = 716$  \$716

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\$1,178

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**Consultants/Subcontractors:**

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Total Consultants/Subcontractors: \$0

TOTAL OPERATING COSTS: \$14,370

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$94,756**

**CONTRACT TOTAL: \$105,245**

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

FISCAL YEAR: July 2010 - June 2011		APPENDIX #: B-6, Page 1				
LEGAL ENTITY NAME:	Bayview Hunters Point Foundation					PROVIDER #: 3121
PROVIDER NAME: Bayview Hunters Point Foundation						
REPORTING UNIT NAME:	Adult Behavioral Health	Adult Behavioral Health	Adult Behavioral Health	Adult Behavioral Health	Adult Behavioral Health	
REPORTING UNIT:	38513	38513	38513	38513	38513	
MODE OF SVCS / SERVICE FUNCTION CODE	15/10-59	15/60-69	15/70-79	15/01-09	45/20-29	
SERVICE DESCRIPTION	MH Services	Medication Support	Crisis Intervention OP	Case Mgt Brokerage	Community Client Svcs	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	440,006	148,574	3,313	17,981	56,553	664,427
OPERATING EXPENSE	168,801	53,146	1,201	6,520	11,245	240,913
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
<b>SUBTOTAL DIRECT COSTS</b>	<b>608,807</b>	<b>199,720</b>	<b>4,514</b>	<b>24,501</b>	<b>67,798</b>	<b>905,340</b>
INDIRECT COST AMOUNT	67,387	22,106	501	2,712	7,504	100,210
<b>TOTAL FUNDING USES:</b>	<b>676,194</b>	<b>221,826</b>	<b>5,015</b>	<b>27,213</b>	<b>75,302</b>	<b>1,005,550</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
<b>FEDERAL REVENUES</b>						
SDMC Regular FFP (50%)	220,133	82,631	1,659	9,149		313,572
ARRA SDMC FFP (11.5%)	51,026	19,154	385	2,121		72,686
<b>STATE REVENUES</b>						
<b>GRANTS</b>						
<b>PRIOR YEAR ROLL OVER</b>						
<b>WORK ORDERS</b>						
<b>3RD PARTY PAYOR REVENUES</b>						
REALIGNMENT FUNDS	57,449	15,114	388	2,075	7,100	82,126
COUNTY GENERAL FUND	347,586	104,927	2,583	13,868	68,202	537,166
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>676,194</b>	<b>221,826</b>	<b>5,015</b>	<b>27,213</b>	<b>75,302</b>	<b>1,005,550</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
<b>FEDERAL REVENUES</b>						
<b>STATE REVENUES</b>						
<b>GRANTS/PROJECTS</b>						
<b>WORK ORDERS</b>						
<b>3RD PARTY PAYOR REVENUES</b>						
<b>COUNTY GENERAL FUND</b>						
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	-	-	-	-	-	-
<b>TOTAL DPH REVENUES</b>	<b>676,194</b>	<b>221,826</b>	<b>5,015</b>	<b>27,213</b>	<b>75,302</b>	<b>1,005,550</b>
<b>NON-DPH REVENUES</b>						
<b>TOTAL NON-DPH REVENUES</b>	-	-	-	-	-	-
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>676,194</b>	<b>221,826</b>	<b>5,015</b>	<b>27,213</b>	<b>75,302</b>	<b>1,005,550</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
<b>UNITS OF SERVICE<sup>1</sup></b>						
<b>UNITS OF TIME<sup>2</sup></b>						
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.14	4.16	3.38	1.74	51.12	
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	2.14	4.16	3.38	1.74	51.12	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	2.46	4.78	3.88	2.00	51.12	
UNDUPLICATED CLIENTS	300	45	3	12	60	

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 3838  
 Provider Name (same as line 8 on DPH 1): Adult Behavioral Health

APPENDIX #: B-6, Page 2  
 Document Date: 10/28/2010

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____							
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Director of Behavioral Health	0.40	32,398	0.40	32,398								
Director of Narcotic & Substance Abuse	0.09	7,000	0.09	7,000								
Director of Compliance & QA	0.20	14,268	0.20	14,268								
Medical Records Clerk	0.75	25,350	0.75	25,350								
Receptionist	0.75	23,550	0.75	23,550								
Medical Director	0.50	75,627	0.50	75,627								
Clinical Supervisor	0.75	41,250	0.75	41,250								
Psychologist	0.25	13,462	0.25	13,462								
Case Manager/Therapist	5.00	232,630	5.00	232,630								
Certified Substance Abuse Counselor	1.00	30,892	1.00	30,892								
Administrative Assistant	1.00	32,000	1.00	32,000								
TOTALS	10.69	528,427	10.69	528,427								

EMPLOYEE FRINGE BENEFITS	26%	135,000	26%	135,000								
TOTAL SALARIES & BENEFITS		664,427		664,427								

DPH 4: Operating Expenses Detail

APPENDIX #: B-6, Page 3  
 Document Date: 10/28/10

Provider Number (same as line 7 on DPH 1): 3838  
 Provider Name (same as line 8 on DPH 1): Adult Behavioral Health

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: <u>                    </u> (grant title)	GRANT #2: <u>                    </u> (grant title)	WORK ORDER #1: <u>                    </u> (dept. name)	WORK ORDER #2: <u>                    </u> (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	Term: <u>7/1/10-6/30/11</u>	Term: <u>7/1/10-6/30/11</u>	Term: <u>                    </u>	Term: <u>                    </u>	Term: <u>                    </u>	Term: <u>                    </u>
Rental of Property	136,013	136,013				
Utilities(Elec, Water, Gas, Phone, Scavenger)	21,292	21,292				
Office Supplies, Postage	7,065	7,065				
Building Maintenance Supplies and Repair	5,000	5,000				
Printing and Reproduction	754	754				
Insurance	31,480	31,480				
Staff Training	754	754				
Staff Travel-(Local & Out of Town)	453	453				
Rental of Equipment	6,411	6,411				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
Consultant Fees	4,189	4,189				
IT/Computer	10,000	10,000				
Intern Stipends	5,000	5,000				
OTHER						
Vehicle Expense/Gas/Maintenance/Registration	3,141	3,141				
Client Related Expenses	566	566				
Advertising	354	354				
Books/Publications	481	481				
Medical Supplies	236	236				
Security Services	1,957	1,957				
Client Services/Peer/Stipends	5,767	5,767				
<b>TOTAL OPERATING EXPENSE</b>	<b>240,913</b>	<b>240,913</b>				

## CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1): 3838

Provider Name (same as line 8 on DPH 1): Adult Behavioral Health

DATE: 10/28/2010

Fiscal Year: 2010 / 11

Salaries and Benefits	Salaries	FTE
Director of Behavioral Health: Responsible for managing and over site of the day to day operations of the Behavioral Health Clinic.	\$32,398	40%
Minimum Qualifications: Master's Degree in social work, psychology or related field. Four years of experience providing direct mental health services and four years experience providing clinical and staff supervision.		
0.40 FTE x \$80,991 = \$32,398		
Director of Substance Abuse: Assist in the overall coordinator and administration of the Substance Abuse Services functions; consults with clinical supervisor in relationship to client services.	\$7,000	10%
Minimum Qualifications: Bachelor's Degree in Social Work, Psychology or Behavioral Health and four years experience in a supervisory capacity and management of a Substance Abuse Program.		
0.090909 FTE x \$77,000 = \$7,000		
Director of Compliance & QA: Responsible to appropriate Quality Measures and reporting methods to track the agency's success, i.e., monthly billings, productivity and service analyses.	\$14,268	20%
Minimum Qualifications: Bachelor's degree in human services, human development or related field. Minimum four years of direct service experience and two years of supervisory experience.		
0.20 FTE x \$71,358 = \$14,268		
Medical Records Clerk: Responsible for maintenance of medical records and responsible for client admissions and data input.	\$25,350	75%
Minimum Qualifications: Requires high school diploma, supplemented by completion of a prescribed course in Medical Records Librarianship in a school accredited by the American Medical Association, or three years of general office experience, including reception and data entry.		
0.75 FTE x \$33,800 = \$25,350		
Receptionist: Responsible for greeting and scheduling clients and answering telephones, pull client charts daily and prepare charts for intakes.	\$23,550	75%
Minimum Qualifications: High school diploma and one year general office experience.		
0.75 FTE x \$31,400 = \$23,550		
Medical Director: Responsible for evaluating new clients and re-evaluation or continuation of medications; responsible for writing orders for clients and supervising and monitoring the caseloads of clinical staff.	\$75,627	50%
Minimum Qualifications: Must be a licensed physician in the State of California and Board eligible to practice psychiatry. Two years experience working in Community Mental Health.		
0.50 FTE x \$151,254 = \$75,627		
Clinical Supervisor: Responsible for supervising professional staff and provides a broad range of direct clinical services to adults and families.	\$41,250	75%
Minimum Qualifications: Master's degree in social work, psychology or related field. Minimum of four years post graduate experience in direct clinical work and last least two years supervisory experience. Must be a licensed MSW or MFT.		
0.75 FTE x \$55,000 = \$41,250		
Psychologist: Responsible for intake, treatment, evaluation and formal consultation duties; provides direct clinical services to adults registered in mental health program.	\$13,462	25%

psychology from an approved university or college, and completion of an academically sponsored internship in clinical psychology. Must be licensed in the State of California.		
0.25 FTE x \$53,848 = \$13,462		
Case Manager/Therapists: Performs a broad range of clinical social work duties in an outpatient behavioral mental health program for adults. Provides diagnostic evaluations, intensive psychotherapy and prevention consultation and education.	\$232,630	500%
Minimum Qualifications: Master's degree in psychology, counseling or related field. Requires at least one year clinical experience working in mental health setting for the chronically mentally ill. Requires eligibility to practice clinical treatment in the State of California; requires eligibility for immediate licensure application.		
5.00 FTE x \$46,526 = \$232,630		
Substance Abuse Counselor: Provides counseling to individuals who present with alcohol and other drugs problems; provides goal and objective settings; conducts treatment sessions.	\$30,892	100%
Minimum Qualifications: Licensed or Certified Substance Abuse Counselor with experience working with individuals who have addiction with alcohol or other drugs.		
1.00 FTE x \$30,892 = \$30,892		
Administrative Assistant : Responsible for overseeing all necessary clerical and general office functions of the clinic.	\$32,000	100%
Minimum Qualifications: Associate degree in secretarial science, or completion of high school supplemented by at least four years of progressively responsible office management experience. Computer and software proficient.		
1.00 FTE x \$32,000 = \$32,000		

**TOTAL SALARIES**      \$528,427      10.70

Payroll Taxes, 428427 * 7.65%	\$40,425	
Workers Compensation, 528427 x 0.0077	\$4,079	
SUI, 11 employees x 7,000 x 0.062	\$4,774	
Medical, Dental & Life Insurance, 8.7 employees x 604/mo x 12 mo	\$72,458	
Longevity Pay, 8.2 FTE x 960	\$7,872	
Retirement Account - 8.2 FTE x 779 x once	\$6,392	
<b>TOTAL BENEFITS</b>	<u>\$136,000</u>	

**TOTAL SALARIES & BENEFITS**      \$664,427

**Operating Expenses**

**Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:**

Rent:

Rental of Property, Mental Health Facility, 0.69 x 196,974 = 136,013	\$136,013
Security, Mental Health Facility, 0.69 x 2,834 = 1,957	\$1,957

Utilities:

Utilities, Mental Health Facility, 0.69 x 30,834 = 21,291	\$21,292
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Building Maintenance:

Bldg maint & repairs, Mental Health Facility	\$5,000
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**Total Occupancy: \$164,262**

**Materials and Supplies:**Office Supplies:

Office Supplies, Postage, Mental Health Program	\$7,065
Advertising & recruiting, MH Program, 0.69 x 512 = 354	\$354
Books & Publications, MH Program, 0.69 x 697 = 481	\$481
<u>Printing/Reproduction:</u>	
Printing, MH program, 0.69 x 1,092 = 754	\$754

Program/Medical Supplies:

Medical Supplies, MH program, 0.69 x 342 = 236	\$236
Client related expenses, MH program, 0.69 x 819 = 566	\$566
Client Services/Peer/Stipends, MH program	\$5,767

**Total Materials and Supplies: \$15,223**

**General Operating:**Insurance:

Insurance, MH program, 0.69 x 45,589 = 31,480	\$31,480
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Staff Training:

Staff Training, MH program, 0.69 x 1,092 = 754	\$754
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Rental of Equipment:

Leased Equipment, MH program, 0.69 x 9,285 = 6,411	\$6,411
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**Total General Operating: \$38,645**

**Staff Travel (Local & Out of Town):**

Staff Travel, MH Program, 0.69 x 655 = 453	\$453
Vehicle Expenses, MH Program, 0.69 x 4,549 = 3,141	\$3,141

**\$3,594**

**Consultants/Subcontractors:**

Consultants, MH program	\$4,189
IT Expenses, MH Program	\$10,000
Intern Stipends	\$5,000

