

File No. 180829

Committee Item No. 10

Board Item No. \_\_\_\_\_

### COMMITTEE/BOARD OF SUPERVISORS

#### AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date September 20, 2018

Board of Supervisors Meeting

Date \_\_\_\_\_

#### Cmte Board

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- Public Correspondence

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Completed by: Linda Wong Date September 14, 2018  
 Completed by: Linda Wong Date \_\_\_\_\_

1 [Contract Agreement - Health RIGHT 360 - Behavioral Health Services for Adults and  
2 Older Adults - Not to Exceed \$84,064,915]

3 **Resolution retroactively approving an original agreement for behavioral health**  
4 **services for adults and older adults between Health RIGHT 360 and the**  
5 **Department of Public Health, in the amount of \$84,064,915 for a total contract**  
6 **term of July 1, 2018, through June 30, 2022.**

7  
8 WHEREAS, the Department of Public Health (DPH) conducted Requests For  
9 Proposals (RFPs) from which it selected Health RIGHT 360 to provide behavioral health  
10 services for adults and older adults, and also determined that additional services  
11 provided by Health RIGHT 360 in this agreement meet the requirements of Chapter  
12 21.42 of the San Francisco Administrative Code; and

13 WHEREAS, Under this agreement, Health RIGHT 360 will provide residential,  
14 outpatient, intensive care management, infectious disease testing for drug users,  
15 Women's Community Clinic primary care, and Western Addition healthcare training  
16 behavioral health services for adults and older adults; and

17 WHEREAS, A copy of the original agreement is on file with the Clerk of the  
18 Board of Supervisors in File No. 180829, which is hereby declared to be a part of this  
19 Resolution as if set forth fully herein; and

20 WHEREAS, In order to ensure continuity of services, under San Francisco  
21 Administrative Code, Section 21.42, the Department of Public Health has established an  
22 interim contract agreement with Health RIGHT 360 for a contract term which partially  
23 overlaps the term of this contract agreement; and

24 WHEREAS, Until the final FY2018-2019 Department of Public Health budget is  
25 approved by the Board of Supervisors, Contractor is unable develop its final FY2018-

1 2019 budget, this contract agreement contains FY2017-2018 budget documents, which  
2 will be revised to reflect the Department of Public Health's FY2018-2019 budget as  
3 approved by the Board of Supervisors, and which will not exceed the maximum  
4 compensation specified in this contract agreement; and

5 WHEREAS, That interim contract shall terminate and be replaced by this  
6 agreement, effective the first day of the month following the date upon which the  
7 Controller's Office certifies as to the availability of funds for this agreement; and


8 WHEREAS, That interim contract shall be extended only to allow for  
9 reconciliation and payment for services provided during the period not replaced by this  
10 contract agreement; now, therefore, be it

11 RESOLVED, That the Board of Supervisors hereby authorizes the Director of  
12 Public Health and the Director of the Office of Contract Administration/Purchaser, on  
13 behalf of the City and County of San Francisco, to execute a contract with Health  
14 RIGHT 360 in the amount of \$84,064,915 for a total term of July 1, 2018, through June  
15 30, 2022; and, be it

16 FURTHER RESOLVED, That the Board of Supervisors authorizes the Department of  
17 Public Health to enter into any amendments or modifications to the contract, prior to its final  
18 execution by all parties, that the Department determines, in consultation with the City  
19 Attorney, are in the best interest of the City, do not otherwise materially increase the  
20 obligations or liabilities of the City, are necessary or advisable to effectuate the purposes of  
21 the contract, and are in compliance with all applicable laws; and, be it

22 FURTHER RESOLVED, That within thirty (30) days of the contract being fully executed  
23 by all parties, the Director of Health and/or the Director of the Office of Contract  
24 Administration/Purchaser shall provide the final contracts to the Clerk of the Board for  
25 inclusion into the official File No. 180829.

1 RECOMMENDED:

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5 Barbara A. Garcia  
6 Director of Health

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<p><b>Item 10</b> <b>File 18-0829</b></p>	<p><b>Department:</b> Department of Public Health (DPH)</p>
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**EXECUTIVE SUMMARY**

**Legislative Objectives**

- The proposed resolution would approve a new contract between the Department of Public Health and Health Right 360 for behavioral health services for Adults and Older Adults in an amount not to exceed \$84,064,915 for a contract term of four years from July 1, 2018 through June 30, 2022.
- Neither the proposed resolution nor the proposed contract provide for options to renew. However, the RFPs for these services (RFP 8-2017 and RFP 26-2016) provided an option to extend by five years through June 30, 2027, for a total term of nine years. According to DPH staff, the intent was for the extension option to be included in the contract. Therefore, the proposed resolution should be amended to state that the contract may be amended to provide for one (1) five-year option to extend the contract through June 30, 2027.

**Key Points**

- The Department of Public Health (DPH) solicited for new behavioral health providers between March 2017 and August 2017 for the following services: (a) Mental Health Outpatient Programs for Adult/ Older Adult System of Care, and (b) Substance Use Disorder Treatment Services. Health Right 360, which proposed services under these two Requests for Proposals (RFPs), was one of 47 providers selected to provide services in response to these RFPs. In both cases Health Right 360 was an existing provider of the services under the previous solicitation in 2010.
- Health Right 360 had a prior contract with DPH for similar services that expired on December 31, 2017. Because DPH and Health Right 360 had not completed negotiations on the new contract when the prior contract expired, DPH entered into an interim contract with the Family Service Agency to continue providing services from January 1, 2018 through June 30, 2018 in the amount of \$8,598,827. According to the contract, the City's Office of Contract Administration approved the interim contract as a sole source contract per Administrative Code Section 21.42. The term of the interim contract has expired.

**Fiscal Impact**

- Under the proposed new contract DPH will support 17 programs for a total annual budget of \$18,764,490. The four year budget of \$84,064,915 is based on annual expenditures of approximately \$18,764,490 and a 12 percent contingency.
- Funding for the proposed contract comes from State MediCal waivers, State Realignment, and General Fund monies.

**Recommendations**

- Amended the proposed resolution to state that the contract may be amended to provide for one (1) five-year option to extend the contract through June 30, 2027.
- Approve the proposed resolution as amended.

## MANDATE STATEMENT

City Charter Section 9.118(b) states that any contract entered into by a department, board or commission that (1) has a term of more than ten years, (2) requires expenditures of \$10 million or more, or (3) requires a modification of more than \$500,000 is subject to Board of Supervisors approval.

## BACKGROUND

The Department of Public Health (DPH) solicited for new behavioral health providers between March 2017 and August 2017 for the following services:

1. Mental Health Outpatient Programs for Adult/ Older Adult System of Care
2. Substance Use Disorder Treatment Services

Health Right 360, which proposed services under these two Requests for Proposals (RFPs), was one of 47 providers selected to provide services in response to these RFPs. In both cases Health Right 360 was an existing provider of the services under the previous solicitation in 2010.

## DETAILS OF PROPOSED LEGISLATION

The proposed resolution would approve a new contract between the Department of Public Health and Health Right 360 for behavioral health services for Adults and Older Adults in an amount not to exceed \$84,064,915 for a contract term of four years from July 1, 2018 through June 30, 2022.

### Options to Renew

Neither the proposed resolution nor the proposed contract provide for options to renew. However, the RFPs for these services (RFP 8-2017 and RFP 26-2016) provided an option to extend by five years through June 30, 2027, for a total term of nine years. According to DPH staff, the intent was for the extension option to be included in the contract. Therefore, the proposed resolution should be amended to state that the contract may be amended to provide for one (1) five-year option to extend the contract through June 30, 2027.

### Drug MediCal Organized Delivery System

In addition to the mental health outpatient and substance use disorder treatment services, the proposed contract includes services to be provided by Health Right 360 on a sole source basis. These services are part of the Drug MediCal Organized Delivery System pilot and include: Outpatient, Intensive Outpatient, Withdrawal Management, Residential, Perinatal Residential and Residential Stepdown Services. These sole source services were included in the proposed contract because Health Right 360 already has experience with Drug MediCal Organized Delivery System in other counties.

### Interim Contract

Health Right 360 had a prior contract with DPH for similar services that expired on December 31, 2017. Because DPH and Health Right 360 had not completed negotiations on the new contract when the prior contract expired, DPH entered into an interim contract with the Family Service Agency to continue providing services from January 1, 2018 through June 30, 2018 in the amount of \$8,598,827. According to the contract, the City's Office of Contract Administration approved the interim contract as a sole source contract per Administrative Code Section 21.42. The term of the interim contract has expired.

### Programs under Proposed New Contract

According to the contract, Health Right 360 will provide a variety of services to DPH clients through 17 programs, services include:

- Residential Detoxification: short term residential stays of 5 to 90 days supported by withdrawal management (detoxification) therapy and related high intensity services.
- Residential Step-down Services: residential setting in which peers in recovery support each other's recovery while continuing treatment and related services, such as case management, to achieve treatment goals.
- Residential Perinatal Services: multi-services residential substance abuse treatment for pregnant and post-partum women.
- Transitional Residential: short term housing and substance abuse outpatient treatment services for transitioning nonviolent offenders who abuse substances.
- Harm Reduction Interventions: motivational enhancement therapy to build trust and engagement during the pre-contemplation and contemplation phases of treatment.
- Outpatient Drug Free Services (and Intensive OP Services): mental health services for clients stepping down from more intensive levels of care and clients maintaining stability in managing their behavioral health disorders. Services include individual and group counseling, relapse prevention, vocational and educational classes, social services, family reunification and legal counseling and urine surveillance as a tool when appropriate.
- TAY Prevention and Outreach: behavioral health assessments, individual and group therapy, self-care training, job readiness training, and crisis intervention for 18 to 24 year olds.
- Mental Health Services: individual and group therapy and interventions to reduce mental disability and improve functioning, including assessing clients, developing a plan for services, and providing therapy and other services to assist clients.
- Case Management: assisting clients to access medical, educational, social, vocational, rehabilitative, and other needed services.
- Housing Vouchers: Housing stabilization through paying rent for parolees that demonstrate need.

- HIV Screening and Testing: improve patient access to services and early detection of infectious diseases, primarily HIV through screening and testing at primary care medical sites.
- Preventative Primary Care: increase access to preventive health care services for uninsured women in San Francisco.
- ACA Outreach and Enrollment and Workforce Development: increase access to women's health services while providing community based workforce development and training with a focus on Western Addition residents.

## FISCAL IMPACT

Under the proposed new contract DPH will support 17 programs for a total annual budget of \$18,764,490, as shown in Table 1 below.

**Table 1. Annual contract Budget**

Program	Program Budget
Adult Residential	\$ 8,847,061
Men's Recovery Residence and Women's Recovery Residence	2,134,171
Perinatal Residential	1,285,991
Adult Outpatient; African American Healing Center; Project ADAPT; Lee Woodward Counseling Center	2,124,437
Adult Intensive Outpatient	1,600,000
ADULT AB109 Residential	779,640
AB109 Recovery Residences	280,175
AB 109 Outpatient	25,202
IPO Healthy Changes	117,759
Project Adapt MH	183,292
Adult MH Outpatient	368,530
Bridges CM Outpatient Services	610,910
CDCR Bridges Housing Vouchers	126,860
Project Reconnect	117,500
Infectious Disease Treatment Program <sup>1</sup>	
Women's Community Clinic Community Based Reproductive Health Services	57,962
Western Addition Health Training Workforce Initiative	105,000
	<b>\$ 18,764,490</b>

The four year budget of \$84,064,915 is based on annual expenditures of approximately \$18,764,490 and a 12 percent contingency, as shown in Table 2 below.

<sup>1</sup> There are no funds budgeted for this program because the Federal government stopped funding these activities with this funding source. The Department elected to continue the prevention services targeting drug users with General Fund, but because the broader program is managed by a different DPH section (HIV Prevention Section/CHEP) and not BHS, these funds were moved to that section, which is providing funding under a separate solicitation.



**Table 2. Contract Budget**

<b>Term</b>	<b>Not to Exceed Amount</b>
July 1, 2018 - June 30, 2019	\$ 18,764,490
July 1, 2019 - June 30, 2020	18,764,490
July 1, 2020 - June 30, 2021	18,764,490
July 1, 2021 - June 30, 2022	18,764,490
<b>Subtotal</b>	<b>\$ 75,057,960</b>
12% Contingency	9,006,955
<b>Total</b>	<b>\$ 84,064,915</b>

Funding for the proposed contract comes from State MediCal waivers, State Realignment, and General Fund monies.

## RECOMMENDATIONS

1. Amended the proposed resolution to state that the contract may be amended to provide for one (1) five-year option to extend the contract through June 30, 2027.
2. Approve the proposed resolution as amended.

**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  
Health Right 360**

This Agreement is made this 1st day of July 2018, in the City and County of San Francisco, State of California, by and between Health Right 360, 1735 Mission Street, San Francisco, CA 94103 ("Contractor") and City.

**Recitals**

WHEREAS, the Department of Public Health ("Department") wishes to provide substance abuse and mental health services; and,

WHEREAS, this Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through RFP-26-2016 and RFP-8-2017, Request for Proposals ("RFP's") issued on August 26, 2016 and August 23, 2017 respectively, in which City selected Contractor as the highest qualified scorer pursuant to the RFP's; and

Whereas, this Agreement was also procured under a Sole Source as authorized by San Francisco Administrative Code Chapter 21.42; and

WHEREAS, there is no Local Business Entity ("LBE") subcontracting participation requirement for this Agreement; and

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

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number 48652-16/17 on June 19, 2017 and 40587-17-18 on November 20, 2017; and

WHEREAS, approval for this Agreement was obtained when the Board of Supervisors approved Resolution Number-        on

Now, THEREFORE, the parties agree as follows:

**Article 1        Definitions**

The following definitions apply to this Agreement:

1.1            "Agreement" means this contract document, including all attached appendices, and all applicable City Ordinances and Mandatory City Requirements which are specifically incorporated into this Agreement by reference as provided herein.

1.2 "City" or "the City" means the City and County of San Francisco, a municipal corporation, acting by and through both its Director of the Office of Contract Administration or the Director's designated agent, hereinafter referred to as "Purchasing" and Department of Public Health."

1.3 "CMD" means the Contract Monitoring Division of the City.

1.4 "Contractor" or "Consultant" means Health Right 360, 1735 Mission Street, San Francisco, CA 94103.

1.5 "Deliverables" means Contractor's work product resulting from the Services that are provided by Contractor to City during the course of Contractor's performance of the Agreement, including without limitation, the work product described in the "Scope of Services" attached as Appendix A.

1.6 "Effective Date" means the date upon which the City's Controller certifies the availability of funds for this Agreement as provided in Section 3.1.

1.7 "Mandatory City Requirements" means those City laws set forth in the San Francisco Municipal Code, including the duly authorized rules, regulations, and guidelines implementing such laws, that impose specific duties and obligations upon Contractor.

1.8 "Party" and "Parties" mean the City and Contractor either collectively or individually.

1.9 "Services" means the work performed by Contractor under this Agreement as specifically described in the "Scope of Services" attached as Appendix A, including all services, labor, supervision, materials, equipment, actions and other requirements to be performed and furnished by Contractor under this Agreement.

## Article 2 Term of the Agreement

2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2018; or (ii) the Effective Date and expire on June 30, 2022, unless earlier terminated as otherwise provided herein.

## Article 3 Financial Matters

3.1 **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.

**3.2 Guaranteed Maximum Costs.** The City's payment obligation to Contractor cannot at any time exceed the amount certified by City's Controller for the purpose and period stated in such certification. Absent an authorized Emergency per the City Charter or applicable Code, no City representative is authorized to offer or promise, nor is the City required to honor, any offered or promised payments to Contractor under this Agreement in excess of the certified maximum amount without the Controller having first certified the additional promised amount and the Parties having modified this Agreement as provided in Section 11.5, "Modification of this Agreement."

**3.3 Compensation.**

**3.3.1 Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed \$84,064,915 (Eighty Four Million Sixty four Thousand Nine Hundred Fifteen Dollars). The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

**3.3.2 Payment Limited to Satisfactory Services.** Contractor is not entitled to any payments from City until Department of Public Health approves Services, including any furnished Deliverables, as satisfying all of the requirements of this Agreement. Payments to Contractor by City shall not excuse Contractor from its obligation to replace unsatisfactory Deliverables, including equipment, components, materials, or Services even if the unsatisfactory character of such Deliverables, equipment, components, materials, or Services may not have been apparent or detected at the time such payment was made. Deliverables, equipment, components, materials and Services 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 at no cost to the City.