**Total Consultants/Subcontractors: \$19,189**

**TOTAL OPERATING COSTS: \$240,913**

**CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0**

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$905,340**

**CONTRACT TOTAL: \$1,005,550**

FISCAL YEAR:		July 2010 - June 2011			APPENDIX #: B-7, Page 1	
LEGAL ENT	AME:	Bayview Hunters Point Foundation			VIDER #:	3121
PROVIDER NAME:		Bayview Hunters Point Foundation				
REPORTING UNIT NAME:	Children's Behavioral Health Outpatient					
REPORTING UNIT:	38513	38513	38513	38513	38513	
MODE OF SVCS / SERVICE FUNCTION CODE	15/10-59	15/60-69	15/70-79	15/01-09	45/20-29	
SERVICE DESCRIPTION	MH	Med Support	Crisis Inter	CM/Brokerage	Comm CI Support	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	235,607	24,196	918	39,859	15,820	316,400
OPERATING EXPENSE	63,082	6,478	246	10,872	4,236	84,714
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	298,689	30,674	1,164	50,531	20,056	401,114
INDIRECT COST AMOUNT	33,076	3,396	127	5,595	2,220	44,408
TOTAL FUNDING USES:	331,765	34,070	1,291	56,126	22,276	445,522
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
<b>FEDERAL REVENUES</b>						
SDMC Regular FFP (50%)	174,611	17,931	679	29,540		222,761
ARRA SDMC FFP (11.50)	40,474	4,157	158	6,847		51,636
<b>STATE REVENUES</b>						
EPSDT State Match	116,674	11,982	454	19,739		148,849
<b>GRANTS</b>						
<b>PRIOR YEAR ROLL OVER</b>						
<b>WORK ORDERS</b>						
<b>3RD PARTY PAYOR REVENUES</b>						
<b>REALIGNMENT FUNDS</b>						
COUNTY GENERAL FUND					22,276	22,276
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	331,765	34,070	1,291	56,126	22,276	445,522
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
<b>FEDERAL REVENUES</b>						
<b>STATE REVENUES</b>						
<b>GRANTS/PROJECTS</b>						
<b>WORK ORDERS</b>						
<b>3RD PARTY PAYOR REVENUES</b>						
<b>COUNTY GENERAL FUND</b>						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	331,765	34,070	1,291	56,126	22,276	445,522
<b>NON-DPH REVENUES</b>						
TOTAL NON-DPH REVENUES						
TOTAL REVENUES (DPH AND NON-DPH)	331,765	34,070	1,291	56,126	22,276	445,522
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
<b>UNITS OF SERVICE<sup>1</sup></b>						
UNITS OF TIME <sup>2</sup>	148,871	8,320	388	32,741	260	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.23	4.09	3.33	1.71	85.68	
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	2.23	4.09	3.33	1.71	85.68	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	2.60	4.78	3.88	2.00	85.68	
UNDULICATED CLIENTS	70	4	1	16	9	

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

APPENDIX #: B-7, Page 2  
 Document Date: 10/28/2010

Provider Number (same as line 7 on DPH 1): 3838  
 Provider Name (same as line 8 on DPH 1): Children's Behavioral Health

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Director of Behavioral Health	0.60	48,598	0.60	48,598								
Director of Compliance & QA	0.15	10,704	0.15	10,704								
Medical Records Clerk	0.25	8,450	0.25	8,450								
Administrative Assistant/Recept	0.25	7,851	0.25	7,851								
Clinical Supervisor	0.25	13,750	0.25	13,750								
Psychiatrist	0.50	52,000	0.50	52,000								
Therapist	2.50	116,412	2.50	116,412								
	-	-										
	-	-										
	-	-										
	-	-										
<b>TOTALS</b>	<b>4.50</b>	<b>257,765</b>	<b>4.50</b>	<b>257,765</b>	-	-	-	-	-	-	-	-

EMPLOYEE FRINGE BENEFITS      23%       23%                        

**TOTAL SALARIES & BENEFITS**

DPH 4: Operating Expenses Detail

APPENDIX #: B-7, Page 3  
 Document Date: 10/28/10

Provider Number (same as line 7 on DPH 1): 3838  
 Provider Name (same as line 8 on DPH 1): Children's Behavioral Health

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
Rental of Property	52,898	52,898				
Utilities(Elec, Water, Gas, Phone, Scavenger)	8,281	8,281				
Office Supplies, Postage	2,640	2,640				
Building Maintenance Supplies and Repair	293	293				
Printing and Reproduction	293	293				
Insurance	12,243	12,243				
Staff Training	293	293				
Staff Travel(Local & Out of Town)	176	176				
Rental of Equipment	2,493	2,493				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
Consultant Fees	579	579				
IT/Computer	1,608	1,608				
	-					
OTHER						
Vehicle Expense/Gas/Maintenance/Registration	1,222	1,222				
Client Related Expenses	220	220				
Advertising	137	137				
Books/Publications	187	187				
Medical Supplies	92	92				
Security Services	761	761				
Client Services/Peer/Stipends	298	298				
<b>TOTAL OPERATING EXPENSE</b>	<b>84,714</b>	<b>84,714</b>				

## CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1): 3838

Provider Name (same as line 8 on DPH 1): Children's Behavioral Health

DATE: 10/28/2010

Fiscal Year 2010 / 11

Salaries and Benefits	Salaries	FTE
Director of Behavioral Health: Responsible for managing and over site of the day to day operations of the Behavioral Health Clinic.	\$48,598	60%
Minimum Qualifications: Master's Degree in social work, psychology or related field. Four years of experience providing direct mental health services and four years experience providing clinical and staff supervision. 0.60 FTE x \$80,991 = \$48,598		
Director of Compliance & QA: Responsible to appropriate Quality Measures and reporting methods to track the agency's success, i.e., monthly billings, productivity and service analyses.	\$10,704	14%
Minimum Qualifications: Bachelor's degree in human services, human development or related field. Minimum four years of direct service experience and two years of supervisory experience. 0.139 FTE x \$77,000 = \$10,704		
Medical Records Clerk: Responsible for maintenance of medical records and responsible for client admissions and data input.	\$8,450	25%
Minimum Qualifications: Requires high school diploma, supplemented by completion of a prescribed course in Medical Records Librarianship in a school accrrdited by the American Medical Association, or three years of general office experience, including reception and data entry. 0.25 FTE x \$33,800 = \$8,450		
Receptionist: Responsible for greeting and scheduling clients and answering telephones, pull client charts daily and prepare charts for intakes.	\$7,851	25%
Minimum Qualifications: High school diploma and one year general office experience. 0.25 FTE x \$31,400 = \$7,851		
Clinical Supervisor: Responsible for supervising professional staff and provides a broad range of direct clinical services to adults and families.	\$13,750	25%
Minimum Qualifications: Master's degree in social work, psychology or related field. Minimum of four years post graduate experience in direct clinical work and last least two years supervisory experience. Must be a licensed MSW or MFT. 0.25 FTE x \$55,000 = \$13,750		
Psychiatrist: Performs the duties of a physician specialst in psychiaatry. Responsible for psychiatry evaluations of new clients and re-evaluation or continuation of medications. Provides clinical supervision to staff and informal consultation as required.	\$52,000	50%
Minimum Qualifications: high school diploma 0.5 FTE x \$104,000 = \$52,000		
Case Manager/Therapists: Performs a broad range of clinical social work duties in an outpatient behavioral mental health program for adults. Provides diagnostic evaluations, intensive psychotherapy and prevention consultation and education.	\$116,412	250%
Minimum Qualifications: Master's degree in psychology, counseling or related field. Requires at least one year clinical experience working in mental health setting for the chronically mentally ill. Requires eligibility to practice clinical treatment in the State of California; requires eligibility for immediate licensure application. 2.5 FTE x \$46,565 = \$116,412		
<b>TOTAL SALARIES</b>	<b>\$257,765</b>	<b>4.49</b>

Payroll Taxes, $(257,765 + 4,320) \times 7.65\%$	\$20,050	
Workers Compensation, $(257,765 + 320) \times 0.0077$	\$2,018	
SUI, 4.5 employees $\times 7,000 \times 0.062$	\$1,953	
Medical, Dental & Life Insurance, 4.5 employees $\times 572.40/\text{mo} \times 12 \text{ mo}$	\$27,475	
Longevity Pay, 4.5 FTE $\times 960$	\$4,320	
Retirement Account - 4.5 FTE $\times 626 \times \text{once}$	\$2,819	
<b>TOTAL BENEFITS</b>	<b>\$58,635</b>	

**TOTAL SALARIES & BENEFITS**    \$316,400    4.49

**Operating Expenses**

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

Rent:

Rental of Property, Mental Health Facility, $0.27 \times 196,974 = 52,898$	\$52,898
Security, Mental Health Facility, $0.27 \times 2,834 = 761$	\$761

Utilities:

Utilities, Mental Health Facility, $0.27 \times 30,834 = 8,281$	\$8,281
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Building Maintenance:

Bldg maint & repairs, Mental Health Facility, $0.27 \times 1,092 = 293$	\$293
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**Total Occupancy:    \$62,233**

**Materials and Supplies:**

Office Supplies:

Office Supplies, Postage, Mental Health Program, $0.27 \times 9,831 = 2,640$	\$2,640
Advertising & recruiting, MH Program, $0.27 \times 512 = 137$	\$137
Books & Publications, MH Program, $0.27 \times 697 = 187$	\$187

Printing/Reproduction:

Printing, MH program, $0.27 \times 1,092 = 293$	\$293
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Program/Medical Supplies:

Medical Supplies, MH program, $0.27 \times 342 = 92$	\$92
Client related expenses, MH program, $0.27 \times 819 = 220$	\$220
Client Services/Peer/Stipends, MH program, $0.27 \times 1111 = 298$	\$298

**Total Materials and Supplies:    \$3,867**

**General Operating:**

Insurance:

Insurance, MH program, $0.27 \times 45,589 = 12,243$	\$12,243
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Staff Training:

Staff Training, MH program, $0.27 \times 1,092 = 293$	\$293
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Rental of Equipment:

Leased Equipment, MH program, $0.27 \times 9,285 = 2,493$	\$2,493
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**Total General Operating:    \$15,029**

**Staff Travel (Local & Out of Town):**

Staff Travel, MH Program, $0.27 \times 655 = 176$	\$176
Vehicle Expenses, MH Program, $0.27 \times 4,549 = 1,222$	\$1,222

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**\$1,398**

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**Consultants/Subcontractors:**

Consultants, MH program, $0.27 \times 2,154 = 579$	\$579
IT Expenses, MH Program, $0.27 \times 5,989 = 1,608$	\$1,608

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Total Consultants/Subcontractors:     **\$2,187**

**TOTAL OPERATING COSTS:     \$84,714**

**CAPITAL EXPENDITURES:** *(If needed - A unit valued at \$5,000 or more)*     **\$0**

<b>TOTAL DIRECT COSTS (Salaries &amp; Benefits plus Operating Costs):</b>	<b>\$401,114</b>
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INDIRECT COSTS:     **\$44,408**

<b>CONTRACT TOTAL:</b>	<b>\$445,522</b>
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**DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

FISC YEAR:	July 2010 - June 2011		PENIDX #: B-8, Page 1	
LEGAL ENTITY NAME:	Bayview Hunters Point Foundation		PROVIDER #: 3838	
PROVIDER NAME:	Bayview Hunters Point Foundation			
REPORTING UNIT NAME:	AB3632	AB3632		
REPORTING UNIT:	3851SD	3851SD		
MODE OF SVCS / SERVICE FUNCTION CODE	15/10-59	45/10-19		
SERVICE DESCRIPTION	MH	Promotion		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11		
<b>FUNDING USES:</b>				
SALARIES & EMPLOYEE BENEFITS	156,913	8,259		165,172
OPERATING EXPENSE	12,268	645		12,913
CAPITAL OUTLAY (COST \$5,000 AND OVER)				
<b>SUBTOTAL DIRECT COSTS</b>	<b>169,181</b>	<b>8,904</b>		<b>178,085</b>
INDIRECT COST AMOUNT	18,727	985		19,712
<b>TOTAL FUNDING USES:</b>	<b>187,908</b>	<b>9,889</b>		<b>197,797</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>				
<b>FEDERAL REVENUES</b>				
SDMC Regular FFP (50%)	35,573	-		35,573
ARRA SDMC FFP (11.59)	8,246	-		8,246
<b>STATE REVENUES</b>				
EPSDT State Match	11,793	-		11,793
MHSA	50,000			50,000
<b>GRANTS</b>				
<b>PRIOR YEAR ROLL OVER</b>				
<b>WORK ORDERS</b>				
<b>3RD PARTY PAYOR REVENUES</b>				
REALIGNMENT FUNDS	11,977	-		11,977
COUNTY GENERAL FUND	70,318	9,889		80,207
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>187,907</b>	<b>9,889</b>		<b>197,796</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>				
<b>FEDERAL REVENUES</b>				
<b>STATE REVENUES</b>				
<b>GRANTS/PROJECTS</b>				
<b>WORK ORDERS</b>				
<b>3RD PARTY PAYOR REVENUES</b>				
<b>COUNTY GENERAL FUND</b>				
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>				
<b>TOTAL DPH REVENUES</b>	<b>187,907</b>	<b>9,889</b>		<b>197,796</b>
<b>NON-DPH REVENUES - click below</b>				
<b>TOTAL NON-DPH REVENUES</b>				
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>187,907</b>	<b>9,889</b>		<b>197,796</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>				
UNITS OF SERVICE <sup>1</sup>				
UNITS OF TIME <sup>2</sup>	99,422	86		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	1.89	114.99		
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	1.89	114.99		
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	1.89	114.99		
UNDUPLICATED CLIENTS	48	48		