**3.3.3 Withhold Payments.** If Contractor fails to provide Services in accordance with Contractor's obligations under this Agreement, the City may withhold any and all payments due Contractor until such failure to perform is cured, and Contractor shall not stop work as a result of City's withholding of payments as provided herein.

**3.3.4 Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City, and must include a unique invoice number. Payment shall be made by City as specified in Section 3.3.6, or in such alternate manner as the Parties have mutually agreed upon in writing.

**3.3.5 Reserved. (LBE Payment and Utilization Tracking System)**

**3.3.6 Getting paid for goods and/or services from the City.**

(a) All City vendors receiving new contracts, contract renewals, or contract extensions must sign up to receive electronic payments through the City's Automated Clearing House (ACH) payments service/provider. Electronic payments are processed every business day and are safe and secure. To sign up for electronic payments, visit [www.sfgov.org/ach](http://www.sfgov.org/ach).

(b) The following information is required to sign up: (i) The enroller must be their company's authorized financial representative, (ii) the company's legal name, main telephone number and all physical and remittance addresses used by the company, (iii) the company's U.S. federal employer identification number (EIN) or Social Security number (if they are a sole proprietor), and (iv) the company's bank account information, including routing and account numbers.

### 3.3.7 Federal and/or State Funded Contracts.

(a) **Disallowance.** If Contractor requests or receives payment from City for Services, 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 between Contractor and City.

3.4 **Audit and Inspection of Records.** Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. 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 fewer 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 as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.

3.4.1 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 \$750,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Said requirements can be found at the following website address: [https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200\\_main\\_02.tpl](https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl).

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.

3.4.2 The Director of Public Health or his / her designee may approve a waiver of the audit requirement in Section 3.4.1 above, 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.

3.4.3 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.

3.5 **Submitting False Claims.** The full text of San Francisco Administrative Code Chapter 21, Section 21.35, including the enforcement and penalty provisions, is incorporated into this Agreement. Pursuant to San Francisco Administrative Code §21.35, any contractor or subcontractor who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor or subcontractor will be deemed to have submitted a false claim to the City if the contractor or subcontractor: (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.

3.6 **Reserved. (Payment of Prevailing Wages)**

#### **Article 4 Services and Resources**

4.1 **Services Contractor Agrees to Perform.** Contractor agrees to perform the Services provided for in Appendix A, "Scope of Services." Officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Services beyond the Scope of Services listed in Appendix A, unless Appendix A is modified as provided in Section 11.5, "Modification of this Agreement."

4.2 **Qualified Personnel.** Contractor shall utilize only competent personnel under the supervision of, and in the employment of, Contractor (or Contractor's authorized subcontractors) to perform the Services. Contractor will comply with City's reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to allow timely completion within the project schedule specified in this Agreement.

4.3 **Subcontracting.**

4.3.1 Contractor may subcontract portions of the Services only upon prior written approval of City. Contractor is responsible for its subcontractors throughout the course of the work required to perform the Services. All Subcontracts must incorporate the terms of Article 10 "Additional Requirements Incorporated by Reference" of this Agreement, unless inapplicable. Neither Party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other Party. Any agreement made in violation of this provision shall be null and void.

4.3.2 Contractor will not employ subcontractors.

4.4 **Independent Contractor; Payment of Employment Taxes and Other Expenses.**

4.4.1 **Independent Contractor.** For the purposes of this Article 4, "Contractor" shall be deemed to include not only Contractor, but also any agent or employee of Contractor. Contractor acknowledges and agrees that at all times, 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, its agents, and employees will not represent or hold themselves out to be employees of the City at any time. 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. Contractor agrees to maintain and make available to City, upon request and during regular business hours, accurate books and accounting records demonstrating Contractor's compliance with this section. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Agreement, City shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor's receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

4.4.2 **Payment of Employment 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, Contractor agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorneys' fees, arising from this section.

**4.5 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 Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.

**4.6 Warranty.** Contractor warrants to City that the Services will be performed with the degree of skill and care that is required by current, good and sound professional procedures and practices, and in conformance with generally accepted professional standards prevailing at the time the Services are performed so as to ensure that all Services performed are correct and appropriate for the purposes contemplated in this Agreement.

**4.7 Reserved. Liquidated Damages.**

**4.8 Reserved. Bonding Requirements.**

## **Article 5 Insurance and Indemnity**

### **5.1 Insurance.**

**5.1.1 Required Coverages.** 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:

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

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

(c) 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.



(d) 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.

(e) Blanket Fidelity Bond or Crime Policy with limits of in the amount of any Initial Payment included under this Agreement covering employee theft of money written with a per loss limit.

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

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

(b) 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.

5.1.3 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 Section 11.1, entitled "Notices to the Parties."

5.1.4 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.

5.1.5 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.

5.1.6 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.

5.1.7 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.

5.1.8 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.

5.2 **Indemnification.** Contractor shall indemnify and hold harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all claims, demands, losses, damages, costs, expenses, and liability (legal, contractual, or otherwise) arising from or in any way connected with any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personally identifiable information, health information, disability and labor laws or regulations; (iv) strict liability imposed by any law or regulation; or (v) losses arising from Contractor's execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; so long as such injury, violation, loss, or strict liability (as set forth in subsections (i) – (v) above) arises 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, 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. Contractor shall also indemnify, defend and hold City harmless from all suits or claims or administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor's performance of this Agreement, except where such breach is the result of the active negligence or willful misconduct of City. 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 arising directly or indirectly from the receipt by City, or any of its officers or agents, of Contractor's Services.

## **Article 6 Liability of the Parties**

6.1 **Liability of City.** CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 3.3.1, "PAYMENT," 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

6.2 **Liability for Use of Equipment.** City shall not be liable for any damage to persons or property as a result of the use, misuse or failure of any equipment used by Contractor, or any of its subcontractors, or by any of their employees, even though such equipment is furnished, rented or loaned by City.

6.3 **Liability for 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.

#### Article 7 Payment of Taxes

7.1 Except for any applicable California sales and use taxes charged by Contractor to City, Contractor shall pay all taxes, including possessory interest taxes levied upon or as a result of this Agreement, or the Services delivered pursuant hereto. Contractor shall remit to the State of California any sales or use taxes paid by City to Contractor under this Agreement. Contractor agrees to promptly provide information requested by the City to verify Contractor's compliance with any State requirements for reporting sales and use tax paid by City under this Agreement.

7.2 Contractor acknowledges 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:

7.2.1 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.

7.2.2 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.

7.2.3 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.

7.2.4 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.

## **Article 8 Termination and Default**

### **8.1 Termination for Convenience**

8.1.1 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.

8.1.2 Upon receipt of the notice of termination, 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:

- (a) Halting the performance of all Services under this Agreement on the date(s) and in the manner specified by City.
- (b) Terminating all existing orders and subcontracts, and not placing any further orders or subcontracts for materials, Services, equipment or other items.
- (c) 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.
- (d) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.
- (e) Completing performance of any Services that City designates to be completed prior to the date of termination specified by City.
- (f) 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.

8.1.3 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:

- (a) The reasonable cost to Contractor, without profit, for all Services prior to the specified termination date, for which Services 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. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.

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

(c) 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.

(d) 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.

8.1.4 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 Section 8.1.3. Such non-recoverable costs include, but are not limited to, anticipated profits on the Services under 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 Section 8.1.3.

8.1.5 In arriving at the amount due to Contractor under this Section, City may deduct: (i) all payments previously made by City for Services covered by Contractor's final invoice; (ii) any claim which City may have against Contractor in connection with this Agreement; (iii) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection 8.1.4; and (iv) in instances in which, in the opinion of the City, the cost of any Service performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected Services, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced Services in compliance with the requirements of this Agreement.

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

## 8.2 Termination for Default; Remedies.

8.2.1 Each of the following shall constitute an immediate event of default ("Event of Default") under this Agreement:

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

3.5	Submitting False Claims.	10.10	Alcohol and Drug-Free Workplace
4.5	Assignment	10.13	Working with Minors
Article 5	Insurance and Indemnity	11.10	Compliance with Laws
Article 7	Payment of Taxes	13.1	Nondisclosure of Private, Proprietary or Confidential Information
13.4	Protected Health Information		

(b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default continues for a period of ten days after written notice thereof from City to Contractor.

(c) Contractor (i) is generally not paying its debts as they become due; (ii) 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; (iii) makes an assignment for the benefit of its creditors; (iv) 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 (v) takes action for the purpose of any of the foregoing.

(d) A court or government authority enters an order (i) 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, (ii) 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 (iii) ordering the dissolution, winding-up or liquidation of Contractor.

8.2.2 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, where applicable, 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: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City.

8.2.3 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. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

8.2.4 Any notice of default must be sent by registered mail to the address set forth in Article 11.

8.3 **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.

**8.4 Rights and Duties upon Termination or Expiration.**

8.4.1 This Section and the following Sections of this Agreement listed below, shall survive termination or expiration of this Agreement:

3.3.2	Payment Limited to Satisfactory Services	9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts - Disallowance	9.2	Works for Hire
3.4	Audit and Inspection of Records	11.6	Dispute Resolution Procedure
3.5	Submitting False Claims	11.7	Agreement Made in California; Venue
Article 5	Insurance and Indemnity	11.8	Construction
6.1	Liability of City	11.9	Entire Agreement
6.3	Liability for Incidental and Consequential Damages	11.10	Compliance with Laws
Article 7	Payment of Taxes	11.11	Severability
8.1.6	Payment Obligation	13.1	Nondisclosure of Private, Proprietary or Confidential Information
13.4	Protected Health Information	13.3	Business Associate Agreement

8.4.2 Subject to the survival of the Sections identified in Section 8.4.1, above, if this Agreement is terminated prior to expiration of the term specified in Article 2, this Agreement shall 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.

**Article 9 Rights In Deliverables**

9.1 **Ownership of Results.** Any interest of Contractor or its subcontractors, in the Deliverables, including any drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared by Contractor or its subcontractors for the purposes of this agreement, shall become the property of and will be transmitted to City. However, unless expressly prohibited elsewhere in this Agreement, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

9.2 **Works for Hire.** If, in connection with Services, Contractor or its subcontractors creates Deliverables including, without limitation, artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes, or any other original works of authorship, whether in digital or any other format, 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 shall be the property of the City. If any Deliverables created by Contractor or its subcontractor(s) under this Agreement are ever determined not to be works for hire under U.S. law, Contractor hereby assigns all Contractor's copyrights to such Deliverables to the City, agrees to provide any material and execute any documents necessary to effectuate such assignment, and agrees to include a clause in every subcontract imposing the same duties upon subcontractor(s). With City's prior written approval, Contractor and its subcontractor(s) may retain and use copies of such works for reference and as documentation of their respective experience and capabilities.

## **Article 10 Additional Requirements Incorporated by Reference**

**10.1 Laws Incorporated by Reference.** The full text of the laws listed in this Article 10, including enforcement and penalty provisions, are incorporated by reference into this Agreement. The full text of the San Francisco Municipal Code provisions incorporated by reference in this Article and elsewhere in the Agreement ("Mandatory City Requirements") are available at [http://www.amlegal.com/codes/client/san-francisco\\_ca/](http://www.amlegal.com/codes/client/san-francisco_ca/)

**10.2 Conflict of Interest.** By executing this Agreement, Contractor certifies that it does not know of any fact which constitutes a violation of Section 15.103 of the City's Charter; Article III, Chapter 2 of City's Campaign and Governmental Conduct Code; Title 9, Chapter 7 of the California Government Code (Section 87100 *et seq.*), or Title 1, Division 4, Chapter 1, Article 4 of the California Government Code (Section 1090 *et seq.*), and further agrees promptly to notify the City if it becomes aware of any such fact during the term of this Agreement.

**10.3 Prohibition on Use of Public Funds for Political Activity.** In performing the Services, Contractor shall comply with San Francisco Administrative Code Chapter 12G, which prohibits funds appropriated by the City for this Agreement from being expended to participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure. Contractor is subject to the enforcement and penalty provisions in Chapter 12G.

**10.4 Reserved.**

**10.5 Nondiscrimination Requirements**

**10.5.1 Non Discrimination in Contracts.** Contractor shall comply with the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Contractor shall incorporate by reference in all subcontracts the provisions of Sections 12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code and shall require all subcontractors to comply with such provisions. Contractor is subject to the enforcement and penalty provisions in Chapters 12B and 12C.

**10.5.2 Nondiscrimination in the Provision of Employee Benefits.** San Francisco Administrative Code 12B.2. 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 employee benefits between employees with domestic partners and employees with spouses and/or between the domestic partners and spouses of such employees, subject to the conditions set forth in San Francisco Administrative Code Section 12B.2.



**10.6 Local Business Enterprise and Non-Discrimination in Contracting Ordinance.** Contractor shall comply with all applicable provisions of Chapter 14B ("LBE Ordinance"). Contractor is subject to the enforcement and penalty provisions in Chapter 14B.

**10.7 Minimum Compensation Ordinance.** Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. By signing and executing this Agreement, Contractor certifies that it is in compliance with Chapter 12P.

**10.8 Health Care Accountability Ordinance.** Contractor shall comply with San Francisco Administrative Code Chapter 12Q. Contractor shall choose and perform one of the Health Care Accountability options set forth in San Francisco Administrative Code Chapter 12Q.3. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q.

**10.9 First Source Hiring Program.** Contractor must comply with all of the provisions of the First Source Hiring Program, Chapter 83 of the San Francisco Administrative Code, that apply to this Agreement, and Contractor is subject to the enforcement and penalty provisions in Chapter 83.

**10.10 Alcohol and Drug-Free Workplace.** City reserves the right to deny access to, or require Contractor to remove from, City facilities personnel of any Contractor or subcontractor who City has reasonable grounds to believe has engaged in alcohol abuse or illegal drug activity which in any way impairs City's ability to maintain safe work facilities or to protect the health and well-being of City employees and the general public. City shall have the right of final approval for the entry or re-entry of any such person previously denied access to, or removed from, City facilities. Illegal drug activity means possessing, furnishing, selling, offering, purchasing, using or being under the influence of illegal drugs or other controlled substances for which the individual lacks a valid prescription. Alcohol abuse means possessing, furnishing, selling, offering, or using alcoholic beverages, or being under the influence of alcohol.

Contractor agrees in the performance of this Agreement to maintain a drug-free workplace by notifying employees that unlawful drug use is prohibited and specifying what actions will be taken against employees for violations; establishing an on-going drug-free awareness program that includes employee notification and, as appropriate, rehabilitation. Contractor can comply with this requirement by implementing a drug-free workplace program that complies with the Federal Drug-Free Workplace Act of 1988 (41 U.S.C. § 701) [or California Drug-Free Workplace Act of 1990 Cal. Gov. Code, § 8350 et seq., if state funds involved].

**10.11 Limitations on Contributions.** By executing 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. 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. Contractor must inform each such person of the limitation on contributions imposed by Section 1.126 and provide the names of the persons required to be informed to City.

10.12           **Reserved. (Slavery Era Disclosure)**

10.13           **Reserved. (Working with Minors).**

10.14           **Consideration of Criminal History in Hiring and Employment Decisions**

10.14.1 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 <http://sfgov.org/olse/fco>. 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.

10.14.2 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, and shall apply when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco. Chapter 12T 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.

10.15           If 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 must comply with the City's Public Access to Nonprofit Records and Meetings requirements, as set forth in Chapter 12L of the San Francisco Administrative Code, including the remedies provided therein.

10.16           **Food Service Waste Reduction Requirements.** Contractor shall comply with the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including but not limited to the remedies for noncompliance provided therein.

10.17           **Reserved. (Sugar-Sweetened Beverage Prohibition).** Contractor agrees that it will not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.

10.18           **Tropical Hardwood and Virgin Redwood Ban.** Pursuant to San Francisco Environment Code Section 804(b), the City urges Contractor not to import, purchase, obtain, or use for

any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.

10.19 **Reserved. (Preservative Treated Wood Products)**

**Article 11 General Provisions**

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

To CITY: Office of Contract Management and Compliance  
Department of Public Health  
101 Grove Street, Room 410  
San Francisco, California 94102 e-mail: [David.Folmar@sfdph.org](mailto:David.Folmar@sfdph.org)

And: Elizabeth Davis  
CDTA  
1380 HOWARD STREET  
SAN FRANCISCO, CA 94103 e-mail: [Elizabeth.Davis@sfdph.org](mailto:Elizabeth.Davis@sfdph.org)

To CONTRACTOR: HEALTHRIGHT 360  
1735 Mission Street  
SAN FRANCISCO, CA 94103 e-mail: [veisen@healthright360.org](mailto:veisen@healthright360.org)

Any notice of default must be sent by registered mail. Either Party may change the address to which notice is to be sent by giving written notice thereof to the other Party. If email notification is used, the sender must specify a receipt notice.

11.2 **Compliance with Americans with Disabilities Act.** Contractor shall provide the Services in a manner that complies with the Americans with Disabilities Act (ADA), including but not limited to Title II's program access requirements, and all other applicable federal, state and local disability rights legislation.

11.3 **Reserved.**

11.4 **Sunshine Ordinance.** Contractor acknowledges that this Agreement and all records related to its formation, Contractor's performance of Services, and City's payment are subject to the California Public Records Act, (California Government Code §6250 et. seq.), and the San Francisco Sunshine Ordinance, (San Francisco Administrative Code Chapter 67). Such records are subject to public inspection and copying unless exempt from disclosure under federal, state or local law.

11.5 **Modification of this Agreement.** This Agreement may not be modified, nor may compliance with any of its terms be waived, except as noted in Section 11.1, "Notices to Parties," regarding change in personnel or place, and except by written instrument executed and approved in the same manner as this Agreement. Contractor shall cooperate with Department to submit to the Director of CMD any amendment, modification, supplement or change order that would result in a cumulative increase of the original amount of this Agreement by more than 20% (CMD Contract Modification Form).

**11.6 Dispute Resolution Procedure.**

**11.6.1 Negotiation; Alternative Dispute Resolution.** The Parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement. If the Parties are unable to resolve the dispute, then, pursuant to San Francisco Administrative Code Section 21.36, Contractor may submit to the Contracting Officer a written request for administrative review and documentation of the Contractor's claim(s). Upon such request, the Contracting Officer shall promptly issue an administrative decision in writing, stating the reasons for the action taken and informing the Contractor of its right to judicial review. If agreed by both Parties in writing, disputes may be resolved by a mutually agreed-upon alternative dispute resolution process. If the parties do not mutually agree to an alternative dispute resolution process or such efforts do not resolve the dispute, then either Party may pursue any remedy available under California law. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of the City. Neither Party will be entitled to legal fees or costs for matters resolved under this section.

**11.6.2 Government Code Claim Requirement.** No suit for money or damages may be brought against the City until a written claim therefor has been presented to and rejected by the City in conformity with the provisions of San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq. Nothing set forth in this Agreement shall operate to toll, waive or excuse Contractor's compliance with the California Government Code Claim requirements set forth in San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq.

**11.6.3 Health and Human Service Contract Dispute Resolution Procedure.** The Parties shall resolve disputes that have not been resolved administratively by other departmental remedies in accordance with the Dispute Resolution Procedure set forth in Appendix G incorporated herein by this reference.

**11.7 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.

**11.8 Construction.** All paragraph captions are for reference only and shall not be considered in construing this Agreement.

**11.9 Entire Agreement.** This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This Agreement may be modified only as provided in Section 11.5, "Modification of this Agreement."

**11.10 Compliance with Laws.** Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and duly adopted rules 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.

**11.11 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.

**11.12 Cooperative Drafting.** This Agreement has been drafted through a cooperative effort of City and Contractor, 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.

**11.13 Order of Precedence.** Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, the RFP, and Contractor's proposal dated [Insert Date of Proposal]. The RFP and Contractor's proposal are incorporated by reference as though fully set forth herein. Should there be a conflict of terms or conditions, this Agreement and any implementing task orders shall control over the RFP and the Contractor's proposal.

## **Article 12 Department Specific Terms**

### **12.1 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.

**12.2 Exclusion Lists and Employee Verification.** Upon hire and monthly thereafter, Contractor will check the exclusion lists published by the Office of the Inspector General (OIG), General Services Administration (GSA), and the California Department of Health Care Services (DHCS) to ensure that any employee, temporary employee, volunteer, consultant, or governing body member responsible for oversight, administering or delivering state or federally-funded services who is on any of these lists is excluded from (may not work in) your program or agency. Proof of checking these lists will be retained for seven years.

### **12.3 Certification Regarding Lobbying.**

CONTRACTOR certifies to the best of its knowledge and belief that:

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.

#### 12.4 Materials Review.

CONTRACTOR agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. CONTRACTOR agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. CITY agrees to conduct the review in a manner which does not impose unreasonable delays on CONTRACTOR'S work, which may include review by members of target communities.

#### 12.5 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 site. 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.

### Article 13 Data and Security

#### 13.1 Nondisclosure of Private, Proprietary or Confidential Information.

13.1.1 If this Agreement requires City to disclose "Private Information" to Contractor within the meaning of San Francisco Administrative Code Chapter 12M, Contractor

and subcontractor shall use such information only in accordance with the restrictions stated in Chapter 12M and in this Agreement and only as necessary in performing the Services. Contractor is subject to the enforcement and penalty provisions in Chapter 12M.

13.1.2 In the performance of Services, Contractor may have access to City's proprietary or confidential information, the disclosure of which to third parties may damage City. If City discloses proprietary or confidential information to Contractor, such information must be held by Contractor in confidence and used only in performing 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 or confidential information.

**13.2 Reserved. (Payment Card Industry ("PCI") Requirements**

**13.3 Business Associate Agreement.**

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is required to comply with the HIPAA Privacy Rule governing the access, use, disclosure, transmission, and storage of protected health information (PHI) and the Security Rule under the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act").

**The parties acknowledge that CONTRACTOR will:**

1.  Do at least one or more of the following:
  - A. Create, receive, maintain, or transmit PHI for or on behalf of CITY/SFDPH (including storage of PHI, digital or hard copy, even if Contractor does not view the PHI or only does so on a random or infrequent basis); or
  - B. Receive PHI, or access to PHI, from CITY/SFDPH or another Business Associate of City, as part of providing a service to or for CITY/SFDPH, including legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial; or
  - C. Transmit PHI data for CITY/SFDPH and require access on a regular basis to such PHI. (Such as health information exchanges (HIEs), e-prescribing gateways, or electronic health record vendors).

**FOR PURPOSES OF THIS AGREEMENT, CONTRACTOR IS A BUSINESS ASSOCIATE OF CITY/SFDPH, AS DEFINED UNDER HIPAA. CONTRACTOR MUST COMPLY WITH AND COMPLETE THE FOLLOWING ATTACHED DOCUMENTS, INCORPORATED TO THIS AGREEMENT AS THOUGH FULLY SET FORTH HEREIN:**

- a. **Appendix E SFDPH Business Associate Agreement (BAA) (04-12-2018)**
  1. SFDPH Attestation 1 PRIVACY (06-07-2017)
  2. SFDPH Attestation 2 DATA SECURITY (06-07-2017)

2.  **NOT** do any of the activities listed above in subsection 1;

Contractor is not a Business Associate of CITY/SFDPH. Appendix E and attestations are not required for the purposes of this Agreement.

**13.4 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.

#### **Article 14 MacBride And Signature**

**14.1 MacBride Principles -Northern Ireland.** The provisions of San Francisco Administrative Code §12F are incorporated herein by this reference and made part of this Agreement. By signing this Agreement, Contractor confirms that Contractor has read and understood that the City urges companies doing business in Northern Ireland to resolve employment inequities and to abide by the MacBride Principles, and urges San Francisco companies to do business with corporations that abide by the MacBride Principles.



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

**CITY**


**CONTRACTOR**

Recommended by:

**Healthright 360**



Barbara A. Garcia, MPA  
Director of Health  
Department of Public Health

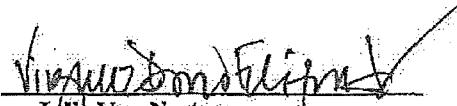


Vitka Eisen  
Chief Executive Director

Supplier ID: 0000018936

Approved as to Form:

Dennis J. Herrera  
City Attorney

By: 

Julie Van Nostern  
Deputy City Attorney

Approved:

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

**Appendices**

- |    |                                    |    |                                   |
|----|------------------------------------|----|-----------------------------------|
| A: | Scope of Services                  | H: | Substance Abuse Disorder Services |
| B: | Calculation of Charges             |    |                                   |
| C: | Reserved                           |    |                                   |
| D: | Additional Terms                   |    |                                   |
| E: | HIPAA Business Associate Agreement |    |                                   |
| F: | Invoice                            |    |                                   |
| G: | Dispute Resolution                 |    |                                   |



**Appendix A**  
**Scope of Services – DPH Behavioral Health Services**

**1. Terms**

- |   |   |
|---|---|
| A. Contract Administrator   | N. Patients' Rights   |
| B. Reports  | O. Under-Utilization Reports  |
| C. Evaluation   | P. Quality Improvement  |
| D. Possession of Licenses/Permits                                     | Q. Working Trial Balance with Year-End Cost Report                    |
| E. Adequate Resources   | R. Harm Reduction   |
| F. Admission Policy   | S. Compliance with Behavioral Health Services Policies and Procedures |
| G. San Francisco Residents Only                                       | T. Fire Clearance   |
| H. Grievance Procedure  | U. Clinics to Remain Open   |
| I. Infection Control, Health and Safety                               | V. Compliance with Grant Award Notices                                |
| J. Aerosol Transmissible Disease Program, Health and Safety           |   |
| K. Acknowledgement of Funding   | 2. Description of Services  |
| L. Client Fees and Third Party Revenue                                | 3. Services Provided by Attorneys                                     |
| M. DPH Behavioral Health (BHS) Electronic Health Records (EHR) System |   |

**1. Terms**

A. Contract Administrator:

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

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

J. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

K. Acknowledgment of Funding:

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

L. Client Fees and Third Party Revenue:

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

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

M. DPH Behavioral Health Services (BHS) Electronic Health Records (EHR) System

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

N. Patients' Rights:

All applicable Patients' Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

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

P. Quality Improvement:

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

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

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

S. Compliance with Behavioral Health Services Policies and Procedures

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

T. Fire Clearance

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

U. Clinics to Remain Open:

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

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

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

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

V. Compliance with Grant Award Notices:

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

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

2. **Description of Services**

Contractor agrees to perform the following Services:

All written Deliverables, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

Detailed description of services are listed below and are attached hereto

**Health Right 360 (Regular & AARS)**

Appendix A-1 – Men's Adult Residential

Appendix A-2 – Men's Recovery Residence

Appendix A-3 – Perinatal Residential

Appendix A-4 – Adult Outpatient; African American Healing Center; Project ADAPT; Lee Woodward Counseling Center

Appendix A-5 – Adult Intensive Outpatient

Appendix A-6 – ADULT AB109 Residential

Appendix A-7 – AB109 Recovery Residences

Appendix A-8 – AB109 Outpatient

Appendix A-9 – IPO Healthy Changes

Appendix A-10 – Project Adapt MH

Appendix A-11 – Adult MH Outpatient

Appendix A-12 – Bridges CM Outpatient Services

Appendix A-13 – CDCR Bridges Housing Vouchers

Appendix A-14 – Project Reconnect

Appendix A-15 – Infectious Disease Treatment Program

Appendix A-16 – Women's Community Clinic Community Based Reproductive Health Services

Appendix A-17 – Western Addition Health Training Workforce Initiative

3. **Services Provided by Attorneys.** Any services to be provided by a law firm or attorney to the City 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.



**1. Identifiers:**

Program Name: HR360 Men's Adult Residential  
Program Address: 890 Hayes Street  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 701-5100  
Program Codes: 3834ARS  
3834RWM Withdrawal Management  
(Detoxification)

Program Name: HR360 Adult Residential 815  
Program Address: 815 Buena Vista West  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 554-1450  
Program Code: 3806ARM  
3806RWM Withdrawal Management  
(Detoxification)

Contractor Address: 1563 Mission Street, 4<sup>th</sup> FL  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Compliance  
Email Address: [dwilliams@healthright360.org](mailto:dwilliams@healthright360.org)  
Telephone: (415) 762-3712  
Programs Website address: [www.healthright360.org](http://www.healthright360.org)

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

New       Renewal       Original

**3. Goal Statement**

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

**4. Target Population**

The target population served by HR360 Adult Residential is adult poly-substance abusers who live in San Francisco. Their primary drugs of abuse are heroin, crack, alcohol, cocaine, amphetamines and barbiturates. HR360 serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent.

- SF Residents
- Medi-CAL eligible SUD clients
- Polysubstance abusers
- Homeless
- Intravenous Drug Users (IDU)
- Specialized served populations

The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers, including TAP based on a list of community resources provided at Intake Department.

**C. Program Service Delivery Model:** The Adult residential program are short term residential programs that provides stays from 30 to 90 days of residential services that must be authorized by the County.

Each client's length of stay in treatment is determined by their assessment that establishes individual, clinical priorities as well as ASAM risk levels.

Detoxification services are also available at this facility for up to 5 days.

*Services provided in a 24- hour facility where clients reside*

ASAM designations:

815 Buena Vista West & 890 Hayes St

- 3.1 low intensity services
- 3.2 Withdrawal Management (Detoxification Certification)
- 3.3 Population specific High intensity
- 3.5 High intensity services

Once onsite at their assigned location, the client immediately enters orientation which includes:

- Introduction to staff and peers;
- Within 3 days designation of primary Counselor, orientation to program including common problems of communal living are also explained (i.e. dining times; hygiene times; infection control, Evacuation plan, Safety Drills etc.);
- "ABC" handbook which outlines program expectations, guidelines, norms, regulations, and rules;
- Transition-Discharge Plan – self assessment of needs, life problems, and areas for improvement.

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Discharge-Transition Plan is signed. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

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

## 7. Objectives and Measurements

### A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 18-19".

**Goal: Minimum 10% of active clients per program**

- Weekly Summary Note Requirements for IOP and RTX Clients- **audit tools on file**

**Goal: Minimum 10% of active clients per program**

- Staff Credential Checks in Welligent

**Monthly Audits**

Discharge Charts **Goal: 100% of clients per program -audit tools on file**

- Group Sign-In Sheets Check **Goal: Minimum of 10% of active clients per program**

3. Cultural competency of staff and services;

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

4. Satisfaction with services; and

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

5. Timely completion and use of outcome data, including CANS and/or ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).

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

9. Required Language- N/A

**1. Identifiers:**

Program Name: Men's Recovery Residence  
Program Address: 214 Haight Street  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 701-5100  
Program Code: 88077

Program Name: Women's Recovery Residence  
Program Address: 2024 Hayes  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 750-5111  
Program Code: 87067

Contractor Address: 1563 Mission Street, 4<sup>th</sup> FL  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org  
www.healthright360.org

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

New       Renewal       Original

**3. Goal Statement**

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

**4. Target Population**

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

- Polysubstance abusers
- Intravenous route of administration
- Homeless

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

Residential Step-down services

**6. Methodology**

HR360 Adult Residential step-down services, in which peers in recovery live together and support each other's recovery while continuing participation in treatment and related services has proven effective in sustaining treatment gains. The program serves San Francisco residents whose substance

abuse and related problems no longer require the full intensity of services provided in a residential program setting, but continue to require substantial case management and treatment services to achieve treatment goals. No Treatment services for satellite clients are provided at these locations. Satellite services are provided to clients at their Primary Residential programs.

**A. Outreach and Recruitment:** HR360 is well established in the San Francisco community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain network with community providers and agencies, participate in community meetings and service provider groups as well as public health meetings to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

**B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a substance abuse problem. Clients are referred into residential step-down services after completing a primary residential program but must receive a referral from HR360 program staff.

**C. Program Service Delivery Model:** The program has a variable length so participants are eligible for up to 9 months total of residential services but must also participate in outpatient treatment to complete the be in the RSD program, to achieve their treatment goals and link to the next step-down level of care.

**Program Service Locations:** These RSD programs are located at two HR360 facilities, women at 2024 Hayes Street, and men are housed at 214 Haight Street, San Francisco, CA.