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours



DPH 4: Operating Expenses Detail

APPENDIX #: B-8, Page 3  
 Document Date: 10/28/10

Provider Number (same as line 7 on DPH 1): 3121  
 Provider Name (same as line 8 on DPH 1): AB3632 Program

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: <u>7/1/10-6/30/11</u>	Term: <u>7/1/10-6/30/11</u>	Term: _____	Term: _____	Term: _____	Term: _____
Expenditure Category					
Rental of Property	8,063	8,063			
Utilities(Elec, Water, Gas, Phone, Scavenger)	1,262	1,262			
Office Supplies, Postage	402	402			
Building Maintenance Supplies and Repair	45	45			
Printing and Reproduction	45	45			
Insurance	1,866	1,866			
Staff Training	45	45			
Staff Travel-(Local & Out of Town)	27	27			
Rental of Equipment	380	380			
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)					
Consultant Fees	88	88			
IT	245	245			
	-	-			
	-	-			
	-	-			
OTHER					
Vehicle Expense/Gas/Maintenance/Registration	186	186			
Client Related Expenses	34	34			
Advertising	21	21			
Books/Publications	29	29			
Medical Supplies	14	14			
Security Services	116	116			
Client Services/Peer/Stipends	45	45			
<b>TOTAL OPERATING EXPENSE</b>	<b>12,913</b>	<b>12,913</b>			

## OBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1): 3132

Provider Name (same as line 8 on DPH 1): AB3632 Program

DATE: 10/28/2010

Fiscal Year: 2010 / 11

Salaries and Benefits	Salaries	FTE
Program Administrator: Responsible for the overall clinical and administrative functions of a school based mental health services program. Collaborates and consults with collateral sources, advocates for child and family needs when necessary.	\$48,714	88%
Minimum Qualifications: Ph.D in clinical psychology or Master's degree in social work, psychology or related field. Requires four years experience in mental health, and two years administrative and supervisory experience.		
$0.88 \text{ FTE} \times \$55,673 = \$48,714$		
Therapist I: Responsible a broad range of clinical duties in serving the child and family in a culturally sensitive manner. Conducts intake interviews including initial diagnosis and disposition, referrals out if required, complete all appropriate forms and documents.	\$41,030	88%
Minimum Qualifications: Master's degree in social work, psychology or related field. Requires at least one year clinical experience working in mental health setting with the chronically mentally ill. Requires eligibility to practice clinical treatment in the State of California and eligibility for application for license.		
$0.88 \text{ FTE} \times \$46,891 = \$41,030$		
Therapist II: Responsible a broad range of clinical duties in serving the child and family in a culturally sensitive manner. Conducts intake interviews including initial diagnosis and disposition, referrals out if required, complete all appropriate forms and documents.	\$40,592	88%
Minimum Qualifications: Master's degree in social work, psychology or related field. Requires at least one year clinical experience working in mental health setting with the chronically mentally ill. Requires eligibility to practice clinical treatment in the State of California and eligibility for application for license.		
$0.88 \text{ FTE} \times \$46,391 = \$40,592$		
<b>TOTAL SALARIES</b>	<b>\$130,336</b>	<b>2.63</b>

Payroll Taxes, (130336) * 7.65%	\$9,971	
Workers Compensation, (130,336) x 0.0077	\$1,004	
SUI, 3.0 employees x 7,000 x 0.062	\$1,302	
Medical, Dental & Life Insurance, 2 FTE x 572.40/mo x 12 mo + one new	\$20,606	
Longevity Pay, 1.0 FTE x 960	\$960	
Retirement Account - 2 FTE x 496 x once	\$993	
<b>TOTAL BENEFITS</b>	<b>\$34,836</b>	

**TOTAL SALARIES & BENEFITS    \$165,172    2.63**

### Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

#### Rent:

Rental of Property, Mental Health Facility, $0.04 \times 196,974 = 8,063$	\$8,063
Security, Mental Health Facility, $0.04 \times 2,834 = 116$	\$116

Utilities:  
Utilities, Mental Health Facility,  $0.04 \times 30,834 = 1,262$  \$1,262

Building Maintenance:  
Bldg maint & repairs, Mental Health Facility,  $0.04 \times 1,092 = 45$  \$45

Total Occupancy: \$9,486

**Materials and Supplies:**

Office Supplies:

Office Supplies, Postage, Mental Health Program,  $0.04 \times 9,831 = 402$  \$402

Advertising & recruiting, MH Program,  $0.04 \times 512 = 21$  \$21

Books & Publications, MH Program,  $0.04 \times 697 = 29$  \$29

Printing/Reproduction:

Printing, MH program,  $0.04 \times 1,092 = 45$  \$45

Program/Medical Supplies:

Medical Supplies, MH program,  $0.04 \times 342 = 14$  \$14

Client related expenses, MH program,  $0.04 \times 819 = 34$  \$34

Client Services/Peer/Stipends, MH program,  $0.04 \times 1111 = 45$  \$45

Total Materials and Supplies: \$590

**General Operating:**

Insurance:

Insurance, MH program,  $0.04 \times 45,589 = 1,866$  \$1,866

Staff Training:

Staff Training, MH program,  $0.04 \times 1,092 = 45$  \$45

Rental of Equipment:

Leased Equipment, MH program,  $0.04 \times 9,285 = 380$  \$380

Total General Operating: \$2,291

**Staff Travel (Local & Out of Town):**

Staff Travel, MH Program,  $0.04 \times 655 = 27$  \$27

Vehicle Expenses, MH Program,  $0.04 \times 4,549 = 186$  \$186

\$213

**Consultants/Subcontractors:**

Consultants, MH program,  $0.04 \times 2,154 = 88$  \$88

IT Expenses, MH Program,  $0.04 \times 5,989 = 245$  \$245

Total Consultants/Subcontractors: \$333

TOTAL OPERATING COSTS: \$12,913

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$178,085

INDIRECT COSTS: \$19,712

CONTRACT TOTAL: \$197,797

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

FISCAL YEAR: July 2010 - June 2011		APPENDIX #: B-9, Page 1			
LEGAL ENTITY NAME:	Bayview Hunters Point Foundation		PROVIDER #:		3838
PROVIDER NAME:	Bayview Hunters Point Foundation				
REPORTING UNIT NAME:	Balboa MHSA				
REPORTING UNIT:					
MODE OF SVCS / SERVICE FUNCTION CODE	TBD	TBD			
SERVICE DESCRIPTION	Prevention Services - Youth and Family	Early Intervention Services	TOTAL		
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11			
<b>FUNDING USES:</b>					
SALARIES & EMPLOYEE BENEFITS	125,621	62,811			188,432
OPERATING EXPENSE	23,307	11,654			34,961
CAPITAL OUTLAY (COST \$5,000 AND OVER)					
<b>SUBTOTAL DIRECT COSTS</b>	<b>148,928</b>	<b>74,465</b>			<b>223,393</b>
INDIRECT COST AMOUNT	16,005	8,002			24,007
<b>TOTAL FUNDING USES:</b>	<b>164,933</b>	<b>82,467</b>			<b>247,400</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
<b>FEDERAL REVENUES</b>					
<b>STATE REVENUES</b>					
MHSA	100,000	50,000			150,000
GRANTS - click below					
<b>PRIOR YEAR ROLL OVER</b>					
MHSA		74,909			74,909
<b>WORK ORDERS</b>					
<b>3RD PARTY PAYOR REVENUES</b>					
<b>REALIGNMENT FUNDS</b>					
<b>COUNTY GENERAL FUND</b>					
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>100,000</b>	<b>124,909</b>			<b>224,909</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>					
<b>FEDERAL REVENUES</b>					
<b>STATE REVENUES</b>					
<b>GRANTS/PROJECTS</b>					
<b>WORK ORDERS</b>					
<b>3RD PARTY PAYOR REVENUES</b>					
<b>COUNTY GENERAL FUND</b>					
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
<b>TOTAL DPH REVENUES</b>	<b>100,000</b>	<b>124,909</b>			<b>224,909</b>
<b>NON-DPH REVENUES</b>					
In-Kind	11,000	11,491			22,491
<b>TOTAL NON-DPH REVENUES</b>	<b>11,000</b>	<b>11,491</b>			<b>22,491</b>
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>111,000</b>	<b>136,400</b>			<b>247,400</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>					
<b>UNITS OF SERVICE<sup>1</sup></b>					
<b>UNITS OF TIME<sup>2</sup></b>					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	33.33	32.34			
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	30.03	29.61			
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	33.33	32.34			
UNDUPLICATED CLIENTS	1,200	100			

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours



DPH 4: Operating Expenses Detail

APPENDIX #: B-9, Page 3  
 Document Date: 10/28/10

Provider Number (same as line 7 on DPH 1): 3121  
 Provider Name (same as line 8 on DPH 1): Balboa MHSA

Expenditure Category

Rental of Property  
 Utilities(Elec, Water, Gas, Phone, Scavenger)  
 Office Supplies, Postage  
 Building Maintenance Supplies and Repair  
 Printing and Reproduction  
 Insurance  
 Staff Training  
 Staff Travel-(Local & Out of Town)  
 Rental of Equipment  
 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)  
Langley Porter Psych Institute/UCSF  
DBT training and consult group, 40hrs x \$100/hr  
 \_\_\_\_\_  
 \_\_\_\_\_  
 OTHER  
 Participant Incentives  
 Youth Stipends  
 Graduate Trainee Stipends (3 MSW/MFT students)

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: <u>Metta Grant</u> (grant title)	GRANT #2:  (grant title)	WORK ORDER #1:  (dept. name)	WORK ORDER #2:  (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: <u>7/1/10-6/30/11</u>	Term: <u>7/1/10-6/30/11</u>	Term: <u>7/1/10-6/30/11</u>	Term: _____	Term: _____	Term: _____
600	600				
5,380	5,380				
2,000	2,000				
1,500	1,500				
4,000		4,000			
3,000	3,000				
4,140	1,800	2,340			
14,341	11,770	2,571			
<b>TOTAL OPERATING EXPENSE</b>	<b>34,961</b>	<b>26,050</b>	<b>8,911</b>		

## CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):

Provider Name (same as line 8 on DPH 1): Balboa MHSA

DATE: 10/28/2010

Fiscal Year: 2010 / 11

Salaries and Benefits	Salaries	FTE
Clinical Supervisor: Responsible for supervising professional staff and provides a broad range of direct clinical services to students and families at Balboa Teen High School Teen Health Center and neighboring schools as needed.	\$51,377	100%
Minimum Qualifications: Master's degree in social work, psychology or related field. Minimum of four years post graduate experience in direct clinical work and last least two years supervisory experience. Must be a licensed MSW, LCSW or MFT in the State of California.		
1.00 FTE x \$51,377 = \$51,377		
Therapist: Performs a broad range of clinical social work duties to students and families at the Balboa High School Teen Health Center and neighboring schools as needed. Provides diagnostic evaluations, intensive psychotherapy and prevention consultation and education.	\$48,125	100%
Minimum Qualifications: Master's degree in psychology, counseling or related field. Requires at least one year clinical experience working in mental health setting for the chronically mentally ill. Requires eligibility to practice clinical treatment in the State of California; requires eligibility for immediate licensure application.		
1.00 FTE x \$48,125 = \$48,125		
Medical Records Technician: Responsible for maintenance of medical records and responsible for client admissions and data input.	\$34,976	100%
Minimum Qualifications: Requires high school diploma, supplemented by completion of a prescribed course in Medical Records Librarianship in a school accredited by the American Medical Association, or three years of general office experience, including reception and data entry.		
1.00 FTE x \$34,976 = \$34,976		
Data Entry/Admin Assistant : Responsible for overseeing all necessary clerical and general office functions of the clinic.	\$12,125	30%
Minimum Qualifications: Associate degree in secretarial science, or completion of high school supplemented by at least four years of progressively responsible office management experience. Computer and software proficient.		
0.30 FTE x \$40,417 = \$12,125		
<b>TOTAL SALARIES</b>	<b>\$146,603</b>	<b>3.30</b>

Payroll Taxes, (146603) * 7.65%	\$11,220	
Workers Compensation, (146603) x 0.0077	\$1,130	
SUI, 4.0 employees x 7,000 x 0.062	\$1,740	
Medical, Dental, Life Insurance, (3.3 x 588) x 12mo = 23,259	\$23,259	
Longevity Pay, (3 employees x 960)	2880	
Retirement Account (4 employees x 400) = 1600	\$1,600	
<b>TOTAL BENEFITS</b>	<b>\$41,829</b>	

**TOTAL SALARIES & BENEFITS \$188,432**

**Operating Expenses**

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as

**Occupancy:**

Rent:

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Utilities:

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Building Maintenance:

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**Total Occupancy: \$0**

**Materials and Supplies:**

Office Supplies:

Office Supplies for Balboa program \$600

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Printing/Reproduction:

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Program/Medical Supplies:

Participant Incentives - 60 Groups x \$30 = \$1,800 \$3,000

individual small snacks/incentives for individual youth, \$1,200/200 youth

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**Total Materials and Supplies: \$3,600**