**D. Exit Criteria and Process:** Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

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

## 7. Objectives and Measurements

A. Required Objectives - N/A

## 8. Continuous Quality Assurance and Improvement

1. Achievement of contract performance objectives and productivity;

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, therefore maintains a robust Quality Control Plan in order to ensure that the agency is both achieving our targeted objectives while participants also achieve positive outcomes. To measure and monitor

our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan.

2. Quality of documentation, including a description of the frequency and scope of internal chart audits;

QRR Process: HealthRIGHT 360 requires all program supervisors to audit at least 10% of their files each month for conformance to contract requirements and agency standards. Program supervisors receive a randomly generated list of client names to review using an audit tool tailored to the specific of their program. Program supervisors are encouraged to use the tool to audit additional files to ensure maximum conformance with program requirements. A corrective action plan must be completed for all deficiencies identified. Completed audit forms are submitted monthly to the Manager of Quality Assurance and Compliance who reviews the forms for accuracy and determines training needs based on patterns of deficiencies.

Additional File Review: In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

3. Cultural competency of staff and services;

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

4. Satisfaction with services; and

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

5. Timely completion and use of outcome data, including CANS and/or ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).

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

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

**1. Identifiers:**

Program Name: Perinatal Residential (Women's HOPE)  
Program Address: 2261 Bryant Street  
City, State, Zip Code: San Francisco, CA 94110  
Telephone: (415) 800-7534

Contractor Address: 1563 Mission Street 4<sup>th</sup> FL  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

**Program Code: 8910RPN**

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

New       Renewal       Original

**3. Goal Statement**

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

**4. Target Population**

The target population for Women's HOPE (Healing Opportunities & Parenting Education) Program is pregnant and post-partum women and their children. These populations include individuals that are polysubstance abusers, chronic mental illness, transition age youth (aged 18-25 years), the African American, Asian Pacific Islander, and Hispanic/Latino communities, the LBTQQ community including transgendered individuals, homeless individuals and families, polysubstance abusers, and individuals with HIV/AIDS.

- Pregnant Women \*
- Post-partum Women
- Intravenous Drug Users (IDU)\*

*\*Admission Priority population.*

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

SA-Residential Perinatal Services  
SA-Residential Short term

**6. Methodology**

Women's HOPE Program is a multi-services residential substance abuse treatment program for pregnant and post-partum women. The facility houses up to 16 women, with additional capacity for up to 9 children. Services are trauma-informed and gender responsive, and include parenting and family services in an effort to break the intergenerational cycles of substance abuse and mental illness. The program has been designed to address all co-factors that support addictive behaviors in addition to providing services for children. Issues to be addressed include substance use, trauma, mental illness, health and wellness,



spirituality, culture, relationships, family reunification, employability, homelessness, sober living skills, parenting education, and aftercare.

**A. Outreach and Recruitment:** HR360 is well established in the San Francisco community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain network with community providers and agencies, participate in community meetings and service provider groups as well as public health meetings to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

**B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a Substance Use Disorder (SUD) as defined by ASAM criteria. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1563 Mission Street or through TAP (County Central Intake Program) at 1380 Howard Street. Intake orientations happen Monday through Friday for anyone in the community to come to be assessed for placement in any of our modalities. We also get referrals from SF County jails, SF Superior Court system, and other case management groups throughout San Francisco.

ASAM Level of Care (LOC) Placement Authorizations are processed within 72 hours.

- 1) A client is scheduled for their LOC on day 1. They meet with a Therapist for about an hour. Therapist completes the level of care recommendation in the county EHR, Avatar and submits it to the County. This is processed on the same day of the scheduled appointment.
- 2) The County has 24 hours to respond.
- 3) When results are received (approved or denied) from County, clients that have been approved can be admitted to residential on that day or are scheduled to enter when a bed is available within two weeks of that approved LOC.

Medi-CAL eligible paperwork is gathered along with a series of additional assessments as indicated by their presentation and the information. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. A psychologist screens participant presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist.

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

**C. Program Service Delivery Model:** The Adult residential program are short term residential programs that provides stays from 30 to 90 days of residential services that must be authorized by the County.

Each client's length of stay in treatment is determined by their assessment that establishes individual, clinical priorities as well as ASAM risk levels.

*Services provided in a 24- hour facility where clients reside*

ASAM designations:

2261-2263 Bryant Street

- 3.1 low intensity services
- 3.3 Population specific High intensity
- 3.5 High intensity services

Once onsite at their assigned location, the client immediately enters orientation which includes:

- Introduction to staff and peers;
- Within 3 days designation of primary Counselor, orientation to program including common problems of communal living are also explained (i.e. dining times; hygiene times; infection control, Evacuation plan, Safety Drills etc.);
- "ABC" handbook which outlines program expectations, guidelines, norms, regulations, and rules;
- Transition-Discharge Plan – self assessment of needs, life problems, and areas for improvement.

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

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

**7. Objectives and Measurements**

**A. Required Objectives**

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 18-19".

**8. Continuous Quality Assurance and Improvement**

1. Achievement of contract performance objectives and productivity;

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, therefore maintains a robust Quality Control Plan in order to ensure that the agency is both achieving our targeted objectives while participants also achieve positive outcomes. To measure and monitor our own performance; HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and

enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan.

2. Quality of documentation, including a description of the frequency and scope of internal chart audits;

**ORR Process:** HealthRIGHT 360 requires all program supervisors to audit at least 10% of their files each month for conformance to contract requirements and agency standards. Program supervisors receive a randomly generated list of client names to review using an audit tool tailored to the specific of their program. Program supervisors are encouraged to use the tool to audit additional files to ensure maximum conformance with program requirements. A corrective action plan must be completed for all deficiencies identified. Completed audit forms are submitted monthly to the Manager of Quality Assurance and Compliance who reviews the forms for accuracy and determines training needs based on patterns of deficiencies.

**Additional File Reviews:** In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

QA Coordinators (QAC) is responsible for additional auditing to ensure programs are charting to DM -ODS standards.

**DMC Chart Audit & Review (DMC programs only)**

**Daily Audits**

- All New Admits *Intake/Admission Audit Tool for a description of listed items checked daily*
- Clinician Follow-up Check **Goal: Minimum 100% of active clients per program**

**Weekly Audits**

- Assessment & Treatment Plans – audit tools on file  
**Goal: Minimum 20% of active clients per program**
- Individual Counseling Session Progress Notes -audit tools on file  
**Goal: Minimum of 10% active clients per program**
- Group Notes  
**Goal: Minimum 10% of active clients per program**
- Weekly Summary Note Requirements for IOP and RTX Clients- audit tools on file  
**Goal: Minimum 10% of active clients per program**
- Staff Credential Checks in Welligent

**Monthly Audits**

Discharge Charts **Goal: 100% of clients per program -audit tools on file**

- Group Sign-In Sheets Check **Goal: Minimum of 10% of active clients per program**

3. Cultural competency of staff and services;

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

4. Satisfaction with services; and

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

5. Timely completion and use of outcome data, including CANS and/or ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only):

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

9. Required Language- N/A



**1. Identifiers:**

- 1) Program Name: HR360 Adult OP  
Program Address: 1563 Mission Street, 3<sup>rd</sup> floor  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: (415) 762-3700  
Program Code: 8926OP
  
- 2) Program Name: African American Healing Center (AAHC)  
Program Address: 1601 Donner #3  
City, State, Zip Code: San Francisco, CA 94124  
Telephone: (415) 762-3700  
Program Code: 87301
  
- 3) Program Name: Project ADAPT  
Program Address: 2020 Hayes Street  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 750-5125  
Program Code: 38371
  
- 4) Program Name: Lee Woodward Counseling Center (LWCC)  
Program Address: 1735 Mission Street  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: (415) 776-1001  
Program Code: 01201

Contractor Address: 1563 Mission Street, 4<sup>th</sup> FL  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

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

New       Renewal       Original

**3. Goal Statement**

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

**4. Target Population**

The target population served by Outpatient Services are adults, 18 and above, with a Substance Use Disorder (SUD) as defined by ASAM criteria. Primary drugs of abuse include: alcohol, barbiturates, amphetamines, cocaine, crack cocaine, and opiates (including prescription). HR360 serves clients from

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

- Behavioral health disordered persons that are San Francisco residents.
- Medi-CAL Eligible SUD clients
- Homeless and Indigent persons

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

- 1) ODS OP Ind
- 2) ODS OP Grp
- 3) NM OP Inv
- 4) NM OP Grp

#### 6. Methodology

HR360 Outpatient Services offers a streamlined continuum of care providing substance abuse services that include individual and group counseling, relapse prevention, vocational and educational classes, social services, family reunification and legal counseling and urine surveillance as a tool when appropriate. Our mission is to reduce the impact of substance abuse and its associated problems on the community by offering direct services to people throughout California. These services are designed to lessen the social cost of addiction disorders by promoting wellness and drug-free lifestyles.

**A. Outreach and Recruitment:** HR360 is well established in the San Francisco community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain network with community providers and agencies, participate in community meetings and service provider groups as well as public health meetings to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

**B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a Substance Use Disorder (SUD) as defined by ASAM criteria. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1563 Mission Street or through TAP (County Central Intake Program) at 1380 Howard Street. Intake orientations happen Monday through Friday for anyone in the community to come to be assessed for placement in any of our modalities. We also get referrals from SF County jails, SF Superior Court system, and other case management groups throughout San Francisco.

ASAM Level of Care (LOC) assessment are administered at Intake to determine placement and treatment need at admission. Medi-CAL eligible paperwork is gathered along with a series of additional assessments as indicated by their presentation and the information. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. A psychologist screens participant presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers, including TAP based on a list of community resources provided at Intake Department.

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

The program includes:

- Harm Reduction Interventions that support engagement and build trust during the pre-contemplation and contemplation phases of treatment and at the same time promote individual and public safety. This is primarily accomplished via Motivational Enhancement Therapy interventions.
- Outpatient Treatment
  - Phase I – Outpatient Drug Free (ODF) is intended both to serve clients stepping down from more intensive levels of care for clients who have maintained substantial stability in managing their behavioral health disorders.

**Program Service Locations:** See above address of programs.

**C. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Discharge-Transition Plan is signed. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

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

## 7. Objectives and Measurements

### A. Required Objectives

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## 8. Continuous Quality Assurance and Improvement

1. Achievement of contract performance objectives and productivity;

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**Additional File Review:** In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

**DMC Chart Audit & Review (DMC programs only)**

**Daily Audits**

- All New Admits *Intake/Admission Audit Tool for a description of listed items checked daily*
- Clinician Follow-up Check **Goal: Minimum 100% of active clients per program**

**Weekly Audits**

- Assessment & Treatment Plans – audit tools on file  
**Goal: Minimum 20% of active clients per program**
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**Goal: Minimum of 10% active clients per program**
- Group Notes  
**Goal: Minimum 10% of active clients per program**
- Weekly Summary Note Requirements for IOP and RTX Clients- audit tools on file  
**Goal: Minimum 10% of active clients per program**
- Staff Credential Checks in Welligent

**Monthly Audits**

Discharge Charts **Goal: 100% of clients per program -audit tools on file**

- Group Sign-In Sheets Check **Goal: Minimum of 10% of active clients per program**

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

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

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

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

9. Required Language- N/A



**1. Identifiers:**

Program Name: HR360 Adult OP Services  
Program Address: 1563 Mission Street, 3<sup>rd</sup> floor  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: (415) 762-3700  
Program Code: 8926IOT

Contractor Address: 1563 Mission Street, 4<sup>th</sup> FL  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

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

New       Renewal       Original

**3. Goal Statement**

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

**4. Target Population**

The target population served by Outpatient Services are adults, 18 and above, with a Substance Use Disorder (SUD) as defined by ASAM criteria. Primary drugs of abuse include: alcohol, barbiturates, amphetamines, cocaine, crack cocaine, and opiates (including prescription). HR360 serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent.

- Behavioral health disordered persons that are San Francisco residents.
- Medi-CAL Eligible SUD clients
- Homeless and indigent persons

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

1) IOT Services

**6. Methodology**

HR360 Outpatient Services offers a streamlined continuum of care providing substance abuse services that include individual and group counseling, relapse prevention, vocational and educational classes, social services, family reunification and legal counseling and urine surveillance as a tool when appropriate. Our mission is to reduce the impact of substance abuse and its associated problems on the community by offering direct services to people throughout California. These services are designed to lessen the social cost of addiction disorders by promoting wellness and drug-free lifestyles.

**A. Outreach and Recruitment:** HR360 is well established in the San Francisco community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain network with community providers and agencies, participate in community

meetings and service provider groups as well as public health meetings to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

**B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a Substance Use Disorder (SUD) as defined by ASAM criteria. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1563 Mission Street or through TAP (County Central Intake Program) at 1380 Howard Street. Intake orientations happen Monday through Friday for anyone in the community to come to be assessed for placement in any of our modalities. We also get referrals from SF County jails, SF Superior Court system, and other case management groups throughout San Francisco.

ASAM Level of Care (LOC) assessment are administered at Intake to determine placement and treatment need at admission. Medi-CAL eligible paperwork is gathered along with a series of additional assessments as indicated by their presentation and the information. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. A psychologist screens participant presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers, including TAP based on a list of community resources provided at Intake Department.

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

The program includes:

- Harm Reduction Interventions that support engagement and build trust during the pre-contemplation and contemplation phases of treatment and at the same time promote individual and public safety. This is primarily accomplished via Motivational Enhancement Therapy interventions.
- Intensive Outpatient Treatment
  - Intensive Outpatient Treatment (IOT) is intended both to serve clients stepping down from more intensive levels of care and/or to provide more intensive supports to clients. It is also provided for the highest need clients and again as a step-down program and to prevent clients from needing higher levels of service. Services are provided at a minimum of nine hours week and up to a maximum of nineteen hours in this modality.

**Program Service Locations:** 1563 Mission Street, Hours of Operations are: 9am -8pm.

**C. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Discharge-Transition Plan is signed. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Unsuccessful completion includes those who

left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

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

## 7. Objectives and Measurements

### A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 18-19".

## 8. Continuous Quality Assurance and Improvement

### 1. Achievement of contract performance objectives and productivity;

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, therefore maintains a robust Quality Control Plan in order to ensure that the agency is both achieving our targeted objectives while participants also achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan.

### 2. Quality of documentation, including a description of the frequency and scope of internal chart audits;

**QRR Process:** HealthRIGHT 360 requires all program supervisors to audit at least 10% of their files each month for conformance to contract requirements and agency standards. Program supervisors receive a randomly generated list of client names to review using an audit tool tailored to the specific of their program. Program supervisors are encouraged to use the tool to audit additional files to ensure maximum conformance with program requirements. A corrective action plan must be completed for all deficiencies identified. Completed audit forms are submitted monthly to the Manager of Quality Assurance and Compliance who reviews the forms for accuracy and determines training needs based on patterns of deficiencies.

**Additional File Review:** In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

## DMC Chart Audit & Review (DMC programs only)

### Daily Audits

- All New Admits *Intake/Admission Audit Tool for a description of listed items checked daily*

- Clinician Follow-up Check Goal: Minimum 100% of active clients per program  
**Weekly Audits**

- Assessment & Treatment Plans – audit tools on file  
Goal: Minimum 20% of active clients per program
- Individual Counseling Session Progress Notes -audit tools on file  
Goal: Minimum of 10% active clients per program
- Group Notes  
Goal: Minimum 10% of active clients per program
- Weekly Summary Note Requirements for IOP and RTX Clients- audit tools on file  
Goal: Minimum 10% of active clients per program
- Staff Credential Checks in Welligent

**Monthly Audits**

Discharge Charts Goal: 100% of clients per program -audit tools on file

- Group Sign-In Sheets Check Goal: Minimum of 10% of active clients per program

3. Cultural competency of staff and services;

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

4. Satisfaction with services; and

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

5. Timely completion and use of outcome data, including CANS and/or ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).

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

9. Required Language- N/A

**1. Identifiers:**

Program Name: Adult AB109 Residential  
Program Address: 890 Hayes Street  
City, State, Zip Code: San Francisco, CA 94130  
Telephone: (415) 701-5100  
Program Code: 87342

Contractor Address: 1563 Mission Street, 4<sup>th</sup> FL  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Contracts & compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

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

New       Renewal       Modification

**3. Goal Statement**

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

**4. Target Population**

The target population for AB109 participants referred through the TAP. Participants are non-violent offenders who abuse substances. The HR360 AB109 is part of the ADP CJ Realignment funding. It is a variable length transitional residential program designed to help paroled substance abusers maintain sobriety and abstinence from alcohol and other drugs, teach self-reliance and improve social functioning, and provide participants with an extensive support system. AB109 clients are mainstreamed with other HR360 clients. HR360 emphasizes self-help and peer support in a humanistic therapeutic community and offers special programs for various populations with specific needs. The program is multi-cultural, and actively promotes understanding and kinship between people of diverse backgrounds by encouraging a family atmosphere, the sharing of personal histories, and respect for each individual's challenges and successes.

- Criminal Justice AB109 referrals from TAP
- Non-violent parolees
- Polysubstance abusers

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

SA- Res Short term

**6. Methodology**

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

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to



recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

**Admissions and Intake:** AB109 clients are referred to our central Intake department by Adult Probation Department. Client must have a Substance Use Disorder (SUD) as defined by ASAM criteria. Paperwork is gathered along with a series of additional assessments as indicated by their presentation and the information. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. A psychologist screens participant presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers, including TAP based on a list of community resources provided at Intake Department.

**Program Service Delivery Model:** The AB109 residential program is a variable-length program that provides up to 6 months of residential services. Extensions are possible based on clinical assessments and County approval.

**C. Program Service Delivery Model:** Each client's length of stay in treatment is determined by their assessment that establishes individual, clinical priorities as well as ASAM risk levels.

Detoxification services are also available at this facility for up to 5 days.

*Services provided in a 24- hour facility where clients reside*

ASAM designations:

890 Hayes St

- 3.1 low intensity services
- 3.2 Withdrawal Management (Detoxification Certification)
- 3.3 Population specific High intensity
- 3.5 High intensity services

Once onsite at their assigned location, the client immediately enters orientation which includes:

- Introduction to staff and peers;
- Within 3 days designation of primary Counselor, orientation to program including common problems of communal living are also explained (i.e. dining times; hygiene times; infection control, Evacuation plan, Safety Drills etc.);
- "ABC" handbook which outlines program expectations, guidelines, norms, regulations, and rules;
- Transition-Discharge Plan – self assessment of needs, life problems, and areas for improvement.

**Program Service Locations:** These Residential Programs are located 890 Hayes Street SF, CA 94117

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Discharge-Transition Plan is signed. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

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

## 7. Objectives and Measurements

### A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 18-19".

## 8. Continuous Quality Assurance and Improvement

### 1. Achievement of contract performance objectives and productivity;

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, therefore maintains a robust Quality Control Plan in order to ensure that the agency is both achieving our targeted objectives while participants also achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan.

### 2. Quality of documentation, including a description of the frequency and scope of internal chart audits;

ORR Process: HealthRIGHT 360 requires all program supervisors to audit at least 10% of their files each month for conformance to contract requirements and agency standards. Program supervisors receive a randomly generated list of client names to review using an audit tool tailored to the specific of their program. Program supervisors are encouraged to use the tool to audit additional files to ensure maximum conformance with program requirements. A corrective action plan must be completed for all deficiencies identified. Completed audit forms are submitted monthly to the Manager of Quality Assurance and Compliance who reviews the forms for accuracy and determines training needs based on patterns of deficiencies.

Additional File Review: In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can

include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

**3. Cultural competency of staff and services;**

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

**4. Satisfaction with services; and**

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

**5. Timely completion and use of outcome data, including CANS and/or ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).**

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

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

**1. Identifiers:**

Program Name: HR360 AB109 Recovery Residences  
Program Address: 625 13<sup>th</sup> Street  
City, State, Zip Code: San Francisco, CA 94130  
Telephone: (415) 701-5100  
www.healthright360.org

Contractor Address: 1563 Mission Street 4<sup>th</sup> FL  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

**Program Code: 86077**

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

New       Renewal       Original

**3. Goal Statement**

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

**4. Target Population**

The target population for AB109 participants referred through the TAP. Participants are non-violent offenders who abuse substances. The HR360 AB109 is part of the ADP CJ Realignment funding. It is a variable length transitional residential program designed to help paroled substance abusers maintain sobriety and abstinence from alcohol and other drugs, teach self-reliance and improve social functioning, and provide participants with an extensive support system. AB109 clients are mainstreamed with other HR360 clients. HR360 emphasizes self-help and peer support in a humanistic therapeutic community and offers special programs for various populations with specific needs. The program is multi-cultural, and actively promotes understanding and kinship between people of different backgrounds by encouraging a family atmosphere, the sharing of personal histories, and respect for each individual's challenges and successes.

- Criminal Justice-AB109 referrals from TAP
- Non-violent parolees
- Polysubstance abusers

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

SA-Res Recov Long Term (over 30 days)

**6. Methodology**

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

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment

programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

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

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

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

**Program Phases:**

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

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

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

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

**7. Objectives and Measurements**

**A. Required Objectives**

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 18-19".

**8. Continuous Quality Assurance and Improvement**

1. Achievement of contract performance objectives and productivity;

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, therefore maintains a robust Quality Control Plan in order to ensure that the agency is both achieving our targeted objectives while participants also achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan.

2. Quality of documentation, including a description of the frequency and scope of internal chart audits;

QRR Process: HealthRIGHT 360 requires all program supervisors to audit at least 10% of their files each month for conformance to contract requirements and agency standards. Program supervisors receive a randomly generated list of client names to review using an audit tool tailored to the specific of their program. Program supervisors are encouraged to use the tool to audit additional files to ensure maximum conformance with program requirements. A corrective action plan must be completed for all deficiencies identified. Completed audit forms are submitted monthly to the Manager of Quality Assurance and Compliance who reviews the forms for accuracy and determines training needs based on patterns of deficiencies.

Additional File Review: In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

3. Cultural competency of staff and services;

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

4. Satisfaction with services; and

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

5. Timely completion and use of outcome data, including CANS and/or ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).

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

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

**1. Identifiers:**

- 1) Program Name: HR360 AB109 OP  
Program Address: 1563 Mission Street, 3<sup>rd</sup> floor  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: (415) 762-3700  
Program Code: N/A

Contractor Address: 1563 Mission Street, 4<sup>th</sup> FL  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

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

- New     Renewal     Original

**3. Goal Statement**

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

**4. Target Population**

The target population served by Outpatient Services are adults, 18 and above, with a Substance Use Disorder (SUD) as defined by ASAM criteria. Primary drugs of abuse include: alcohol, barbiturates, amphetamines, cocaine, crack cocaine, and opiates (including prescription). HR360 serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent.

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

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

- 1) NM OP Inv  
2) NM OP Grp

**6. Methodology**

HR360 Outpatient Services offers a streamlined continuum of care providing substance abuse services that include individual and group counseling, relapse prevention, vocational and educational classes, social services, family reunification and legal counseling and urine surveillance as a tool when appropriate. Our mission is to reduce the impact of substance abuse and its associated problems on the community by offering direct services to people throughout California. These services are designed to lessen the social cost of addiction disorders by promoting wellness and drug-free lifestyles.

**A. Outreach and Recruitment:** HR360 is well established in the San Francisco community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We



make presentations, maintain network with community providers and agencies, participate in community meetings and service provider groups as well as public health meetings to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

**B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a Substance Use Disorder (SUD) as defined by ASAM criteria. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1563 Mission Street or through TAP (County Central Intake Program) at 1380 Howard Street. Intake orientations happen Monday through Friday for anyone in the community to come to be assessed for placement in any of our modalities. We also get referrals from SF County jails, SF Superior Court system, and other case management groups throughout San Francisco.

Paperwork is gathered along with a series of additional assessments as indicated by their presentation and the information. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. A psychologist screens participant presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers, including TAP based on a list of community resources provided at Intake Department.

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

The program includes:

- Harm Reduction Interventions that support engagement and build trust during the pre-contemplation and contemplation phases of treatment and at the same time promote individual and public safety. This is primarily accomplished via Motivational Enhancement Therapy interventions.
- Outpatient Treatment
  - Phase 1 – Outpatient Drug Free (ODF) is intended both to serve clients stepping down from more intensive levels of care for clients who have maintained substantial stability in managing their behavioral health disorders.

**Program Service Locations:** 1563 Mission Street 3<sup>rd</sup> floor SF, Ca 94103. 8am -8pm.

**C. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Discharge-Transition Plan is signed. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon

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

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

**7. Objectives and Measurements**

**A. Required Objectives**

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 18-19".

**8. Continuous Quality Assurance and Improvement**

**1. Achievement of contract performance objectives and productivity;**

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, therefore maintains a robust Quality Control Plan in order to ensure that the agency is both achieving our targeted objectives while participants also achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan.

**2. Quality of documentation, including a description of the frequency and scope of internal chart audits;**

QRR Process: HealthRIGHT 360 requires all program supervisors to audit at least 10% of their files each month for conformance to contract requirements and agency standards. Program supervisors receive a randomly generated list of client names to review using an audit tool tailored to the specific of their program. Program supervisors are encouraged to use the tool to audit additional files to ensure maximum conformance with program requirements. A corrective action plan must be completed for all deficiencies identified. Completed audit forms are submitted monthly to the Manager of Quality Assurance and Compliance who reviews the forms for accuracy and determines training needs based on patterns of deficiencies.

Additional File Review: In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

**3. Cultural competency of staff and services;**

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

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

4. Satisfaction with services; and

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

5. Timely completion and use of outcome data, including CANS and/or ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).

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

9. Required Language- N/A

**1. Identifiers:**

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

Contractor Address: 1563 Mission Street 4<sup>th</sup> FL  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

Program Code: N/A

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

New       Renewal       Original

**3. Goal Statement**

To increase participant employability.

**4. Target Population**

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

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

SA-Sec Prev Outreach

**6. Methodology**

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

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

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

D. Program exit criteria- All participants must complete 12 months of self-care services to successfully complete program and be considered for long-term employment.

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

7. Objectives and Measurements- N/A

8. Continuous Quality Assurance and Improvement

1. Achievement of contract performance objectives and productivity;

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, therefore maintains a robust Quality Control Plan in order to ensure that the agency is both achieving our targeted objectives while participants also achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan.

2. Quality of documentation, including a description of the frequency and scope of internal chart audits;

QRR Process: HealthRIGHT 360 requires all program supervisors to audit at least 10% of their files each month for conformance to contract requirements and agency standards. Program supervisors receive a randomly generated list of client names to review using an audit tool tailored to the specific of their program. Program supervisors are encouraged to use the tool to audit additional files to ensure maximum conformance with program requirements. A corrective action plan must be completed for all deficiencies identified. Completed audit forms are submitted monthly to the Manager of Quality Assurance and Compliance who reviews the forms for accuracy and determines training needs based on patterns of deficiencies.

Additional File Review: In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

3. Cultural competency of staff and services;

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

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

4. Satisfaction with services; and

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

5. Timely completion and use of outcome data, including CANS and/or ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).

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

9. Required Language- N/A

**1. Identifiers:**

Program Name: Project ADAPT MH  
Program Address: 2020 Hayes Street  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 750-5125  
www.healthright360.org

Contractor Address: 1563 Mission Street 4<sup>th</sup> FL  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Compliance  
Telephone: (415) 762-3712  
Email Address: [dwilliams@healthright360.org](mailto:dwilliams@healthright360.org)

Program Codes: MH 38JBOP

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

New  Renewal  Original

**3. Goal Statement**

To provide individualized, client-centered and culturally competent mental health and substance abuse outpatient treatment that combines western therapies and eastern healing practices aimed at: 1) reducing use or abstinence from substances and thereby minimizing the negative impact in their lives; 2) improving quality of life through reduction and stabilization of mental health symptoms; and 3) preventing the need for psychiatric emergency services (PES) or acute hospitalization.

**4. Target Population**

San Francisco residents who are over the age of 18 and have a drug and alcohol misuse issues or who are in need of mental health services. Although ADAPT places a special emphasis on serving Asian and Pacific Islanders, it also serves African American, Caucasian and Hispanic men and women, young adult, adult, and older adult population. Populations benefiting from specialized services include monolingual Chinese and Filipino clients, immigrants, individuals involved in the criminal justice system, homeless persons, and LGBTQ community.

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

- 1) MH Svcs
- 2) Case Mangement/ Brokerage

**6. Methodology**

**A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.**

Outreach for Project ADAPT is conducted by AARS' prevention/early intervention team, Comprehensive Outreach Project for Pacific Islander and Asian Substance Abusers (COPPASA). COPPASA actively participates in neighborhood health fairs, community forums, and cultural events to provide substance abuse information and referral services. COPPASA promotes AARS' treatment services and organizes educational presentations specifically focused on the unique needs of the client populations served. In addition, for the past several months, the ADAPT MH staff have connected with community based organizations and provided MH/SA program information and also highlighted ADAPT's history in providing treatment for co-occurring disorders and our increased capacity to provide these services. The community outreach will continue to build on these relationships. Other AARS programs such as AARS Residential Program and Lee Woodward Counseling Center will also refer clients who are in need of mental health services to Project ADAPT Mental Health program.

**B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.**

At weekly clinical case conference, COPPASA presents potential clients who have been screened for substance misuses and mental health issues. Clients who meet eligibility criteria are assigned a primary case manager/clinician who initiates an intake process which includes an orientation to the treatment services, program admission, registration and assessment to establish a treatment focus. A treatment plan of care is formulated in collaboration with the client within 30 days for substance abuse clients. For mental health clients, assessment includes establishing medical necessity through an initial risk assessment and treatment plan of care and PURQC Authorization within 60 days of admission.

There are no exclusionary criteria such as presenting substance abuse or medical condition that impairs ability to participate. Risk of violence and suicide is assessed individually and clients will be referred to outside resources when deemed necessary.

**C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.**

At ADAPT, clients receive a culturally sensitive and linguistically appropriate therapeutic program of structured activities that are individualized based on severity of addiction, mental health issues, history of relapse and co-occurring issues. Through staff and peer support clients develop an understanding of the addiction process, mental health symptoms, new coping skills, and healthy life choices. Project ADAPT offers a Substance Abuse outpatient treatment program which is designed for an *intended length of stay* of 6 months. However, due to the complex needs of the population that we serve (i.e. homelessness, language and education barriers, and chronic history of relapse), clients may require and/or request extended support.

Project ADAPT is a comprehensive multi-cultural, multi-lingual program focusing on five fundamental processes:

- A ACCEPTANCE of problem: Acceptance and ownership of one's own substance abuse problem and begin to explore alternatives to substance abusing lifestyle.
- D DETERMINATION to change: Making a commitment to change through the building of a structured and productive lifestyle for oneself.
- A ASSESSMENT of problems for changes: Self-analysis on underlying factors that contributed to substance abusing behavior.
- P PARTICIPATION in making changes: Developing and achieving short and long term goals toward a structural and functional drug free lifestyle.



**T TOWARD a drug free life:** Leading a drug free life as a functional member of the family and community.

**Progression:** The four basic processes run throughout the program and are incorporated in the program's Stage Model curriculum.

Phase 1	Engagement	1 month
Phase 2	Self-Reflection	1-2 months
Phase 3	Application	1-2 months
Phase 4	Giving Back	1-2 months

**Phase 1 – Engagement:** Participants 1) build relationships with staff and other participants; 2) develop individualized program to healing/recovery; and 3) begin to understand program philosophy.

**Phase 2 – Self Reflection:** Participants 1) learn to take ownership and responsibility for their actions; 2) learn techniques and strategies to address their mental health issues and or substance abuse issues; and 3) acknowledge and understand the advantage of healing through development of body, mind and spirit.

**Phase 3 – Application:** Participants 1) incorporate tools and apply knowledge acquired into all aspects of their life; 2) take a leadership role in the ADAPT community; and 3) begin to explore transition back to the outside community.

**Phase 4 – Transition:** Participants 1) develop a transitional plan that include educational/vocational goals and participation in outside support groups (i.e. self-help and 12-step groups); 2) identify strengths and success in maintaining reduction of mental health symptoms and maintain sober and healthy living; and 3) decrease treatment frequency and graduate from program.

**Project ADAPT Mental Health (MH):** ADAPT Mental Health Services staff will ensure that clients receive a full continuum of mental health services to address all their needs. Mental health services must meet medical necessity which means that the individual's level of functioning, due to a mental illness, disrupts or interferes with community living to the extent that without service the individual would be unable to maintain residence, engage in productive activities and daily responsibilities, maintain a social support system, and stay healthy.