**General Operating:**

Insurance:

Insurance expense \$5,380

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Staff Training:

Support staff to attend continuing education training & related adolescent development \$2,000

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Rental of Equipment:

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**Total General Operating: \$7,380**

**Staff Travel (Local & Out of Town):**

\$125 x 12, for local & conference travel \$1,500

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**\$1,500**

**Consultants/Subcontractors:**

Consultants, UCSF Langley Porter Institute, ongoing DPT training and twice monthly consult group, September - June \$4,000

Interns, 3 graduate interns x \$4,780 each for the school year \$14,341

Youth Stipends, 20 youth x \$207/stipend \$4,140

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**Total Consultants/Subcontractors: \$22,481**

TOTAL OPERATING COSTS: \$34,961

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$223,393

CONTRACT TOTAL: \$247,400

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

FISC YEAR:	July 2010 - June 2011	PENIDX #:	B-10, Page 1
LEGAL ENTITY NAME:	Bayview Hunters Point Foundation	PROVIDER #:	3121
PROVIDER NAME:	Family Mosaic Cost Reimbursement		
REPORTING UNIT NAME:	Family Mosaic		
REPORTING UNIT:			
MODE OF SVCS / SERVICE FUNCTION CODE			
SERVICE DESCRIPTION	Fiscal intermediary		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
<b>FUNDING USES:</b>			
SALARIES & EMPLOYEE BENEFITS	358,237		358,237
OPERATING EXPENSE	23,170		23,170
CAPITAL OUTLAY (COST \$5,000 AND OVER)			
<b>SUBTOTAL DIRECT COSTS</b>	<b>381,407</b>		<b>381,407</b>
INDIRECT COST AMOUNT	37,130		37,130
<b>TOTAL FUNDING USES:</b>	<b>418,537</b>		<b>418,537</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>			
FEDERAL REVENUES			
STATE REVENUES			
Family Mosaic Capitated Medi-Cal	233,646		233,646
GRANTS			
SAMHSA	143,228		143,228
PRIOR YEAR ROLL OVER			
WORK ORDERS			
3RD PARTY PAYOR REVENUES			
REALIGNMENT FUNDS			
COUNTY GENERAL FUND	41,663		41,663
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>418,537</b>		<b>418,537</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>			
FEDERAL REVENUES			
STATE REVENUES			
GRANTS/PROJECTS			
WORK ORDERS			
3RD PARTY PAYOR REVENUES			
COUNTY GENERAL FUND			
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>-</b>		<b>-</b>
<b>TOTAL DPH REVENUES</b>	<b>418,537</b>		<b>418,537</b>
NON-DPH REVENUES			
<b>TOTAL NON-DPH REVENUES</b>	<b>-</b>		<b>-</b>
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>418,537</b>		<b>418,537</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>			
UNITS OF SERVICE <sup>1</sup>	12		
UNITS OF TIME <sup>2</sup>			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR		
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	CR		
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	na		

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours



DPH 4: Operating Expenses Detail

APPENDIX #: B-10, Page 3  
 Document Date: 10/28/10

Provider Number (same as line 7 on DPH 1): 3121  
 Provider Name (same as line 8 on DPH 1): Family Mosaic Wraparound

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: <u>SAMHSA</u> (grant title)	Capitated MediCal	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Expenditure Category	Term: <u>7/1/10-6/30/11</u>	Term: <u>7/1/10-6/30/11</u>	Term: <u>7/1/10-6/30/11</u>	Term: <u>7/1/10-6/30/11</u>	Term: _____	Term: _____
Rental of Property	-					
Utilities(Elec, Water, Gas, Phone, Scavenger)	-					
Office Supplies, Postage	1,000	1,000				
Building Maintenance Supplies and Repair	-					
Printing and Reproduction	-					
Insurance	-					
Staff Training	506	506				
Staff Travel-(Local & Out of Town)	-					
Rental of Equipment	-					
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
IT Consultant	2,087		2,087			
	-					
	-					
	-					
	-					
OTHER						
FMP Wrap around services	15,764			15,764		
DMS Flex	3,813	3,813				
	-					
	-					
	-					
<b>TOTAL OPERATING EXPENSE</b>	<b>23,170</b>	<b>5,319</b>	<b>2,087</b>	<b>15,764</b>	-	-

## CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):

Provider Name (same as line 8 on DPH 1): Family Mosaic Wraparound

DATE: 10/28/2010

Fiscal Year: 2010 / 11

Salaries and Benefits	Salaries	FTE
Sr. Accountant: Responsible for MediCal records and reports	\$59,291	100%
Minimum Qualifications: high school diploma		
$1.00 \text{ FTE} \times \$59,291 = \$59,291$		
Capitation Coordinator, Responsible for capitation and cavitation	\$21,779	50%
Minimum Qualifications: high school diploma		
$0.5 \text{ FTE} \times \$43,558 = \$21,779$		
Operation Assistant: Responsible to assist operations and post-op.	\$16,667	50%
Minimum Qualifications: high school diploma		
$0.50 \text{ FTE} \times \$33,324 = \$16,667$		
Medical Records Asst/Capitation: Responsible for recording	\$20,880	50%
Minimum Qualifications: high school diploma		
$0.50 \text{ FTE} \times \$41,760 = \$20,880$		
Business & Operations Supervisor: Responsible for generating business	\$49,000	100%
Minimum Qualifications: high school diploma		
$1.00 \text{ FTE} \times \$49,000 = \$49,000$		
Administrative Assistant I: Responsible for assisting staff with records	\$41,669	100%
Minimum Qualifications: high school diploma		
$1.00 \text{ FTE} \times \$41,669 = \$41,669$		
Research Data Manager: Responsible for research and development	\$40,380	55%
Minimum Qualifications: high school diploma		
$0.55 \text{ FTE} \times \$73,418 = \$40,380$		
Foster Care Planner: Responsible for putting kids into foster programs	\$28,823	50%
Minimum Qualifications: high school diploma		
$0.50 \text{ FTE} \times \$57,646 = \$28,823$		
BVHP Administrative Aid: Responsible for coordinating between	\$8,065	20%
Minimum Qualifications: high school diploma		
$0.20 \text{ FTE} \times \$40,325 = \$8,065$		
<b>TOTAL SALARIES</b>	<b>\$286,554</b>	<b>5.75</b>
Payroll Taxes, $(286,554) \times 7.65\%$	\$21,921	
Workers Compensation, $(286,554) \times 0.0077$	\$2,206	
SUI, $8.0 \text{ employees} \times 7,000 \times 0.062$	\$3,472	
Medical, Dental, Life Insurance, $8 \times 495.25/\text{mo} \times 12\text{mo} = 44,084$	\$44,084	
<b>TOTAL BENEFITS</b>	<b>\$71,683</b>	

**TOTAL SALARIES & BENEFITS    \$358,237    5.75**

**Operating Expenses**

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as

**Occupancy:**

Rent:

\_\_\_\_\_

\_\_\_\_\_

Utilities:

\_\_\_\_\_

\_\_\_\_\_

Building Maintenance:

Total Occupancy: \$0

**Materials and Supplies:**

Office Supplies:

Office Supplies, Postage, \$83.33/mo x 12 mo \$1,000

FMP Wrap Around Services \$15,764

DMS Flex \$3,813

Printing/Reproduction:

Program/Medical Supplies:

Total Materials and Supplies: \$20,577

**General Operating:**

Insurance:

Staff Training:

Support staff to attend continuing education training & related \$506

adolescent development.

Rental of Equipment:

Total General Operating: \$506

Staff Travel (Local & Out of Town):

\$0

**Consultants/Subcontractors:**

IT Consultant \$2,087

Total Consultants/Subcontractors: \$2,087

TOTAL OPERATING COSTS: \$23,170

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$381,407**

**CONTRACT TOTAL: \$418,537**

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

FISCAL YEAR:		July 2010 - June 2011			APPENDIX #: B-11, Page 1	
LEGAL ENTITY NAME:		Bayview Hunters Point Foundation			PROVIDER #: 0	
PROVIDER NAME:		Anchor Program - Cost Reimbursement				
REPORTING UNIT NAME::		Anchor Program	Anchor Program	Anchor Program		
REPORTING UNIT:		38AI	38AI	38AI		
MODE OF SVCS / SERVICE FUNCTION CODE		15/10/59	15/01-09	15/70-79		
SERVICE DESCRIPTION		Mental Health Svcs.	Case Management	Crisis Intervention		TOTAL
CBHS FUNDING TERM:		7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11		
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS		127,439	38,082	649		166,370
OPERATING EXPENSE		10,016	2,993	68		13,077
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS		137,455	41,075	917		179,447
INDIRECT COST AMOUNT		16,575	4,969	115		21,659
TOTAL FUNDING USES:		154,030	46,044	1,032		201,106
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
FEDERAL REVENUES						
STATE REVENUES						
GRANTS						
PRIOR YEAR ROLL OVER						
WORK ORDERS						
3RD PARTY PAYOR REVENUES						
REALIGNMENT FUNDS		34,350	10,311	230		44,891
COUNTY GENERAL FUND		119,680	35,733	802		156,215
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		154,030	46,044	1,032		201,106
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
FEDERAL REVENUES						
STATE REVENUES						
GRANTS/PROJECTS						
WORK ORDERS						
3RD PARTY PAYOR REVENUES						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES		154,030	46,044	1,032		201,106
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES						
TOTAL REVENUES (DPH AND NON-DPH)		154,030	46,044	1,032		201,106
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup>						
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		84,980	25,386	514		
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		CR	CR	CR		
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)		2.61	2.02	3.88		
UNDUPLICATED CLIENTS		70	55	17		

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours





## CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):

Provider Name (same as line 8 on DPH 1): Anchor Program

DATE: 10/28/2010

Fiscal Year 2010 / 11

Salaries and Benefits	Salaries	FTE
Clinical Supervisor: Responsible for supervising professional staff and provides a broad range of direct clinical services to adults and families at the OMI Clinic.	\$41,250	75%
Minimum Qualifications: Master's degree in social work, psychology or related field. Minimum of four years post graduate experience in direct clinical work and last least two years supervisory experience. Must be a licensed MSW, LCSW or MFT. 0.75 FTE x \$55,000 = \$41,250		
Therapists: Performs a broad range of clinical social work duties in an outpatient mental health program for adults (OMI Clinic). Provides diagnostic evaluations, intensive psychotherapy and prevention consultation and education.	\$57,325	125%
Minimum Qualifications: Master's degree in psychology, counseling or related field. Requires at least one year clinical experience working in mental health setting for the chronically mentally ill. Requires eligibility to practice clinical treatment in the State of California; requires eligibility for immediate licensure application. 1.25 FTE x \$45,860 = \$57,325		
Administrative Assistant : Responsible for overseeing all necessary clerical and general office functions of the clinic.	\$26,901	80%
Minimum Qualifications: Associate degree in secretarial science, or completion of high school supplemented by at least four years of progressively responsible office management experience. Computer and software proficient. 0.80 FTE x \$33,626 = \$26,901		
<b>TOTAL SALARIES</b>	<b>\$125,476</b>	<b>2.80</b>
Payroll Taxes, (125,476) * 7.65%	\$9,599	
Workers Compensation, (125,476) x 0.0077	\$966	
SUI, 4.0 employees x 7,000 x 0.062	\$1,741	
Medical, Dental, Life Insurance, 4 x 596/mo x 12mo = 28,588	\$28,588	
<b>TOTAL BENEFITS</b>	<b>\$40,894</b>	

**TOTAL SALARIES & BENEFITS \$166,370**

**Operating Expenses**

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

Rent:

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Utilities:

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Building Maintenance:

Total Occupancy: \$0

**Materials and Supplies:**

Office Supplies:

Office Supplies, Postage, \$100/mo x 12 mo \$1,200

Advertising \$300

Printing/Reproduction:

Program/Medical Supplies:

Project Supplies, 638/mo x 12 mo \$7,651

Total Materials and Supplies: \$9,151

**General Operating:**

Insurance:

Insurance Expense \$2,626

Staff Training:

Support staff to attend continuing education training & related adolescent development \$500

Rental of Equipment:

Total General Operating: \$3,126

**Staff Travel (Local & Out of Town):**

Staff Travel (Local & Out of Town): \$800

\$800

**Consultants/Subcontractors:**

Total Consultants/Subcontractors: \$0

TOTAL OPERATING COSTS: \$13,077

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$179,447**

**CONTRACT TOTAL: \$201,106**

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

FIS		EAR: July 2010 - June 2011		APPENDIX #: B-12, Page 1	
LEGAL ENTITY NAME:		Bayview Hunters Point Foundation		PROVIDER #: 3121	
PROVIDER NAME:		Bayview Hunters Point Foundation			
REPORTING UNIT NAME:	Dimensions Otp Substance Abuse	Dimensions Otp Substance Abuse			
REPORTING UNIT:	38171	38171			
MODE OF SVCS / SERVICE FUNCTION CODE	Nonres-34	Nonres-33			
SERVICE DESCRIPTION	SA-Nonresidntl ODF Inov	SA-Nonresidntl ODF Grp			TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11			
<b>FUNDING USES:</b>					
SALARIES & EMPLOYEE BENEFITS	57,486	28,314			85,800
OPERATING EXPENSE	1,750	1,750			3,500
CAPITAL OUTLAY (COST \$5,000 AND OVER)					-
SUBTOTAL DIRECT COSTS	59,236	30,064			89,300
INDIRECT COST AMOUNT	7,169	3,531			10,700
TOTAL FUNDING USES:	66,405	33,595			100,000
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
FEDERAL REVENUES					-
STATE REVENUES					-
GRANTS					-
PRIOR YEAR ROLL OVER					-
WORK ORDERS					-
3RD PARTY PAYOR REVENUES					-
REALIGNMENT FUNDS					-
COUNTY GENERAL FUND					-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES					-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>					
FEDERAL REVENUES					-
STATE REVENUES					-
GRANTS/PROJECTS					-
WORK ORDERS					-
3RD PARTY PAYOR REVENUES					-
COUNTY GENERAL FUND	66,405	33,595			100,000
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	66,405	33,595			100,000
<b>TOTAL DPH REVENUES</b>	<b>66,405</b>	<b>33,595</b>			<b>100,000</b>
NON-DPH REVENUES					-
TOTAL NON-DPH REVENUES					-
TOTAL REVENUES (DPH AND NON-DPH)	66,405	33,595			100,000
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>					
UNITS OF SERVICE <sup>1</sup>					
UNITS OF TIME <sup>2</sup>	40,401	19,899			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR	CR			
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	CR	CR			
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	1.64	1.69			
UNDUPLICATED CLIENTS	35	25			

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day

<sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours



DPH 4: Operating Expenses Detail

APPENDIX #: B-12, Page 3  
 Document Date: 10/28/10

Provider Number (same as line 7 on DPH 1): \_\_\_\_\_  
 Provider Name (same as line 8 on DPH 1): Dimensions Outpatient SA

Expenditure Category

Rental of Property  
 Utilities(Elec, Water, Gas, Phone, Scavenger)  
 Office Supplies, Postage  
 Building Maintenance Supplies and Repair  
 Printing and Reproduction  
 Insurance  
 Staff Training  
 Staff Travel-(Local & Out of Town)  
 Rental of Equipment  
 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 OTHER  
 participant incentives  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
-	-				
-	-				
-	-				
-	-				
1,000	1,000				
-	-				
-	-				
-	-				
-	-				
-	-				
-	-				
2,500	2,500				
-	-				
-	-				
-	-				
-	-				
<b>3,500</b>	<b>3,500</b>				

TOTAL OPERATING EXPENSE

## BHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):

Provider Name (same as line 8 on DPH 1): Dimensions Outpatient SA

DATE: 10/28/2010

Fiscal Year: 2010 / 11

**Salaries and Benefits**

	Salaries	FTE
Clinical Lead: This position provides direct clinical services, assumes some administrative responsibilities as well as provides staff supervision.	\$34,000	67%
Minimum Qualifications: Master's degree in psychology, social work, or related field. Must be licensed or licensed eligible with one year of paid experience providing clinical work in a mental health setting. Minimum 5 years clinical experience working with substance abuse, mental health, HIV/AIDS, three years experience in a supervisory role.		
$0.67 \text{ FTE} \times \$50,746.27 = \$34,000$		
Therapist/SA Counselor - This position provides evaluations and assessments of clients; develops treatment plans; conducts individual, group counseling, crisis intervention, case management.	\$32,000	80%
Minimum Qualifications: Master's degree in psychology, social work or related field preferred; or, Bachelor's degree in a mental health discipline with three years paid experience working with substance abuse population. Clinical experience working with substance abuse, mental health, HIV/AIDS, HIV prevention and dual/multiple diagnoses.		
$0.80 \text{ FTE} \times \$40,000 = \$32,000$		
<b>TOTAL SALARIES</b>	<b>\$66,000</b>	<b>1.47</b>

Payroll Taxes plus benefits	\$19,800	
<b>TOTAL BENEFITS</b>	<b>\$19,800</b>	

**TOTAL SALARIES & BENEFITS      \$85,800**

**Operating Expenses**

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

Rent:

\_\_\_\_\_

\_\_\_\_\_

Utilities:

\_\_\_\_\_

\_\_\_\_\_

Building Maintenance:

\_\_\_\_\_

\_\_\_\_\_

Total Occupancy:      \$0

**Materials and Supplies:**

Office Supplies:

Printing/Reproduction:

Program/Medical Supplies:

Participant Incentives \$2,500

\$0

**Total Materials and Supplies: \$2,500**

**General Operating:**

Insurance:

Insurance \$1,000

Staff Training:

Rental of Equipment:

**Total General Operating: \$1,000**

**Staff Travel (Local & Out of Town):**

\$0

**Consultants/Subcontractors:**

**Total Consultants/Subcontractors: \$0**

**TOTAL OPERATING COSTS: \$3,500**

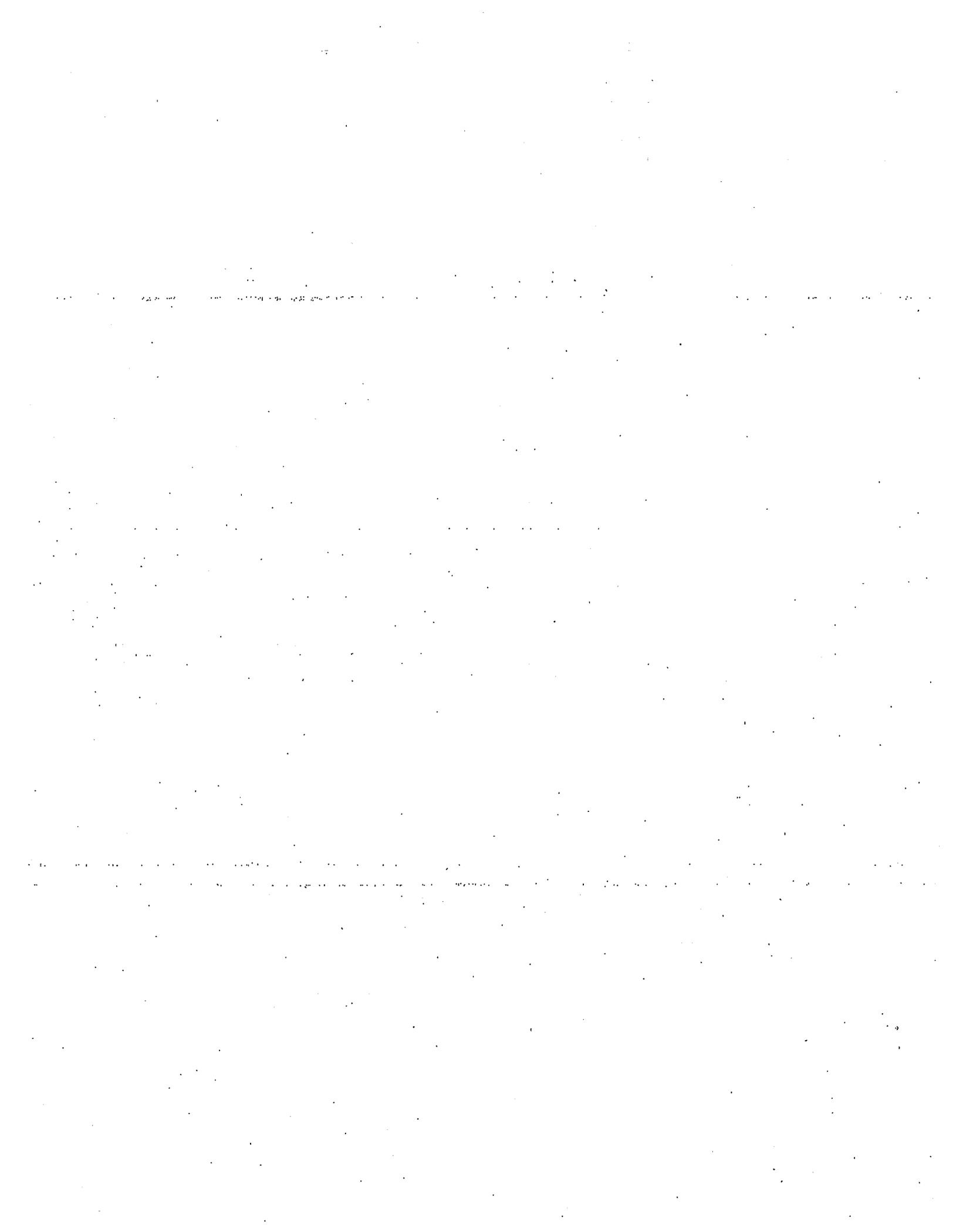
**CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0**

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$89,300**

**CONTRACT TOTAL: \$100,000**







**Appendix C  
Insurance Waiver**

**RESERVED**

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**[Use as appropriate and only if an insurance waiver has been signed and granted by the Risk Manager.]**



**Appendix D**  
**Additional Terms**

**1. HIPAA**

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that CONTRACTOR falls within the following definition under the HIPAA regulations:

- A Covered Entity subject to HIPAA and the Privacy Rule contained therein; or
- A Business Associate subject to the terms set forth in Appendix E;
- Not Applicable, CONTRACTOR will not have access to Protected Health Information.

**2. THIRD PARTY BENEFICIARIES**

No third parties are intended by the parties hereto to be third party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.

**3. CERTIFICATION REGARDING LOBBYING**

CONTRACTOR certifies to the best of its knowledge and belief that:

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

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

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

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

**4. MATERIALS REVIEW**

CONTRACTOR agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. CONTRACTOR agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. CITY agrees to conduct the review in a manner which does not impose unreasonable delays.



## Appendix E

### BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum is entered into to address the privacy and security protections for certain information as required by federal law. City and County of San Francisco is the Covered Entity and is referred to below as "CE". The CONTRACTOR is the Business Associate and is referred to below as "BA".

---

#### RECITALS

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

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

#### 1. Definitions

- a. **Breach** shall have the meaning given to such term under the HITECH Act [42 U.S.C. Section 17921].
- b. **Business Associate** shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- c. **Covered Entity** shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- d. **Data Aggregation** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- e. **Designated Record Set** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- f. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media.

- g. **Electronic Health Record** shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
- h. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- i. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
- j. **Protected Health Information or PHI** means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; and (ii) that identifies the individual or with respect to where there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. Sections 160.103, 164.501].
- k. **Protected Information** shall mean PHI provided by CE to BA or created or received by BA on CE's behalf.
- l. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
- m. **Unsecured PHI** shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h).

2. **Obligations of Business Associate**

- a. **Permitted Uses.** BA shall not use Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information (i) for the proper management and administration of BA, (ii) to carry out the legal responsibilities of BA, or (iii) for Data Aggregation purposes for the Health Care Operations of CE [45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(i)].
- b. **Permitted Disclosures.** BA shall not disclose Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes for the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable *written* assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to such third party, and (ii) a *written* agreement from

such third party to immediately notify BA of any breaches of confidentiality of the Protected Information, to the extent it has obtained knowledge of such breach [42 U.S.C. Section 17932; 45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(i)(B), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(ii)].

- c. **Prohibited Uses and Disclosures.** BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates 42 U.S.C. Section 17935(a). BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
- d. **Appropriate Safeguards.** BA shall implement appropriate safeguards as are necessary to prevent the use or disclosure of Protected Information otherwise than as permitted by the Contract or Addendum, including, but not limited to, administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Protected Information, in accordance with 45 C.F.R. Section 164.308(b)]. BA shall comply with the policies and procedures and documentation requirements of the HIPAA Security Rule, including, but not limited to, 45 C.F.R. Section 164.316 [42 U.S.C. Section 17931]
- e. **Reporting of Improper Access, Use or Disclosure.** BA shall report to CE in writing of any access, use or disclosure of Protected Information not permitted by the Contract and Addendum, and any Breach of Unsecured PHI of which it becomes aware without unreasonable delay and in no case later than 10 calendar days after discovery [42 U.S.C. Section 17921; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)].
- f. **Business Associate's Agents.** BA shall ensure that any agents, including subcontractors, to whom it provides Protected Information, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI. If BA creates, maintains, receives or transmits electronic PHI on behalf of CE, then BA shall implement the safeguards required by paragraph c above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2)(ii)(D); 45 C.F.R. Section 164.308(b)]. BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation (see 45 C.F.R. Sections 164.530(f) and 164.530(e)(1)).
- g. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors available to CE for inspection and copying within ten (10) days of a request by CE to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains an Electronic Health Record, BA shall provide such information in electronic format to enable CE to fulfill its obligations under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17935(e).
- h. **Amendment of PHI.** Within ten (10) days of receipt of a request from CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA or its agents or subcontractors shall make such Protected

Information available to CE for amendment and incorporate any such amendment to enable CE to fulfill its obligation under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If any individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request. Any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors shall be the responsibility of CE [45 C.F.R. Section 164.504(e)(2)(ii)(F)].

- i.* **Accounting Rights.** Within ten (10) calendar days of notice by CE of a request for an accounting for disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents or subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935(c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents or subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an electronic health record and is subject to this requirement. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. In the event that the request for an accounting is delivered directly to BA or its agents or subcontractors, BA shall within five (5) calendar days of a request forward it to CE in writing. It shall be CE's responsibility to prepare and deliver any such accounting requested. BA shall not disclose any Protected Information except as set forth in Sections 2.b. of this Addendum [45 C.F.R. Sections 164.504(e)(2)(ii)(G) and 165.528]. The provisions of this subparagraph h shall survive the termination of this Agreement.
- j.* **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with the Privacy Rule [45 C.F.R. Section 164.504(e)(2)(ii)(H)]. BA shall provide to CE a copy of any Protected Information that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- k.* **Minimum Necessary.** BA (and its agents or subcontractors) shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)(3)] BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary."
- l.* **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.