**Program Utilization Review Quality Committee:** Our PURQC, composed of the Clinical Supervisor, Counselor/Case Manager, and other program staff as appropriate, will review all Initial Authorization and Reauthorization. Attention will be paid to Medi-Cal clients to ensure medical necessity of the services being delivered and compliance with the programmatic and billing standards. PURQC meetings will be held bi-monthly to address authorization which includes Assessments, Plan of Care, Progress Notes, continuity of care, treatment and other related topics. Meeting minutes will be kept in accordance with Medi-Cal regulations.

In Project ADAPT the mind, body, and spirit components are incorporated throughout all phases of treatment. These include group counseling, individual counseling, psycho-education, meditation, acupuncture, yoga, culturally focused community meals, family support activities, and recreational activities. In addition, other supportive services such as education/vocational workshops and social support network are provided to assist clients with a smooth transition into the community.

**Hours of Operation:** 9:00 a.m. to 5:30 p.m., Monday thru Friday with extended hours, 6:00 p.m. to 8:00 p.m. on first Thursday and first and third Fridays of the month.

**Linkages:** Project ADAPT maintains close ties with Sunset Mental Health Clinic, Chinatown/North Beach Mental Health Clinic, South of Market Mental Health, Progress Foundation, Tenderloin Mental Health,

Sunset Mental Health, CPS, and Homeless Prenatal, API Wellness, OZANAM Wellness and other community agencies to serve clients who need psychiatric services including medication. Additional linkages include the Department of Health Services, community health clinics, methadone programs, Drug courts and Criminal Justice Diversion.

Project ADAPT also utilizes a number of community services related to career planning, job training, and language specific services. These organizations include John Adams Community College, City College of San Francisco, College of San Mateo, and Northern California Service League.

**D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.**

At ADAPT, we measure success by a client's ability to maintain stable mental health and a substance-free life style. Clients develop a sense of community and individual responsibility and empowerment. The criteria that we use to measure success are: consistent participation in program modalities; an understanding of and decrease in mental health symptoms; abstinence or reduction of substance use; an understanding of recovery process and relapse prevention techniques; consistency in sustaining a clean and sober lifestyle; stability in housing and health; successful completion of legal mandates; and attainment of treatment goals.

Client's progress in treatment is evaluated on a regular basis to ensure appropriate level of care. Treatment is either intensified or stepped-down depending on client's ability to maintain reduction in symptoms and sobriety. Consistency in developing healthy life skills is an indication of the need for transitional planning, which can include education/vocational training and participation in outside support groups.

Prior to discharge, the client will meet with Case Manager/Counselor to discuss care plan, which will address issues of support, relapse, and aftercare. Upon successful completion, clients can participate in aftercare activities, such as weekly peer support groups with clients who are transitioning into the community. A monthly support group is held to provide ongoing support for clients who have successfully completed the program.

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

**7. Objectives and Measurements**

**A. Required Objectives**

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 18-19".

**8. Continuous Quality Assurance and Improvement**

**I. Achievement of contract performance objectives and productivity;**

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, therefore maintains a robust Quality Control Plan in order to ensure that the agency is both achieving our targeted objectives while participants also achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be

evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan.

2. Quality of documentation, including a description of the frequency and scope of internal chart audits;

QRR Process: HealthRIGHT 360 requires all program supervisors to audit at least 10% of their files each month for conformance to contract requirements and agency standards. Program supervisors receive a randomly generated list of client names to review using an audit tool tailored to the specific of their program. Program supervisors are encouraged to use the tool to audit additional files to ensure maximum conformance with program requirements. A corrective action plan must be completed for all deficiencies identified. Completed audit forms are submitted monthly to the Manager of Quality Assurance and Compliance who reviews the forms for accuracy and determines training needs based on patterns of deficiencies.

Additional File Review: In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

3. Cultural competency of staff and services;

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

4. Satisfaction with services; and

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for

strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS

**5. Timely completion and use of outcome data, including CANS and/or ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).**

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

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

**1. Identifiers:**

Program Name: HR360 Adult MH OP  
Program Address: 1563 Mission Street, 3<sup>rd</sup> floor  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: (415) 762-3700  
www.healthright360.org

Contractor Address: 1563 Mission Street, 4<sup>th</sup> floor  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

**Program Code: 38K3OP**

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

New       Renewal       Original

**3. Goal Statement**

To assist participants to maintain or restore personal independence and/or functioning consistent with requirements for learning, development, and enhanced self-sufficiency through treatment of their mental health disorders in the settings of residential substance abuse treatment, substance abuse day treatment or outpatient office visits.

**4. Target Population**

This component serves individuals in the community whose psychiatric disorders are accompanied by co-morbid substance abuse or dependence. In many cases, individuals present with longstanding psychiatric histories, numerous psychiatric hospitalizations and crisis services. HR360 serves individuals from all racial and cultural backgrounds and from all economic classes. Participants in this program are either Medi-CAL eligible or qualify under the Short-Doyle law. The agency will provide these outpatient services for clients referred through ACCESS, San Francisco General Hospital, Swords to Plowshares, Baker Places, our treatment partners and from within other HR360 programs. These clients must meet medical and service necessity criteria as defined for Medi-CAL services.

- Adult psychiatric disorders
- Co-morbid substance abuse or dependence
- MediCal eligible or indigent
- 

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

- 1) MH Svcs
- 2) Case Mgt Brokerage

**6. Methodology**

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

challenges and successes. The philosophy of HR360 reflects an emphasis on self-reliance, shared community values, and the development of supportive peer relationships. Each individual learns to take responsibility for his/her own actions, and to share in the daily operations of each treatment site. Group and individual counseling helps individuals focus on issues related to their substance abuse and mental disorders. Coordinated efforts with ACCESS are designed to maintain appropriate service options for participants. The agency has had extensive experience with multiply-diagnosed adult clients.

All HR360 community-based programs are staffed with licensed, waived or registered mental health professionals who provide assessments, plan development, individual and group therapy, collateral, case management and crisis intervention services. Additionally, these staffs have been trained in the use of **Dialectical Behavior Therapy** as a treatment modality. DBT skills training and cognitive behavioral therapy are currently being used as an agency standard and are available in all outpatient facilities. **Seeking Safety treatment** has also been adopted as a best practice for clients with PTSD diagnoses and issues with traumatic experiences, which are common with those who have histories of substance abuse. **Motivational Interviewing** is also in the process of being introduced as a best practice this year, bringing a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.

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

Harm reduction principles are applied in all of our programs, including our abstinence-based residential programs. HR360 teaches formal relapse prevention techniques to all of its clients, using the Bio-Pscho-Spiritual-Social model and ways of effectively self-analyzing and stopping pre-relapse behaviors. Classes are held regularly to help all of our residential and day treatment clients recognize and deal with the behavior that leads to relapse.

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals.

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

**Assessments/ Diagnosis & Written Evaluation:** The Multi-Service Center, located at 1563 Mission Street in San Francisco, is the central intake site for adult mental health services. After referral from ACCESS, the HR360 intake department, self-referral or any other appropriate referral source, individuals go through the intake assessment process. Intakes to Mental Health Medi-CAL services are scheduled five days a week.

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

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

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

The program includes:

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

This program leverages the limited funding available through this RFP with the treatment services and wraparound supports of HR360 to deliver multifaceted programming that incorporates numerous evidence-based practices so as to respond comprehensively to multiple needs of high-risk individuals.

**Program Service Location:** The MH OP program is located at 1563, 3<sup>rd</sup> floor Mission Street, San Francisco, CA.

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

HR360 is committed to providing quality mental health services and substance abuse treatment to our clients with co-occurring disorders. However, if after a period of treatment, assessment, and clinical review by mental health and substance abuse treatment staff, a client is found to be inappropriate for the Adult Rehabilitation Program at HR360, Mental Health Discharge Guidelines will be implemented. Discharge from the program may occur under the following circumstances:

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

**Client elects to withdraw before the completion of treatment:** In the event that the client chooses to withdraw from the program before the completion of significant treatment goals, a discharge plan should be developed. During a face-to-face session with the client, clinical staff will review the client's progress or lack thereof and offer appropriate referrals dealing with the above-mentioned areas. If the client was receiving medication services through the program, special care will be taken to ensure that the client does not experience a gap in services. In the event that the client suddenly withdraws from treatment and is not available to develop a treatment plan, every effort will be made to contact the client and offer them a face-to-face discharge planning session and follow up with the HR360 psychiatrist.

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

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

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

## **7. Objectives and Measurements**

### **A. Required Objectives**

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 18-19".

## **8. Continuous Quality Assurance and Improvement**

### **1. Achievement of contract performance objectives and productivity;**

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Additional File Review: In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

3. Cultural competency of staff and services;

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

4. Satisfaction with services; and

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

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

9. Required Language- N/A

**1. Identifiers:**

Program Name: HR360 Bridges CM Outpatient Services  
Program Address: 1016 Howard Street  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: (415) 762-3700  
Program Code: 85351

Contractor Address: 1563 Mission Street 4FL  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Compliance  
Telephone: (415) 762-3712  
Email Address: [dwilliams@healthright360.org](mailto:dwilliams@healthright360.org)  
[www.healthright360.org](http://www.healthright360.org)

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

New       Renewal       Original

**3. Goal Statement**

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

**4. Target Population**

The target population served by the HR360 BRIDGES program are adults parolees, mentally ill, poly-substance abusers or dependant on drugs and/or alcohol, considered legal residents of San Francisco.

- CDCR Parolees
- Poly-Substance Abusers
- Mentally Ill

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

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

**6. Methodology**

HR360 Bridges Outpatient Services offers a streamlined continuum of care providing substance abuse services that include individual and group counseling, relapse prevention, vocational and educational classes, social services, family reunification and legal counseling and urine surveillance as a tool when appropriate. Our mission is to reduce the impact of substance abuse and its associated problems on the community by offering direct services to people throughout California. These services are designed to lessen the social cost of addiction disorders by promoting wellness and drug-free lifestyles.

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment

programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community based organizations, individuals, and other interested parties through HR360's website at [www.healthright360.org](http://www.healthright360.org). Word of mouth and self-referrals also serves as sources for referrals. In addition, because this program only serves parolees, the program staff have good referral relationships with the Parole agencies that serve parolees in San Francisco.

**B. Admissions and Intake:** Admission is open to all adult parolees with a substance abuse problem authorized by Parole Department. The person served may access services through an appointment or walk-in at the Program Site. The program staff checks to ensure clients are eligible to receive specialty funded services collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules; a detailed explanation of services available in the program, and the grievance procedures.

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

The program includes:

- Harm Reduction Interventions that support engagement and build trust during the pre-contemplation and contemplation phases of treatment and at the same time promote individual and public safety. This is primarily accomplished via Motivational Enhancement Therapy interventions.

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

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

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

## 7. Objectives and Measurements

### A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 18-19".

## 8. Continuous Quality Assurance and Improvement

1. Achievement of contract performance objectives and productivity;

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, therefore, maintains a robust Quality Control Plan in order to ensure that the agency is both achieving our targeted objectives while participants also achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan.

2. Quality of documentation, including a description of the frequency and scope of internal chart audits;

ORR Process: HealthRIGHT 360 requires all program supervisors to audit at least 10% of their files each month for conformance to contract requirements and agency standards. Program supervisors receive a randomly generated list of client names to review using an audit tool tailored to the specific of their program. Program supervisors are encouraged to use the tool to audit additional files to ensure maximum conformance with program requirements. A corrective action plan must be completed for all deficiencies identified. Completed audit forms are submitted monthly to the Manager of Quality Assurance and Compliance who reviews the forms for accuracy and determines training needs based on patterns of deficiencies.

Additional File Review: In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

3. Cultural competency of staff and services;

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

4. Satisfaction with services; and

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

5. Timely completion and use of outcome data, including CANS and/or ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).

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

9. Required Language- N/A

**1. Identifiers:**

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

Contractor Address: 1563 Mission Street 4FL  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

Program Code: N/A

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

New       Renewal       Original

**3. Goal Statement**

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

**4. Target Population**

The target population served by the HR360 BRIDGES program are adults parolees, mentally ill, poly-substance abusers or dependant on drugs and/or alcohol, considered legal residents of San Francisco.

- CDCR Parolees
- Poly-Substance Abusers
- Mentally Ill

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

Housing voucher system

**6. Methodology**

Housing stabilization through paying rent for parolees that demonstrate need.

**A. Outreach and Recruitment:** HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings -- to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community based organizations, individuals, and other interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals. In addition, because this program only serves parolees, the program staff have good referral relationships with the Parole agencies that serve parolees in San Francisco.

**B. Admissions and Intake:** Admission is open to all adult parolees with a substance abuse problem authorized by Parole Department. The person served may access services through an appointment or walk-in at the Program Site. The program staff checks to ensure clients are eligible to receive specialty funded services collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules; a detailed explanation of services available in the program, and the grievance procedures.

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

The program includes:

- Harm Reduction Interventions that support engagement and build trust during the pre-contemplation and contemplation phases of treatment and at the same time promote individual and public safety. This is primarily accomplished via Motivational Enhancement Therapy interventions.

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

**D. Exit Criteria and Process:** Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

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

## 7. Objectives and Measurements

### A. Required Objectives-N/A

## 8. Continuous Quality Assurance and Improvement

1. Achievement of contract performance objectives and productivity;

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, therefore maintains a robust Quality Control Plan in order to ensure that the agency is both achieving our targeted objectives while participants also achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan.

2. Quality of documentation, including a description of the frequency and scope of internal chart audits;

QRR Process: HealthRIGHT 360 requires all program supervisors to audit at least 10% of their files each month for conformance to contract requirements and agency standards. Program supervisors receive a randomly generated list of client names to review using an audit tool tailored to the specific of their program. Program supervisors are encouraged to use the tool to audit additional files to ensure maximum conformance with program requirements. A corrective action plan must be completed for all deficiencies identified. Completed audit forms are submitted monthly to the Manager of Quality Assurance and Compliance who reviews the forms for accuracy and determines training needs based on patterns of deficiencies.

Additional File Review: In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

3. Cultural competency of staff and services;

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

4. Satisfaction with services; and

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

5. Timely completion and use of outcome data, including CANS and/or ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).

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

9. Required Language- N/A



**1. Identifiers:**

Program Name: Project Reconnect  
Program Address 2166 Hayes Street, Suite 302  
City, State, Zip Code: San Francisco, CA 94117  
Telephone: (415) 776-1001  
www.healthright360.org

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

**Program Codes: MH 38JCOP**

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

New       Renewal       Original

**3. Goal Statement**

The goal of Project Reconnect is to reduce the impact of trauma, and difficult life circumstances on youths and improve school functioning, emotion regulation skills, and problem solving skills by successfully implementing Motivational Enhancement Therapy (MET), Seeking Safety, and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

**4. Target Population**

Project Reconnect-Mental Health (MH): San Francisco youths between the ages of 10 and 18 years old who are struggling with emotional or behavioral problems; youths from Asian Pacific Islander ethnic background; and youths at Roosevelt and Hoover Middle Schools as identified by SFUSD as schools in need of mental health counseling services.

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

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

**6. Methodology**

A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

Additional sources of referral will be community-based organizations such as the Japanese Community Youth Council (JCYC) and other members of the Asian Youth Prevention Services Consortium, including the Chinatown Youth Center, the Vietnamese Youth Development Center, and West Bay Filipino Multi-Service Center.

Project Reconnect-MH: Outreach for Project Reconnect-MH will be conducted by the youth treatment staff. Our primary sources of referral will be the San Francisco School District and the County. We will place a counselor in Hoover and Martin Luther King Jr. (MLK) Middle Schools, based on their identified need of mental health counseling services and the percentage of students from low income families. Using the program brochure and referral criteria form, the staff will outreach to school administrators, counselors, and teachers. The staff will attend staff meetings at schools to make her/himself visible and create opportunities to increase the understanding of mental health issues among adolescents and normalize help-seeking behaviors.

We will continue to strengthen our relationship with the San Francisco Unified School District Wellness Centers, the juvenile justice system in San Francisco, and the Log Cabin Ranch. These places will serve as an auxiliary source of referrals, especially during summer when schools are closed.

- B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

We commit ourselves to provide a timely access to treatment to all potential clients referred to our program. If Project Reconnect is not able to enroll clients immediately, linkage services will be provided to ensure that the clients are connected to the appropriate programs.