- m. Business Associate's Insurance.* BA shall maintain a sufficient amount of insurance to adequately address risks associated with BA's use and disclosure of Protected Information under this Addendum.
- n. Notification of Breach.* During the term of the Contract, BA shall notify CE within twenty-four (24) hours of any suspected or actual breach of security, intrusion or unauthorized use or disclosure of PHI of which BA becomes aware and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. BA shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations.
- o. Breach Pattern or Practice by Covered Entity.* Pursuant to 42 U.S.C. Section 17934(b), if the BA knows of a pattern of activity or practice of the CE that constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the Contract or other arrangement if feasible, or if termination is not feasible, report the problem to the Secretary of DHHS. BA shall provide written notice to CE of any pattern of activity or practice of the CE that BA believes constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.
- p. Audits, Inspection and Enforcement.* Within ten (10) calendar days of a written request by CE, BA and its agents or subcontractors shall allow CE to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of Protected Information pursuant to this Addendum for the purpose of determining whether BA has complied with this Addendum; provided, however, that (i) BA and CE shall mutually agree in advance upon the scope, timing and location of such an inspection, (ii) CE shall protect the confidentiality of all confidential and proprietary information of BA to which CE has access during the course of such inspection; and (iii) CE shall execute a nondisclosure agreement, upon terms mutually agreed upon by the parties, if requested by BA. The fact that CE inspects, or fails to inspect, or has the right to inspect, BA's facilities, systems, books, records, agreements, policies and procedures does not relieve BA of its responsibility to comply with this Addendum, nor does CE's (i) failure to detect or (ii) detection, but failure to notify BA or require BA's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of CE's enforcement rights under the Contract or Addendum, BA shall notify CE within ten (10) calendar days of learning that BA has become the subject of an audit, compliance review, or complaint investigation by the Office for Civil Rights.

### 3. Termination

- a. Material Breach.* A breach by BA of any provision of this Addendum, as determined by CE, shall constitute a material breach of the Contract and shall provide grounds for immediate termination of the Contract, any provision in the Contract to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
- b. Judicial or Administrative Proceedings.* CE may terminate the

Contract, effective immediately, if (i) BA is named as a defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

- c. **Effect of Termination.** Upon termination of the Contract for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA or its agents or subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections of Section 2 of this Addendum to such information, and limit further use of such PHI to those purposes that make the return or destruction of such PHI infeasible[45 C.F.R. Section 164.504(e)(ii)(2)(I)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed.

#### 4. **Limitation of Liability**

Any limitations of liability as set forth in the contract shall not apply to damages related to a breach of the BA's privacy or security obligations under the Contract or Addendum.

#### 5. **Disclaimer**

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

#### 6. **Certification**

To the extent that CE determines that such examination is necessary to comply with CE's legal obligations pursuant to HIPAA relating to certification of its security practices, CE or its authorized agents or contractors, may, at CE's expense, examine BA's facilities, systems, procedures and records as may be necessary for such agents or contractors to certify to CE the extent to which BA's security safeguards comply with HIPAA, the HITECH Act, the HIPAA Regulations or this Addendum.

#### 7. **Amendment**

- a. **Amendment to Comply with Law.** The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Contract or Addendum may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule and other applicable laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Addendum embodying written assurances consistent with the standards and requirements of HIPAA, the

HITECH Act, the Privacy Rule, the Security Rule or other applicable laws. CE may terminate the Contract upon thirty (30) calendar days written notice in the event (i) BA does not promptly enter into negotiations to amend the Contract or Addendum when requested by CE pursuant to this Section or (ii) BA does not enter into an amendment to the Contract or Addendum providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

#### **8. Assistance in Litigation or Administrative Proceedings**

BA shall make itself, and any subcontractors, employees or agents assisting BA in the performance of its obligations under the Contract or Addendum, available to CE, at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its directors, officers or employees based upon a claimed violation of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule, or other laws relating to security and privacy, except where BA or its subcontractor, employee or agent is a named adverse party.

#### **9. No Third-Party Beneficiaries**

Nothing express or implied in the Contract or Addendum is intended to confer, nor shall anything herein confer, upon any person other than CE, BA and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

#### **10. Effect on Contract**

Except as specifically required to implement the purposes of this Addendum, or to the extent inconsistent with this Addendum, all other terms of the Contract shall remain in force and effect.

#### **11. Interpretation**

The provisions of this Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.

#### **12. Replaces and Supersedes Previous Business Associate Addendums or Agreements**

This Business Associate Addendum replaces and supersedes any previous business associate addendums or agreements between the parties hereto.



**Appendix F**  
**Invoice**



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

Appendix F  
 PAGE A

Control Number

INVOICE NUMBER: M01 JL 0  
 CL Blanket No.: BPHM TBD  
 CL PO No.: PQHM TBD  
 Fund Source: General Fund  
 Invoice Period: July 2010  
 Final Invoice: (Check if Yes)  
 ACE Control Number:

Contractor: Bayview Hunters Point Foundation For Community Improvement

Address: 5815 Third Street San Francisco CA 94124

Tel No: (415) 468-5100  
 Fax No: (415) 468-5104

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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DELIVERABLES Program Name/Reptg Unit Modality/Mode # - Svc Func (see Inv)	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-B AB 3632 RU# 9851SD												
15/10 - 59 MH Svcs	89	422			\$ 1.89	\$	0.000		0.00%		89	422,000
15/01 - 09 Case Management					\$ 1.04	\$	0.000		#DIV/0!			0.000
46/10 - 19 MH Promotion	86				\$ 114.98	\$	0.000		0.00%		86	9,889.14
<b>TOTAL</b>	<b>89</b>	<b>422</b>	<b>0.000</b>	<b>0.000</b>		<b>\$</b>	<b>0.000</b>		<b>0.00%</b>		<b>89</b>	<b>187,786.72</b>

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

NOTES:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

Send to:  
 DPH Fiscal/Invoice Processing  
 1380 Howard St - 4th Floor  
 San Francisco, CA 94103

DPH Authorized for Payment  
 \_\_\_\_\_  
 Authorized Signatory Date

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

Appendix F  
PAGE A

Control Number

INVOICE NUMBER:

Contractor: Bayview Hunters Point Foundation For Community Improvement

Cl. Blanket No.: BPHM

Address: 5815 Third Street, San Francisco, CA 94124

Cl. PO No.: POHM  User Cd

Tel. No.: (415) 468-5100

Fund Source:

Fax No.: (415) 468-5104

Invoice Period:

Contract Term: 07/01/2010 - 06/30/2011

Final Invoice:  (Check if Yes)

PHP Division: Community Behavioral Health Services

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-10 Family Mosaic Project-Fiscal Intermediary												
Fiscal Intermediary							#DIV/0!				#DIV/0!	

Unduplicated Counts for AIDS Use Only

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 26,084.00	\$ -	\$ -	0.00%	\$ 26,084.00
Fringe Benefits	\$ 6,566.00	\$ -	\$ -	0.00%	\$ 6,566.00
<b>Total Personnel Expenses</b>	<b>\$ 32,650.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 32,650.00</b>
<b>Operating Expenses:</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 1,000.00	\$ -	\$ -	0.00%	\$ 1,000.00
General Operating	\$ 506.00	\$ -	\$ -	0.00%	\$ 506.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Other: FMP wrap around services	\$ -	\$ -	\$ -	0.00%	\$ -
DMS Flex	\$ 3,813.00	\$ -	\$ -	0.00%	\$ 3,813.00
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 5,319.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 5,319.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 37,969.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 37,969.00</b>
Indirect Expenses	\$ 3,694.00	\$ -	\$ -	0.00%	\$ 3,694.00
<b>TOTAL EXPENSES</b>	<b>\$ 41,663.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 41,663.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to: DPH Fiscal Invoice Processing  
1380 Howard St 4th Floor  
San Francisco CA 94103-2614

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

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

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

INVOICE NUMBER: MQ3 JL 0

Contractor: Bayview Hunters Point Foundation For Community Improvement

Ct. Blanket No.: BPHM TBD

Address: 5815 Third Street, San Francisco, CA 94124

Cl. PD No.: POHM TBD User Cd

Tel No.: (415) 468-5100

Fund Source: Grant - SAMSHA

Fax No.: (415) 468-5104

Invoice Period: July 2010

Contract Term: 07/01/2010 - 06/30/2011

Final Invoice: \_\_\_\_\_ (Check if Yes)

PHP Division: Community Behavioral Health Services

ACE Control Number: \_\_\_\_\_

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-9 Family Mosaic Project - Fiscal Intermediary												
Fiscal Intermediary							#DIV/0!					#DIV/0!

Unduplicated Counts for AIDS Use Only

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 103,157.00	\$ -	\$ -	0.00%	\$ 103,157.00
Fringe Benefits	\$ 25,789.00	\$ -	\$ -	0.00%	\$ 25,789.00
<b>Total Personnel Expenses</b>	<b>\$ 128,946.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 128,946.00</b>
<b>Operating Expenses:</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Other: IT Consultant	\$ 2,087.00	\$ -	\$ -	0.00%	\$ 2,087.00
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 2,087.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 2,087.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 131,033.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 131,033.00</b>
Indirect Expenses	\$ 12,195.00	\$ -	\$ -	0.00%	\$ 12,195.00
<b>TOTAL EXPENSES</b>	<b>\$ 143,228.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 143,228.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to: DPH Fiscal Invoice Processing  
1380 Howard St 4th Floor  
San Francisco CA 94103-2614

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

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

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

Contractor: Bayview Hunters Point Foundation For Community Improvement

Address: 5815 Third Street, San Francisco, CA 94124

Tel. No.: (415) 468-5100

Fax No.: (415) 468-5104

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M05 JL 0

Cl. Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD

Fund Source: General Fund

Invoice Period: July 2010

Final Invoice: \_\_\_\_\_ (Check if Yes)

ACE Control Number: \_\_\_\_\_

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-11 Anchor Pilot Project - Fiscal Intermediary												
15/ 10 - 59 Mental Health Svcs	84,980	70			-	-	0%	0%	84,980	70	100%	100%
15/ 01 - 09 Case Management	25,386	55			-	-	0%	0%	25,386	55	100%	100%
15/ 70 - 79 Crisis Intervention	514	17			-	-	0%	0%	514	17	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 125,476.00	\$ -	\$ -	0.00%	\$ 125,476.00
Fringe Benefits	\$ 40,894.00	\$ -	\$ -	0.00%	\$ 40,894.00
<b>Total Personnel Expenses</b>	<b>\$ 166,370.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 166,370.00</b>
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 1,200.00	\$ -	\$ -	0.00%	\$ 1,200.00
General Operating	\$ 3,126.00	\$ -	\$ -	0.00%	\$ 3,126.00
Staff Travel	\$ 800.00	\$ -	\$ -	0.00%	\$ 800.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Project Supplies	\$ 7,651.00	\$ -	\$ -	0.00%	\$ 7,651.00
Advertising	\$ 300.00	\$ -	\$ -	0.00%	\$ 300.00
<b>Total Operating Expenses</b>	<b>\$ 13,077.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 13,077.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 179,447.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 179,447.00</b>
Indirect Expenses	\$ 21,659.00	\$ -	\$ -	0.00%	\$ 21,659.00
<b>TOTAL EXPENSES</b>	<b>\$ 201,106.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 201,106.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

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: DPH Fiscal Invoice Processing  
1380 Howard St 4th Floor  
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory \_\_\_\_\_ Date \_\_\_\_\_

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

Appendix F  
 PAGE A

Control Number

INVOICE NUMBER: MOS(B) JL 0

CL Blanket No.: BPHM TBD

CLPO No. POHM TBD User Cd

Fund Source: General Fund

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number

Contractor: Bayview Hunters Point Foundation for Community Improvement

Address: 160 Executive Park Blvd., Suite 2800, San Francisco, CA 94134

Tel No. (415) 468-5100  
 Fax No. (415) 468-5104

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

HMMCC730515	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:					