Project Reconnect-MH: Admission criteria for Project Reconnect-MH are: Persons with mental health disorders; persons with alcohol and substance dependence/abuse problem (cannot be a primary diagnosis alone); San Francisco youths between the ages of 10 and 18 years old; and persons with Medi-Cal or Medi-Cal eligibility. During the intake process, all clients will be screened for mental health issues, a history of trauma and the level of substance use. All clients will be assessed using the Child Adolescent Needs and Strengths (CANS) and our own assessment which was developed based on GAIN-Quick. The CANS is a structured interview developed by The Praed Foundation that covers a range of areas, including: education, substance abuse, use of free time, leisure activities, peer relationships, family, psychiatric status, and legal history.

- C. Describe your program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, residential bed capacity, etc.

Project Reconnect will offer a full continuum of services that ranges from intake through continuing care. Since individuals with mental health issues often present with a more obvious and pressing substance abuse problem, all counselors will be cross-trained to help them increase their awareness of underlying mental health issues. Project Reconnect will provide case management services to youths and their parents/caretakers whenever necessary to maximize the benefits of counseling. Our program staff will closely work with South of Market Mental Health Clinic and Chinatown/North Beach Mental Health Clinic to serve clients needing psychiatric services including medication. We will also utilize a number of community services related to recreational activities, mentoring, and language specific services as needed.

Hours of Operation: We are open Monday through Friday, 9:00 a.m. – 5:30 p.m.

Staffs have been trained in Motivational Interviewing, the Stages of Change, Motivational Enhancement Therapy, and Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT 5) and will continue to use the principles of those approaches in working with individual clients. In addition to these counseling approaches, our staffs will conduct weekly group sessions implementing the Seeking Safety treatment model.

Seeking Safety is a present-focused therapy to help people attain safety from trauma/PTSD and substance abuse. Seeking Safety is an integrated treatment model addressing some of the topics that are important and relevant to our youths such as Safety, PTSD, Taking Back Your Power, When Substances Control You, Honesty, Asking for Help, Setting Boundaries in Relationships, Getting Others to Support Your Recovery, Healthy Relationships, Community Resources, Compassion, Creating Meaning, Discovery, Integrating the Split Self, Recovery Thinking, Taking Good Care of Yourself, and Life Choices.

Project Reconnect-MH: As a school-based counseling program, all the services will be provided by AARS' experienced, bilingual, and culturally competent staff, all of whom will be either licensed or licensed-eligible mental health clinicians. This program will provide services using Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). TF-CBT is an evidence-based treatment approach shown to help children, adolescents, and their caretakers overcome trauma-related difficulties. It is designed to reduce negative emotional and behavioral responses following child sexual abuse and other traumatic events. The treatment addresses distorted beliefs and attributions related to the abuse and provides a supportive environment in which children are encouraged to talk about their traumatic experience. TF-CBT also helps parents/caretakers who were not abusive to cope effectively with their own emotional distress and develop skills that support their children.

School-based individual and group counseling will be typically once a week, 30-45 minutes per individual session and minimum of 45 minutes per group session, with assigned counselor discussing emotional and behavioral difficulties, educational challenges, self-care skills, peer and family relationships, and treatment planning. When providing counseling in schools, many unexpected events (e.g., fights, taking tests, crises) can occur that will prevent the counselor to see clients regularly. Also, engagement of youths and their caretakers and obtaining all the necessary documentations for treatment could take a long time. Taking these into consideration, the service duration will be up to 9 months covering the full academic year.

Family contact is a very critical element of the outpatient program. The primary focus of family contact throughout the course of treatment and aftercare will be to educate them on mental health and substance abuse issues and the significant role that family members play in the counseling process. We will attempt to engage the parents in a supportive role by asking for their involvement in counseling when deemed appropriate and asking for their support of their children to fully participate in counseling. As a part of TF-CBT component, minimum of 3 sessions of collateral services will be provided.

- D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.

At Project Reconnect, we measure success of a client who after enrollment, changes their behavior and achieve their treatment goals, ultimately leading up to a successful completion of the program. Prior to discharge, the client will meet with Case Manager/Counselor to discuss aftercare plan which will address issues of support system, relapse prevention and educational or vocational goals. At weekly clinical

consultation meetings, staff will review the progress of each client with the Program Manager and Clinical Supervisor and discuss discharge and aftercare planning whenever necessary to ensure our program maintains an appropriate level of service utilization for each client. All clients discharged may, when appropriate, return to Project Reconnect for aftercare and participate in special events and community activities.

When it is deemed that a client needs lower level of care, s/he will be referred to an appropriate service in the community such as mentorship program, tutorial, and secondary prevention program. Project Reconnect maintains close ties with South of Market Mental Health Clinic and Chinatown/North Beach Mental Health Clinic to serve clients needing psychiatric services including medication. Project Reconnect also utilizes a number of community services related to career planning, job training, and language specific services. These organizations include the City College of San Francisco, College of San Mateo, Personal Assisted Employment Services, and AACE counseling services.

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

**7. Objectives and Measurements**

**A. Required Objectives**

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY 18-19".

**8. Continuous Quality Assurance and Improvement**

**1. Achievement of contract performance objectives and productivity;**

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**Additional File Review:** In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

3. Cultural competency of staff and services;

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

5. Timely completion and use of outcome data, including CANS and/or ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).

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9. Required Language- N/A



**1. Identifiers:**

Program Name: HR360 Infectious Disease Treatment Program  
Program Address: 1563 Mission Street  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: (415) 762-3700

Contractor Address: 1563 Mission Street  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Tony Duong, CFO  
Telephone: (415) 762-3700  
Email Address: tduong@healthright360.org

Program Codes: NA

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

New       Renewal       Original

**3. Goal Statement**

The primary goal of the Infectious Disease Treatment Program is to improve patient access to services and early detection of infectious diseases, primarily HIV through screening and testing.

**4. Target Population**

The target population served by this program is adults, 18 and above.

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

1) ANC 74 - Ancillary

**6. Methodology**

HR360 IDTP offers HIV testing through its primary care medical sites.

**7. Objectives and Measurements**

**A. Required Objectives**

Program will provide 780 HIV test during the contract year.

**8. Continuous Quality Assurance and Improvement**

**1. Achievement of contract performance objectives and productivity,**

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2. Quality of documentation, including a description of the frequency and scope of internal chart audits;

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9. Required Language- N/A



**1. Identifiers:**

Program Name: Women's Community Clinic Community-Based Reproductive Health Services  
Program Address: 1735 Mission Street 1<sup>st</sup> floor  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: (415) 820-7304

Contractor Address: 1563 Mission Street, 4<sup>th</sup> floor  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

Program Code: TBD

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

New       Renewal       Original

**3. Goal Statement**

To increase access to preventive health care services for uninsured women in San Francisco.

**4. Target Population**

Low-income women, women of color, bisexual, lesbian, and transgender women and uninsured women and girls who reside in San Francisco.

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

1) Primary Care Encounters

**6. Methodology**

Women in San Francisco are informed about the services of the Women's Community Clinic through referral processes of other organizations, our web site, flyers, and listings in the phone book and service directories and by word of mouth. All services are affordable and accessible on a sliding fee scale.

The clinic is located at 1735 Mission Street in San Francisco. It is on the ground floor and is ADA accessible. The Clinic is open 5 days per week, and has many evening hours:

Monday	Tuesday	Wednesday	Thursday	Friday
1:00 – 9:00 PM	9:00 – 5:00 PM	9:00 – 5:00 PM	1:00 – 9:00 PM	9:00 – 5:00 PM

Clients can call or stop by the clinic to schedule an appointment. Clients can now also request appointments through our patient portal, MyChart. Each client receives a reminder call one day prior to their scheduled appointment. A client is registered at the front desk by a front desk volunteer or staff member. She is given intake paperwork and asked to provide contact information and a complete health history. As part of the registration process, the client is screened for eligibility in the Family Planning Access Care and Treatment (Family P.A.C.T) program, a California program that funds family planning services for low income women and for eligibility for other insurance programs. An enrollment specialist is available on site to assist with MediCal and Covered CA enrollment.

Next, the client is seen by a volunteer health worker who determines the nature of the client's concern and provides health education relevant to the concern. The health educator takes vital signs, does routine domestic violence and sexual assault screening, and provides health-related education, including information about safer sex practices, STI's, and birth control options. The client is then seen by a licensed clinician who reviews the client's health history, performs a clinical exam as indicated, orders appropriate lab tests, and provides any indicated health education, prescriptions and/or referrals.

Upon checkout at the front desk, the client receives any necessary referral paperwork or handouts and may schedule a follow-up appointment. Clients are also asked to fill out a client satisfaction survey after check-out.

All clients are encouraged to call for lab results. Clients with abnormal labs receive a phone call within 72 hours of receipt of results from a clinician. The clinician discusses all of the client's options for treatment and provides referrals as necessary.

Appointments at Women's Community Clinic typically last 20-60 minutes, excluding wait time. Client confidentiality is emphasized to create a safe and supportive environment and HIPAA policies and protocols are in place.

## 7. Objectives and Measures

### A. Outcome Objectives

1. By the end of the contract term, at least 80% of eligible clients will receive at least one pap smear within a 3 year period.

**Evaluation:** Outcome evaluation for this objective will be achieved through a patient registry (i2iTracks) report. The report will be conducted on an annual basis.

Eligible clients: Clients age 21 -64 with ~ 1 medical visit in the past 12 months.

2. By the end of the contract term, 100% of patients with a high grade positive pap result will receive appropriate follow-up within 6 months of the test result.

**Evaluation:** Outcome evaluation for this objective will be achieved through a patient registry report (to identify high-level positives) and chart review (to retrieve follow-up information.) The report and chart review will be conducted on an annual basis.

• High-level positive pap result: HSIL or AGC

• Appropriate Follow-up

o For LSIL/HSIL, colposcopy evaluation within 6 months

o For AGC, colposcopy plus ECC and EMB as appropriate within 6 months.

• Documentation of referral for specialty care (i.e. LEEP) that needs to be obtained at another health care facility elsewhere

• Records of follow-up including:

o records for chart;

o records release in chart; or,

o patient to return to clinic to sign record release.

o For lost-to-follow-up, documentation of attempts to contact

3. By the end of the contract term, at least 80% of patients age 24 and under will receive at least one test for Chlamydia within a 12-month period.

**Evaluation:** Outcome evaluation for this objective will be achieved through a patient registry (i2iTracks) report. The report will be conducted on a monthly basis. Eligible clients: Clients age 24 and under with ~ 1 medical visit in 1 year.

4. By the end of the contract term, 100% of returning patients with a positive Chlamydia result will be retested within 6 months of the treatment date.

**Evaluation:** Outcome evaluation for this objective will be achieved through a patient registry report and subsequent chart review. The report and chart review will be conducted on an annual basis.

#### **B. Process Objectives**

1. During the contract term, 100% of clients will receive initial and follow-up health assessments, which shall include a medical evaluation (medical history review), and, as indicated, a targeted physical examination, laboratory evaluation, preventive and therapeutic medical services, and referrals to appropriate care.

**Evaluation:** Outcome evaluation for this objective will be achieved through documentation of relevant baseline, laboratory data, and medical evaluation results within client charts.

2. During the contract term, 100% of clients will receive initial and follow-up health education assessments to evaluate current high-risk behaviors, along with education and behavioral change and risk reduction interventions.

**Evaluation:** Outcome evaluation for this objective will be achieved through capture of baseline data in the client's chart. Clients will receive individual health education assessment and ongoing health education on preventing STIs, HIV transmission, and the use of safer sex tools such as condoms and dental dams.

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

The Quality Improvement (QI) Program at Women's Community Clinic has undergone rapid and significant growth over the last three years. Since 2009, we have created QI infrastructure through the implementation of Acuere (our EMR data reporting mechanism), the establishment of a multi-level, multi-disciplinary QI team, and the enhancement of staff and volunteer involvement in QI work. This infrastructure has been instrumental to our ability to accurately measure and improve clinical outcomes and reduce operational inefficiencies. Over the next two years Women's Community Clinic will advance our QI program and improve health outcomes by 1) improving the integration of primary core related metrics into our QI programming, 2) Continuing to implement recommendations about Coleman Rapid Dramatic Practice Improvement, 3) Enhancing our use of dashboards and improved data visualization tools to facilitate Board, Staff and Management Team interaction with data and 4) Working towards shared QI goals and outcomes with other Consortium Clinics and DPH through a system wide San Francisco Foundation grant.

#### Leveraging Data as a QI Tool

Women's Community Clinic recognizes that supporting a robust QI program requires ongoing promotion of a strong QI culture and infrastructure. Over the next two years the Clinic will deepen the institutionalization of QI by leveraging data to 1) create a robust QI accountability

structure and 2) augment staff, volunteer, Board and client involvement in QI. Our capacity to measure and monitor clinical outcomes and other QI indicators has blossomed over the past years with the implementation of data systems like Acure, Women's Community Clinic intends to utilize data for greater impact by developing standardized monitoring and evaluation processes, fostering "data literacy," and using data as a tool to engage staff and motivate change. For example, by coupling data management with panel management (discussed below) we can examine outcomes at the provider level and further involve the provider in the QI process.

*QI Accountability Structure:* In addition to implementing Acure and our patient portal, MyChart, the Clinic is increasing its capacity around data validation. We have also expanded our use of our electronic patient experience survey. These IT tools will support the development of standardized QI metrics and the ongoing improvement of a clinic dashboard for interpreting our quality progress and providing organization-wide transparency.

*Data Literacy:* Women's Community Clinic also wants to utilize data to foster staff and volunteer involvement in QI because improving outcomes is not possible without broad stakeholder engagement. Our unique volunteer model necessitates ongoing training because volunteer cohorts are rotated through the Clinic every six months. This project will complement our existing QI training curriculum by increasing "data literacy" and further integrating QI into the fabric of day-to-day life at the Clinic. To accomplish this, we aim to expand QI communication through 1) regular updates of the QI data display in a high-traffic hallway, 2) continuation of a QI column in our weekly internal newsletter, and 3) more regular QI updates at clinical staff, Board and client advisory council (CAC) meetings, with an emphasis on data as a QI tool. We hope these efforts will engage staff, foster buy-in for QI initiatives and ultimately improve clinical and process outcomes.

#### Panel Management Implementation & Enhanced Access

While Women's Community Clinic increases our capacity to leverage our data resources, we are poised to simultaneously move forward on the QI continuum through enhanced panel management and improved team based care infrastructure. This population based approach to care allows clinicians to direct proactive care for an assigned panel (or group) of clients and leverages data and other members of the care team to conduct timely outreach around screening and other preventive services. Enhancing our panel management tools and improving patient access requires striking a delicate balance between supply and demand to ensure that each provider and their team has the capacity to offer quality health care to their entire panel. Through our work with Coleman Rapid DPI, we hope to improve our capacity to enhance access while effectively managing our patient panels.

Because we are a largely volunteer-based model, panel management and the enhancement of access are exciting challenges. In fact, other agencies, such as the California Family Health Council (CFHC) have expressed interest in what empanelment might look like in a women's health setting and in alternative service delivery models such as ours. We hope that our efforts to implement panel management will serve as a resource to inform other clinics as we all strive to become health homes for our patients. We have conducted research to determine which best practices apply to our unique model, and in the next two years, Women's Community Clinic will 1) conduct planning related to supply and demand, panel size, care team design, scheduling policies, and health information technology (HIT) enhancement, 2) develop policies and procedures and required data definitions and reports, and 3) enhance access through the development of an enhanced health care delivery team. In

late 2014, with the implementation of the EHR, the Clinic started this process by assigning patients to a panel, according to an agreed upon protocol, as we entered them into our electronic system.

An institutionalized QI program that is supported by IT, successfully leverages data, and empanels patients to a core team and enhances access to care will allow Women's Community Clinic to shift further from reactive health care delivery toward proactive population health management. This shift will result in effective delivery of preventive health services and improved management of care, ultimately leading to improved health outcomes, including higher cervical cancer screening and STI screening rates. The Clinic acknowledges that improving screening outcomes will require a strong focus on increasing client access to services.

#### **EHR and Primary Care**

In 2014, the Clinic expanded services to offer full scope primary care, a complement to our sexual and reproductive health services specialty and implemented the OCHIN-Epic Electronic Health Record system which enables us to interact with clients through a patient portal, enhance our data collection and perform many of our referrals, labs and pharmacy interactions electronically. We continue in 2016-2017 to develop our primary care infrastructure and health care delivery systems-creating increased integration of sexual and reproductive health care services with primary care services.

#### **Client Satisfaction**

Women's Community Clinic conducts an ongoing Client Experience Survey based on CAHPS Clinician and Group Survey. The survey is available electronically (via Survey Monkey) on a workstation in the Clinic's waiting room. Clients are invited to complete the survey upon checkout. The survey typically has 6-8 multiple choice questions, as well as a section where the client can leave free-text comments. Questions are rotated frequently to obtain input from consumers about the various components of service delivery without making any one version of the survey too long. The survey format is also used to gain a deeper understanding of the healthcare needs of our clients. Clinical staff and the QI committee review results regularly and discuss potential PDSAs for improvements.

#### **Staff Supervision, Training and Volunteer Based Model**

The Clinic Director provides oversight of clinical services, and is responsible for the medical component of the program and clinical operations. The Clinic Manager is charged with administrative supervision of the Medical Assistants, Health Educators, and Client Services Coordinators. All follow up care and any abnormal test results are tracked by our clinic staff. The Clinic has a paid staff of over 30 people including three paid Nurse Practitioners, three paid Certified Nurse Midwives, one RN, one Medical Assistant, a Clinic Director, Clinic Manager, and two Medical Directors (OB/GYN and Internist) along with other Program and Administrative Staff including an Outreach Coordinator and Volunteer Director. The Clinic also has an active Board which oversees the operations of the Clinic and act as community spokespeople and fund raisers.

The Health Educators and Client Services Coordinators who work closely with clients in a variety of capacities, such as client intake and education, are predominantly volunteers. The Clinic is host to over 150 volunteers who provide services to clients in a variety of capacities. This amounts to approximately \$350,000 in cost savings per year. Additionally, over 80% of our volunteer alumni

enter into the health professions after their experience volunteering at the Clinic. The Clinic considers itself a training ground for future health care leaders who will enter into their careers with a strong grounding in community health and harm reduction based services.

The staff training plan includes scheduled training in alternating months conducted during clinical staff meetings, and additional educational leave for staff to attend conferences and workshops. Volunteers receive both initial and ongoing training which is a requirement of their volunteer experience at the Women's Community Clinic. The level of training varies according to the volunteer role. In accordance with rules and regulations which govern Women's Community Clinic, certain training such as HIPAA, Cal OSHA requirements and yearly training on Infection Control are mandatory for all clinic staff. Additionally, in 2015-16, the Clinic has implemented a staff training program focused around cultural inclusion and racism - with a focus on our organization as well as our client and community facing programming.

#### **Harm Reduction Model**

Women's Community Clinic's approach integrates a Harm Reduction model within its services. In essence, this model calls for the basic Social Work premise of starting "where the client is at." Harm reduction principals are endorsed and practiced by all Women's Community Clinic staff and all staff and volunteers are trained in the harm reduction model of care. The Clinic serves many clients who are active substance users and who may or may not be ready to stop their substance use or may not want to stop their substance use. These clients are also at various places along the continuum of the "stages of change." As a care provider, the main concern is helping clients to maintain and maximize the benefits of medical care. Clients are routinely assessed for substance use and those who express interest in obtaining treatment are assisted by the health care provider or outreach worker in accessing available services. For clients who indicate that they are not ready or do not wish to stop their substance use, they are provided with non-judgmental assistance in identifying ways in which they can attempt to minimize the harmful effects of substance use. This includes education on using clean syringes for injection drug use, information about needle exchange sites, and hours of operation, education about nutrition, and how to avoid dehydration for those who consume stimulants such as crystal methamphetamine and crack cocaine.

#### **Data Management**

The Women's Community Clinic tracks UOS and UDC through OCHIN-Epic, our EHR system. Client data is all collected in this patient management system and reporting is done through our EHR reporting mechanism, Acuere. Currently the system is capable of reporting on financial measures relating to patient visits and billing, patient demographics, health outcomes and quality measures and units of service among other things. The reports in Acuere are being enhanced to include more management and financial reports that will facilitate effective Clinic operations that are aligned with the Triple Aim.

#### **HIPAA Compliance**

a) DPH Privacy Policy is integrated into Women's Community Clinic's governing policies and procedures regarding patient privacy and confidentiality. The Executive Director will ensure that the policy and procedures as outlined in the DPH Privacy Policy have been adopted, approved, and implemented.

- b) All Women's Community Clinic staff who handles patient health information is trained (including new hires) and annually updated in the Women's Community Clinic privacy /confidentiality policies and procedures and HIPAA through HealthStream, our online training platform. The Director of Finance and Operations will ensure that documentation shows that all staff has been trained.
- c) Women's Community Clinic's Privacy Notice is written and provided to all clients served by the clinic in their native language. If document is not available in the client's relevant language, verbal translation is provided. The Director of Finance and Operations will ensure that documentation is in the patient's chart, at the time of the chart review, that patient was "notified".
- d) A Summary of the above Privacy Notice is posted and visible in registration and common areas of Women's Community Clinic. The Director of Finance and Operations will ensure the presence and visibility of posting in said areas.
- e) Each disclosure of a client's health information for purposes other than treatment, payment, or operations is documented. The Director of Finance and Operations will ensure that documentation is in the client's chart, at the time of the chart review.
- f) Authorization for disclosure of a client's health information is obtained prior to release: (1) to provider outside the DPH Safety Net; or (2) from a substance-abuse program. The Director of Finance and Operations will ensure that an authorization form that meets the requirements of HIPAA is signed and in the client's chart during the next chart review.
- g) The Clinic has had a HIPAA Technology Assessment and we have implemented the recommendations from our third-party contractor. We are poised to undergo our second HIPAA technology assessment.
- h) Our HIPAA Policies and Procedures were updated in 2014-15 to be compliant with the most recent regulations.

**1. Identifiers:**

Program Name: Western Addition Health Training (WAHT) Workforce Initiative  
Program Address: 1735 Mission Street 1<sup>st</sup> floor  
City, State, Zip Code: San Francisco, CA 94103  
Telephone: (415) 820-7304

Contractor Address: 1563 Mission Street, 4<sup>th</sup> floor  
City, State, Zip Code: SF, CA 94103  
Person completing this Narrative: Denise Williams, VP of Compliance  
Telephone: (415) 762-3712  
Email Address: dwilliams@healthright360.org

**Program Code: TBD**

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

New       Renewal       Original

**3. Goal Statement**

The WAHT Workforce Initiative increases access to women's health services while also providing community based workforce development and training with a focus on Western Addition residents.

**4. Target Population**

Our primary target populations are low-income women, women of color, bisexual, lesbian, and transgender women and uninsured women and girls who reside in San Francisco. More specifically, we will also target diverse aged (ranging from 12-50) women of color residing in the Western Addition/Fillmore with a focus on public housing residents who are likely to experience health disparities, barriers to health information and services, and lack of economic opportunities.

The program will focus on the Western Addition (WA), a community in San Francisco that has experienced great disruption and disempowerment— what was once a thriving community is now home to a concentration of public housing projects and a disenfranchised populace. The WA shares the 94115 zip code with bordering affluent neighborhoods, yet within the WA are some of the city's highest rates of homicide, unemployment, sexually transmitted infections, and uninsured residents.

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

- 1) Workforce Development and Community Training
- 2) ACA Outreach and Enrollment Encounters

**6. Methodology**

The WAHT Workforce Initiative increases the pool of underrepresented individuals, particularly young women of color, who are exposed to the diverse career opportunities in the health professions. The Western Addition has one of the highest unemployment rates for young people in San Francisco, and with the unprecedented stream of health-related jobs in San Francisco due to implementation of the Affordable Care Act, it is paramount that Western Addition residents are equipped with the tools and skill set to capitalize on the changing healthcare landscape. Our geographic focus of working with young women of color in the Western Addition neighborhood of San Francisco, assures that we're building the workforce capacity of young people in the local community. WAHT uses a community inclusive approach to provide Western Addition residents the opportunity to both improve their economic prospects through



workforce development and support the health and wellness of community members through facilitation of community education and outreach. The WAHT Workforce Development Initiative creates several access points for community members to gain health workforce experience through multiple tiers that build over the course of two years.

The WAHT Workforce Initiative is also focused on educating and enrolling eligible Western Addition residents in expanded insurance coverage under the Affordable Care Act. A big focus of the Initiative will be in hosting forums and workshops to educate the community on the Affordable Care Act (ACA). Initiative participants will get trained on the basic tenets of the ACA and will be the primary facilitators of community based outreach and education. The Clinic will also have a Certified Enrollment Counselor that will be present and available to enroll community members during outreach activities.

The Tier paths are summarized below:

**I. WAHT Internship Track I:** A 20-hour health careers training curriculum for community members interested in gaining more skills and knowledge around women's health and careers in health. Participants are paid and upon graduation are able to move to Internship Track II.

**II. WAHT Internship Track II:** A 6-month, 12 hour /week curriculum that includes a health worker position at the Women's Community Clinic with job placement support upon successful completion of Track II. Participants will provide direct clinical services as a Health Worker for 9 hours/week and participate in professional development and training activities 3 hours/week. Participants are paid and upon graduation are able to move to the WAHT Fellowship.

**III. WAHT Fellowship:** An intensive and high level 18-month, 28 hour /week staff position at the Women's Community Clinic with job placement support upon successful completion of Fellowship. The WAHT Fellowship participants will be trained in clinic management and supervision; facilitation and presentation community based health education and will participate in numerous professional and leadership development activities. WAHT Fellowship participants will also graduate with Medical Assistant and CPR Certifications.

## 7. Objectives and Measures

### A. Outcome Objectives

1. By the end of the contract term, at least 75% of WAHT Workforce Initiative participants will score 70% or above on a content exam of clinical women's health knowledge.

**Evaluation:** Outcome evaluation for this objective will be achieved based on exam scores on a women's health content exam; the data will be collected upon completion of each program tier. Participants will be evaluated on discrete knowledge learned using a pre- and posttest survey. Participants are expected to increase their knowledge of women's health and primary care services, customer service philosophies, health insurance terms and enrollment. Demonstrable increase in "self-efficacy" in workshop subject matter based on pre and posttest tracking of discrete knowledge gained. The data will be collected by program staff.

2. By the end of the contract term, at least 30% (N=12) of WAHT Workforce Initiative participants will be placed in an internship/permanent job in a health care setting.

**Evaluation:** Outcome evaluation for this objective will be achieved through Salesforce data tracking. The data will be collected by program staff.

3. By the end of the contract term, 300 community members will be enrolled in MediCal Expansion/ Covered California by a Women's Community Clinic Certified Enrollment Counselor.

**Evaluation:** Outcome evaluation for this objective will be achieved through CalHeers/Salesforce data tracking. The data will be collected by our Certified Enrollment Counselor.

### **B. Process Objectives**

1. During the contract term, 40 women of color from the Western Addition will receive comprehensive women's health education and health professions leadership development and training at the Women's Community Clinic.

**Evaluation:** Process evaluation for this objective will be achieved through documentation and tracking of number of participants who have completed each Workforce Initiative tier. The data will be collected by program staff.

2. During the contract term, a minimum of 12 women of color from the Western Addition will complete a short term site placement at the Women's Community Clinic or at community partner sites including: San Francisco Community Clinic Consortium UCSF, School of Medicine; UCSF, School of Nursing or University of San Francisco.

**Evaluation:** Process evaluation for this objective will be achieved through documentation and tracking of number of participants who have completed site placements. The data will be collected by program staff.

3. During the contract term, 50% of workforce program participants will complete on updated and revised resume.

**Evaluation:** Process evaluation for this objective will be achieved through documentation and tracking of number of participants who completed the program's resume workshop. The data will be collected by program staff.

4. During the contract term, WAHT will provide community health education and Affordable Care Act enrollment education to 400 community members.

**Evaluation:** Process evaluation for this objective will be achieved through tracking number of attendees/participants at community forums and workshops. The data will be collected by program staff.

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

The WAHT Workforce Initiative will use multiple methods to continue to assess and improve program quality. At the end of each program tier, initiative participants will complete an anonymous

program evaluation that will help assess program strengths and needed areas of improvement. Participant feedback will be an important driver of continued development of program infrastructure and content. The Clinic is also a part of several health workforce Initiative participants will also receive monthly and annual evaluations throughout the course of their program tenure. A portion of Initiative participants will contribute directly to Clinic Quality Improvement efforts thru the implementation of PDSAs and other Quality Improvement related projects. Pre and post tests will also be used in Initiative activities to measure the uptake and retention of Women's Health and Affordable Core Act curricula.

## Appendix B Calculation of Charges

### 1. Method of Payment

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

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

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

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (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 and MHSF Fund 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. Programs are listed below:

#### Budget Summary

#### Health Right 360 (Regular & AARS)

Appendix B-1 – Residential

Appendix B-2 – Recovery Residence

Appendix B-3 – Perinatal Residential

Appendix B-4 – Outpatient

Appendix B-5 – Intensive Outpatient

Appendix B-6 – AB109 Residential

Appendix B-7 – AB109 Recovery Residential

Appendix B-8 – AB109 Outpatient

Appendix B-9 – IPO Healthy Changes

Appendix B-10 – Adapt MH

Appendix B-11 – Adult Outpatient

Appendix B-12 – CDCR Bridges Intensive Care Mgt Svcs

Appendix B-13 – CDCR Bridges Housing Vouchers

Appendix B-14 – Project Reconnect

Appendix B-15 – Infectious Disease Testing for Drug Users

Appendix B-16 – Women's Community Clinic Primary Care

Appendix B-17 – Women's Community Clinic Western Addition Healthcare Training

### 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 \$84,064,915 (Eighty Four Million Sixty four Thousand Nine Hundred Fifteen Dollars) for the period of July 1, 2018 through June 30, 2022.

CONTRACTOR understands that, of this maximum dollar obligation, \$9,006,955 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, 2018 to June 30, 2019	\$ 18,764,490
July 1, 2019 to June 30, 2020	\$ 18,764,490
July 1, 2020 to June 30, 2021	\$ 18,764,490
July 1, 2021 to June 30, 2022	\$ 18,764,490
Subtotal July 1, 2018 to June 30, 2022	\$ 75,057,960
Contingency	\$ 9,006,955
Total July 1, 2018 to June 30, 2022	\$ 84,064,915

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.

(3) 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.

C. In no event shall the CITY be liable for interest or late charges for any late payments.

### 3. Services of Attorneys

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

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

A. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum

dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

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

## 5. Reports and Services

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

### A. Adjustments made by the City:

#### (1) Related to Federal and State Grants Administration:

Contractor understands and agrees to any reasonable adjustments to dates and amounts the City may make to Appendix B in order to facilitate the administration of federal and state grants or monies in compliance with the City's Fiscal Year 18/19 budget and sources of revenue.

## 6. Monthly Financial Statements, Notification of Proposed Mergers and Notification of Intent to Sell or Lease 890 Hayes Street and/or 214 Haight Street.

In consideration of City's subordination of CONTRACTOR'S Seismic and Safety Loan Program liens on 890 Hayes Street and 214 Haight Street, in 2016, and as a material term of this Agreement, CONTRACTOR shall:

A. Comply with all CITY's asset management and reporting requirements, including, but not limited to, providing SFDPH with monthly financial statements to the Chief Financial Officer located at 101 Grove, Room 308, San Francisco, CA 94110.

B. Provide written notification to SFDPH of any proposed merger negotiations, and obtain City approval of any such proposed merger negotiations prior to executing any documents regarding an intent to enter into merger negotiations or an intent to merge. SFDPH shall respond within 30 days from the date that CONTRACTOR provides a merger plan to SFDPH.

C. Provide written notification to SFDPH and the Mayor's Office of Housing and Community Development no less than one hundred twenty (120) days prior to any intent to sell or lease CONTRACTOR's properties located at 890 Hayes Street and/or 214 Haight Street, and obtain City's prior written approval of any sale or lease of such properties. Within thirty (30) days of executing this Agreement, CONTRACTOR shall record a restrictive covenant against the properties located at 890 Hayes Street and 214 Haight Street setting forth City's rights and CONTRACTOR's obligations set forth in this Section 6(C).

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

DHCS Legal Entity Number (MH) 00348		Appendix B, Page 1						