\*Unaudited Counts for AIDS Use Only

DELIVERABLES Program Name/Reg/Unn Modality/Mode # - Svc Func (arrow)	Total Contracted		Delivered THIS PERIOD		Last Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS		
<b>B-6 Adult Behavioral Health RUF 38513 (09-10 4301 Family Center Outpatient Services)</b>												
15/ 10 - 69 MH Svcs	315,978				\$ 2.14	\$ -	0.000		0.00%		315,978.000	\$ 476,182.92
15/ 60 - 69 Medication Support	53,323				\$ 4.16	\$ -	0.000		0.00%		53,323.000	221,823.68
15/ 70 - 75 Crisis Intervention-OP	1,484				\$ 3.28	\$ -	0.000		0.00%		1,484.000	5,015.92
15/ 01 - 09 Case Mgt Brokerage	15,639				\$ 1.74	\$ -	0.000		0.00%		15,639.000	27,211.66
45/ 20 - 29 Cmnty Client Svcs	1,473				\$ 51.12	\$ -	0.000		0.00%		1,473.000	75,200.76
<b>B-7 Children's Behavioral Health Outpatient RUF 38513</b>												
15/ 10 - 59 MH Svcs	148,771				\$ 2.23	\$ -	0.000		0.00%		148,771.000	331,759.33
15/ 60 - 69 Medication Support	6,330				\$ 4.05	\$ -	0.000		0.00%		6,330.000	34,069.70
15/ 70 - 79 Crisis Intervention-OP	387				\$ 3.33	\$ -	0.000		0.00%		387.000	1,288.71
15/ 01 - 09 Case Mgt Brokerage	32,822				\$ 1.71	\$ -	0.000		0.00%		32,822.000	56,126.62
45/ 20 - 29 Cmnty Client Svcs	280				\$ 52.98	\$ -	0.000		0.00%		280.000	22,276.60
<b>TOTAL</b>	<b>578,467</b>		<b>0.00%</b>				<b>0.000</b>		<b>0.00%</b>		<b>578,467.000</b>	<b>\$ 1,451,064.30</b>

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

NOTES:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

Send to:  
 DPH Fiscal/Invoice Processing  
 1380 Howard St. - 4th Floor  
 San Francisco, CA 94103

DPH Authorization for Payment  
 \_\_\_\_\_  
 Authorized Signatory \_\_\_\_\_ Date \_\_\_\_\_

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

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

INVOICE NUMBER: M10 JL 0

Contractor: Bayview Hunters Point Foundation For Community Improvement

Ct. Blanket No.: BPHM TBD

Address: 5815 Third Street, San Francisco, CA 94124

Ct. PO No.: POHM TBD User Cd

Tel. No.: (415) 468-5100

Fund Source: Family Mosaic Capitated Medi-Cal

Fax No.: (415) 468-5104

Invoice Period: July 2010

Contract Term: 07/01/2010 - 06/30/2011

Final Invoice: \_\_\_\_\_ (Check if Yes)

PHP Division: Community Behavioral Health Services

ACE Control Number: \_\_\_\_\_

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-10 Family Mosaic Project - Fiscal Intermediary												
Fiscal Intermediary							#DIV/0!		-		#DIV/0!	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 157,313.00	\$ -	\$ -	0.00%	\$ 157,313.00
Fringe Benefits	\$ 39,328.00	\$ -	\$ -	0.00%	\$ 39,328.00
<b>Total Personnel Expenses</b>	<b>\$ 196,641.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 196,641.00</b>
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Other: FMP Wrap Around Services	\$ 15,764.00	\$ -	\$ -	0.00%	\$ 15,764.00
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 15,764.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 15,764.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 212,405.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 212,405.00</b>
Indirect Expenses	\$ 21,241.00	\$ -	\$ -	0.00%	\$ 21,241.00
<b>TOTAL EXPENSES</b>	<b>\$ 233,646.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 233,646.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to: DPH Fiscal Invoice Processing  
1380 Howard St 4th Floor  
San Francisco CA 94103-2614

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

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

EXHIBIT C-1  
 PAGE A

Control Number

INVOICE NUMBER: M1: JL 0  
 C/Blanket No.: BPHM TBD  
 CL PO No.: POHM TBD  
 Fund Source: MHSA - Prop63  
 Invoice Period: July 2010  
 Final Invoice: (Check if Yes)  
 ACE Control Number

Contractor: Bayview Hunters Point Foundation - Balboa Teen

Address: 150 Executive Park, #2B00 San Francisco, CA 94114

Tel No: (415) 4692-5100  
 Fax No: (415)

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

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

\*Unduplicated Counts for MHS Use Only.

DELIVERABLES Program Name/Replg. Unit Modality/Mod # - Svc Func (Not only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UDC	CLIENTS	UDC	CLIENTS			UDC	CLIENTS	UDC	CLIENTS	UDC	CLIENTS
B-7 Balboa (08-10 PEI-School-Based Youth Centered Wellness)												
Prevention Services-Youth and Family	3,320				\$ 30.03	\$ 0.000			0.00%		3,320.000	\$ 99,699.60
Early Intervention Services	4,218				\$ 29.51	\$ 0.000			0.00%		4,218.000	\$ 124,694.98
<b>TOTAL</b>	<b>7,548</b>		<b>0,000</b>				<b>0,000</b>		<b>0.00%</b>		<b>7,548,000</b>	<b>\$ 224,694.88</b>

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

NOTES:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

Send to:  
 DPH Fiscal/Invoice Processing  
 1380 Howard St. - 4th Floor  
 San Francisco, CA 94103

DPH Authorization for Payment  
 \_\_\_\_\_  
 Authorized Signatory Date

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
 USE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE

Appendix F  
 PAGE A

Contract Number

Contractor: Bayview Hunters Point Foundation for Community Improvement

Address: 5815 Third Street, San Francisco CA 94124

Tel No: (415) 468-5100

Fax No: (415) 468-5104

Contract Term: 07/01/2010 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S01 JL 0

CI Blanket No.: BPHM TBD

CI PO No: POHM TBD

Fund Source: General Fund

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

HMHCRCES227	Label Contracted Exhibit UDC	Delivered RUS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
Unduplicated Clients for Exhibit:					

DELIVERABLES Program Name/Project Unit Modality/Mode # - Use Place (for UDC)	Total Contracted UDCs		Delivered PERIOD UDCs		Last Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UDCS	CLINTS	UDCS	CLINTS			UDCS	CLINTS	UDCS	CLINTS	UDCS	CLINTS
B-7 Occupational Methadone Maintenance RUS 28164												
B-7a Dispersions					\$ 17.85	\$ 0.000		#DIV/0!			0.000	
NTP-42 SA-Narcotic Tx Mst Replacement Therapy At Sites	71,472				\$ 17.44	\$ 0.000		0.00%			71,472.000	886,111.66
NTP-46 Individual - Individual Counseling	27,640				\$ 15.08	\$ 0.000		0.00%			27,640.000	339,606.00
NTP-46 Group - Group Counseling	1,207				\$ 3.67	\$ 0.000		0.00%			1,662.000	3,856.06
B-2 Jail Methadone Courtesy Dosing												
B-2a Treatment-Methadone Dispensing					\$ 17.44	\$ 0.000		#DIV/0!			0.000	
NTP-41 SA-Narcotic Tx Prog OP Meth Deter (OMD)	19,091				\$ 17.44	\$ 0.000		0.00%			19,091.000	237,492.04
B-3a AIDS Cmt Cmt HIV Testing/ HIV Early Intervention RUS 24164												
B-3a HIV Testing					\$ 187.28	\$ 0.000		#DIV/0!			0.000	
Ant-65 SA-Anxiety Svcs HIV Early Intervention	197				\$ 176.80	\$ 0.000		0.00%			197.000	24,899.38
B-4a Youth Moving Forward Project RUS 28171												
Non-res-33 SA-Narcotic ODF Group	1,530				\$ 81.74	\$ 0.000		0.00%			1,530.000	125,077.80
Non-res-34 SA-Narcotic ODF Indv	2,850				\$ 82.82	\$ 0.000		0.00%			2,850.000	281,843.60
B-6 YMF Treatment Daylines					\$ 39.82	\$ 0.000		#DIV/0!			0.000	
B-6 YMF Counseling Monitors					\$ 81.85	\$ 0.000		#DIV/0!			0.000	
B-6 YMF Medication Outpatient Services					\$ 36.88	\$ 0.000		#DIV/0!			0.000	418,621.00
B-4b PHMH Youth Moving Intensive Outreach RUS 28171												
Non-res-33 SA-Narcotic ODF Group	847				\$ 82.28	\$ 0.000		0.00%			847.000	57,492.42
Non-res-34 SA-Narcotic ODF Indv	1,509				\$ 89.80	\$ 0.000		0.00%			1,509.000	134,150.10
B-6 Prevention												
PpPrev-13 SA-PHP Prevention - Education	782				\$ 49.87	\$ 0.000		0.00%			782.000	35,078.94
PpPrev-16 SA-PHP Prevention Community Based	782				\$ 49.87	\$ 0.000		0.00%			782.000	35,078.94
PpPrev-17 SA-PHP Prevention Employment	782				\$ 49.87	\$ 0.000		0.00%			782.000	35,078.94
B-6a Info Dissemination					\$ 34.04	\$ 0.000		#DIV/0!			0.000	
B-6c Alternatives					\$ 34.81	\$ 0.000		#DIV/0!			0.000	
B-6d Problem Identification and Referral					\$ 33.79	\$ 0.000		#DIV/0!			0.000	105,236.82
<b>TOTAL</b>	<b>125,286</b>						<b>0.000</b>		<b>0.00%</b>		<b>123,704.000</b>	<b>2,208,856.42</b>

SUM TOTAL AMOUNT DUE \$  
 Less: Judicial Payment Recovery  
 (per contract) Other Adjustments  
 NET REIMBURSEMENT \$

NOTE:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

Send to  
 DPH Fiscal/Invoice Processing  
 1380 Howard St - 4th floor  
 San Francisco, CA 94103

PHI Acknowledged by Payment  
 Authorized Signatory \_\_\_\_\_ Date \_\_\_\_\_

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

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

Contractor: Bayview Hunters Point Foundation For Community Improvement

Address: 5815 Third Street, San Francisco, CA 94124

Tel. No.: (415) 468-5100

Fax No.: (415) 468-5104

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S05 JL 0

Cl. Blanket No.: BPHM TBD

User Cd

Cl. PO No.: POHM TBD

Fund Source: GF - HIV Set-Aside

Invoice Period: July 2010

Final Invoice: \_\_\_\_\_ (Check if Yes)

ACE Control Number: \_\_\_\_\_

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3b AIDS Opt Out/ HIV Testing/ HIV Early Intervention RU# 38164												
Community Engagement	170	170			-	-	0%		170		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 41,908.00	\$ -	\$ -	0.00%	\$ 41,908.00
Fringe Benefits	\$ 12,370.00	\$ -	\$ -	0.00%	\$ 12,370.00
<b>Total Personnel Expenses</b>	\$ 54,278.00	\$ -	\$ -	0.00%	\$ 54,278.00
<b>Operating Expenses:</b>					
Occupancy	\$ 14,036.00	\$ -	\$ -	0.00%	\$ 14,036.00
Materials and Supplies	\$ 2,338.00	\$ -	\$ -	0.00%	\$ 2,338.00
General Operating	\$ 1,876.00	\$ -	\$ -	0.00%	\$ 1,876.00
Staff Travel	\$ 594.00	\$ -	\$ -	0.00%	\$ 594.00
Consultant/ Subcontractor	\$ 7,106.00	\$ -	\$ -	0.00%	\$ 7,106.00
Other: Medical Supplies (Project Supplies)	\$ 4,311.00	\$ -	\$ -	0.00%	\$ 4,311.00
Security Services	\$ 2,593.00	\$ -	\$ -	0.00%	\$ 2,593.00
Lab Tests	\$ 1,441.00	\$ -	\$ -	0.00%	\$ 1,441.00
Licenses	\$ 1,340.00	\$ -	\$ -	0.00%	\$ 1,340.00
Advertising	\$ 121.00	\$ -	\$ -	0.00%	\$ 121.00
Client Activities	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	\$ 35,756.00	\$ -	\$ -	0.00%	\$ 35,756.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	\$ 90,034.00	\$ -	\$ -	0.00%	\$ 90,034.00
Indirect Expenses	\$ 9,966.00	\$ -	\$ -	0.00%	\$ 9,966.00
<b>TOTAL EXPENSES</b>	\$ 100,000.00	\$ -	\$ -	0.00%	\$ 100,000.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

NOTES: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to: DPH Fiscal Invoice Processing  
1380 Howard St 4th Floor  
San Francisco CA 94103-2614

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

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

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

Contractor: Bayview Hunters Point Foundation For Community Improvement

Address: 5815 Third Street, San Francisco, CA 94124

Tel No.: (415) 468-5100

Fax No. (415) 468-5104

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S06 JL 0

Cl. Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD

Fund Source: General Fund

Invoice Period: July 2010

Final Invoice: \_\_\_\_\_ (Check if Yes)

ACE Control Number: \_\_\_\_\_

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-4c Morrisania West RU# 38171												
Nonres-33 Fiscal Intermediary	3	-			-	-	0%		3		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 34,433.00	\$ -	\$ -	0.00%	\$ 34,433.00
Fringe Benefits	\$ 6,538.00	\$ -	\$ -	0.00%	\$ 6,538.00
<b>Total Personnel Expenses</b>	<b>\$ 40,971.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 40,971.00</b>
<b>Operating Expenses:</b>					
Occupancy	\$ 27,473.00	\$ -	\$ -	0.00%	\$ 27,473.00
Materials and Supplies	\$ 39.00	\$ -	\$ -	0.00%	\$ 39.00
General Operating	\$ 1,485.00	\$ -	\$ -	0.00%	\$ 1,485.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 28,997.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 28,997.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 69,968.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 69,968.00</b>
Indirect Expenses	\$ 7,597.00	\$ -	\$ -	0.00%	\$ 7,597.00
<b>TOTAL EXPENSES</b>	<b>\$ 77,565.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 77,565.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

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: DPH Fiscal Invoice Processing  
1380 Howard St 4th Floor  
San Francisco CA 94103-2614

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

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

Appendix F  
PAGE A

Control Number

\_\_\_\_\_

INVOICE NUMBER: S07 JL 0

Cl. Blanket No.: BPHM TBD  
User Cd \_\_\_\_\_

Cl. PO No.: POHM TBD

Fund Source: General Fund

Invoice Period: July 2010

Final Invoice: \_\_\_\_\_ (Check if Yes)

ACE Control Number: \_\_\_\_\_

Contractor: Bayview Hunters Point Foundation For Community Improvement

Address: 5815 Third Street, San Francisco, CA 94124

Tel. No.: (415) 468-5100

Fax No.: (415) 468-5104

Contract Term: 07/01/2010 - 06/30/2011

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-12 Dimensions Opt Substance Abuse RU# 38171												
Nonres-33 SA-Nonresidntll ODF Grp		25										
Nonres-34 SA-Nonresidntll ODF Ind		35										

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 66,000.00	\$ -	\$ -	0.00%	\$ 66,000.00
Fringe Benefits	\$ 19,800.00	\$ -	\$ -	0.00%	\$ 19,800.00
<b>Total Personnel Expenses</b>	<b>\$ 85,800.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 85,800.00</b>
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 1,000.00	\$ -	\$ -	0.00%	\$ 1,000.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Participant Incentives	\$ 2,500.00	\$ -	\$ -	0.00%	\$ 2,500.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
<b>Total Operating Expenses</b>	<b>\$ 3,500.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 3,500.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 89,300.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 89,300.00</b>
Indirect Expenses	\$ 10,700.00	\$ -	\$ -	0.00%	\$ 10,700.00
<b>TOTAL EXPENSES</b>	<b>\$ 100,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 100,000.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		\$ -			

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: DPH Fiscal Invoice Processing  
1380 Howard St 4th Floor  
San Francisco CA 94103-2614

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date



## Appendix G

### Dispute Resolution Procedure For Health and Human Services Nonprofit Contractors 9-06

#### Introduction

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/appellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at [http://www.sfgov.org/site/npcontractingtf\\_index.asp?id=1270](http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270). The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions or concerns about this Dispute Resolution Procedure should be addressed to [purchasing@sfgov.org](mailto:purchasing@sfgov.org).

#### Dispute Resolution Procedure

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- Step 1 The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program,

reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.

- Step 2 Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
- Step 3 Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

In addition to the above process, contractors have an additional forum available only for disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at [http://www.sfgov.org/site/npcontractingtf\\_index.asp?id=1270](http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270).

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to [purchasing@sfgov.org](mailto:purchasing@sfgov.org). This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any necessary changes to the policies and procedures or to a department's administration of policies and procedures.

## Appendix H

### **San Francisco Department of Public Health Privacy Policy Compliance Standards**

As part of this Agreement, Contractor acknowledges and agrees to comply with the following:

In City's Fiscal Year 2003/04, a DPH Privacy Policy was developed and contractors advised that they would need to comply with this policy as of July 1, 2005.

As of July 1, 2004, contractors were subject to audits to determine their compliance with the DPH Privacy Policy using the six compliance standards listed below. Audit findings and corrective actions identified in City's Fiscal year 2004/05 were to be considered informational, to establish a baseline for the following year.

Beginning in City's Fiscal Year 2005/06, findings of compliance or non-compliance and corrective actions were to be integrated into the contractor's monitoring report.

**Item #1: DPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality.**

As Measured by: Existence of adopted/approved policy and procedure that abides by the rules outlined in the DPH Privacy Policy

**Item #2: All staff who handle patient health information are oriented (new hires) and trained in the program's privacy/confidentiality policies and procedures.**

As Measured by: Documentation showing individual was trained exists

**Item #3: A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided.**

As Measured by: Evidence in patient's/client's chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

**Item #4: A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility.**

As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

**Item #5: Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.**

As Measured by: Documentation exists.

**Item #6: Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to non-treatment providers or (2) from a substance abuse program.**

As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is available to program staff and, when randomly asked, staff are aware of circumstances when authorization form is needed.

## Appendix I

### Emergency Response

CONTRACTOR will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The agency-wide plan should address disaster coordination between and among service sites. CONTRACTOR will update the Agency/site(s) plan as needed and CONTRACTOR will train all employees regarding the provisions of the plan for their Agency/site(s). CONTRACTOR will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan for each of its service sites. CONTRACTOR is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection.

In a declared emergency, CONTRACTOR'S employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as CONTRACTOR'S prime contacts with Community Programs in the event of a declared emergency.

**Appendix J**

**MENTAL HEALTH SERVICES ACT**

**(PROPOSITION 63)**

CONTRACTOR agrees to fully comply with all laws, regulations, policies and procedures related to the Mental Health Services Act (MHSA) or as defined in the Request for Proposal (RFP) 23-2009 – Behavioral Health Services Mega RFP.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/2/2010

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 may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Merriwether & Williams Insurance License No.: OCOL378 417 Montgomery Street, 2nd Flr San Francisco CA 94104	CONTACT NAME: Tina King
	PHONE (A/C No. Ext): (415) 986-3999 FAX (A/C No.): (415) 986-4421
	E-MAIL ADDRESS:
	PRODUCER CUSTOMER ID #: 00000001
INSURED Bayview Hunters Point Foundation 150 Executive Park, Suite 2800 San Francisco CA 94134	INSURER(S) AFFORDING COVERAGE INSURER A: Scottsdale Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 2010 - 2011 REVISION NUMBER:

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

INST. LTR.	TYPE OF INSURANCE	ADDRESS (INSR / WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		0P80057127	11/1/2010	11/1/2011	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$					OCCUR CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability		0P80057127	11/1/2010	11/1/2011	Per Claim \$1,000,000 Aggregate \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
The City and County of San Francisco, its officers, agents and employees are hereby named as Additional Insured, but only insofar as to the operations under contract are covered that such policies are primary insurance to any other insurance. See attached General Liability Additional Insured Endorsement CG 202611 and Professional Liability Endorsement CLB-59s

CITY AND COUNTY OF SAN FRANCISCO COMMUNITY OF SUBSTANCE ABUSE SERVICES 1380 HOWARD STREET 4th Floor SAN FRANCISCO, CA 94103	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 <i>Maura Hoque</i>

POLICY NUMBER: OPSSL12380

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART,  
SCHEDULE

Name of Person or Organization:

City & County of San Francisco and its officers,  
agents and employees  
Community Substance Abuse Svcs.  
1380 Howard Street, 4th Floor  
San Francisco, CA 94103

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT  
NO.

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS0057127	11/1/2010	Bayview Hunters Point Foundation for Community Improvement	Negley Associates 29518

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED—DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

PROFESSIONAL LIABILITY COVERAGE PART

**SCHEDULE**

Name of Person or Organization:  
City & County of San Francisco and its officers,  
agents and employees  
Community Substance Abuse Svcs.  
1380 Howard Street, 4th Floor  
San Francisco, CA 94103

In consideration of the premium charged, the coverage afforded under this Coverage Part is extended to the Person or Organization designated above as an Additional Insured but only as respects those professional services or operations performed by the Named Insured.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/2/2010

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 may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Merriwether & Williams Insurance License No.: OCO1378 417 Montgomery Street, 2nd Flr San Francisco CA 94104  <b>INSURED</b>  Bayview Hunters Point Foundation 150 Executive Park, Suite 2800  San Francisco CA 94134	<b>CONTACT NAME:</b> Tina King <b>PHONE (A/C, No, Ext):</b> (415) 986-3999 <b>FAX (A/C, No):</b> (415) 986-4421 <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID#:</b> 00000001  <b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC#</b> INSURER A: Scottsdale Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
---	--

**COVERAGES**      **CERTIFICATE NUMBER:** 2010 ~ 2011      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDRESS	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		OPS0057127	11/1/2010	11/1/2011	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N    N/A (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATUTORY LIMITS    OTH ER E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$
A	Professional Liability		OPS0057127	11/1/2010	11/1/2011	Per Claim \$1,000,000 Aggregate \$3,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 The City and County of San Francisco, its officers, Agents and Employees are hereby named as Additional Insured's but only insofar as to the operations under contract are covered that such policies are primary insurance to any other insurance. See attached General Liability Additional Insured Endorsement CG 202611 and Professional Liability Additional Insured Endorsement CLS-59a

<b>CERTIFICATE HOLDER</b>  City and County of San Francisco Community of Mental Health Services 1380 Howard Street San Francisco, CA 94103	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b>  
---	---

POLICY NUMBER: OPSLL12380

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

**SCHEDULE**

**Name of Person or Organization:**

City & County of San Francisco and its officers,  
agents and employees  
Community Substance Abuse Svcs.  
1380 Howard Street, 4th Floor  
San Francisco, CA 94103

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.



SCOTTSDALE INSURANCE COMPANY<sup>®</sup>

ENDORSEMENT  
NO.

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS0057127	11/1/2010	Bayview Hunters Point Foundation for Community Improvement	Negley Associates 29518

In consideration of the premium charged the following is added to form CG 20 26 11 85:

-----

Larkin Street Services  
1044 Larkin Street  
San Francisco, CA 94109

-----

City & County of San Francisco and its officers,  
agents and employees  
Community Mental Health Svcs  
1380 Howard Street, 4th Floor  
San Francisco, CA 94103

-----

City & County of San Francisco and its officers,  
agents and employees  
Juvenile Probation Department  
375 Woodside Avenue  
San Francisco, CA 94127

-----

City & County of San Francisco and its officers,  
agents and employees  
Community Challenge Grant  
1 Dr. Goodlett Place, City Hall, Room 453  
San Francisco, CA 94102

-----

The City & County of San Francisco, its Agents,  
Officers & Employees  
Department of Children, Youth and Families  
1390 Market Street, Suite 900  
San Francisco, CA 94102

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United Way of the Bay Area  
221 Main Street, Suite 300  
San Francisco, CA 94104

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Urban Services YMCA  
1426 Fillmore Street #204  
San Francisco, CA 94115



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT  
NO.

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS0057127	11/1/2010	Bayview Hunters Point Foundation for Community Improvement	Negley Associates 29518

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED—DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

PROFESSIONAL LIABILITY COVERAGE PART

**SCHEDULE**

Name of Person or Organization:  
City & County of San Francisco and its officers,  
agents and employees  
Community Substance Abuse Svcs.  
1380 Howard Street, 4th Floor  
San Francisco, CA 94103

In consideration of the premium charged, the coverage afforded under this Coverage Part is extended to the Person or Organization designated above as an Additional Insured but only as respects those professional services or operations performed by the Named Insured.



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT  
NO. \_\_\_\_\_

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS0057127	11/1/2010	Bayview Hunters Point Foundation for Community Improvement	Negley Associates 29518

In consideration of the premium charged the following is added to form CLS-59s (6-93):

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Larkin Street Services  
1044 Larkin Street  
San Francisco, CA 94109

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City & County of San Francisco and its officers,  
agents and employees  
Community Mental Health Svcs  
1380 Howard Street, 4th Floor  
San Francisco, CA 94103

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City & County of San Francisco and its officers,  
agents and employees  
Juvenile Probation Department  
375 Woodside Avenue  
San Francisco, CA 94127

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The City & County of San Francisco, its Agents,  
Officers & Employees  
Department of Children, Youth and Families  
1390 Market Street, Suite 900  
San Francisco, CA 94102

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City and County of San Francisco and its officers,  
agents and employees  
Mayors Office of Community Investment  
1 South Van Ness Avenue, 5th Floor  
San Francisco, CA 94103

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City and County of San Francisco and its officers,  
agents and employees  
Community Challenge Grant  
1 Dr. Goodlett Pl., City Hall, Room 453  
San Francisco, CA 94102

**FORM SFEC-126:  
NOTIFICATION OF CONTRACT APPROVAL  
(S.F. Campaign and Governmental Conduct Code § 1.126)**

<b>City Elective Officer Information</b> <i>(Please print clearly.)</i>	
Name of City elective officer(s):  Members, Board of Supervisors	City elective office(s) held:  Members, Board of Supervisors
<b>Contractor Information</b> <i>(Please print clearly.)</i>	
Name of contractor: Bayview Hunters Point Foundation	
<p><i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i></p> <p>(1) James Kendrix, Board President; Shirley Jones, Board Vice President; Deanna Abma, Board Secretary; Susan Watson, Board Treasurer; Erma Cobb, Board Member; Claude Everhart, Board Member; Wayzel Fuller, Board Member; Ronald Person, Board Member</p> <p>(2) Lillian Kim Shine, Chief Executive Officer; Al Middlebrooks, Chief Financial Officer; Lillian Kim Shine, Chief Operating Officer</p> <p>(3) N/A</p> <p>(4) N/A</p> <p>(5) N/A</p>	
Contractor address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94134	
Date that contract was approved:	Amount of contract: Not to exceed \$46,465,749
Describe the nature of the contract that was approved: Mental Health and Substance Abuse Services	
Comments:	

This contract was approved by (check applicable):

- the City elective officer(s) identified on this form
- a board on which the City elective officer(s) serves San Francisco Board of Supervisors  
Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

<b>Filer Information</b> <i>(Please print clearly.)</i>	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Board.of.Supervisors@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed

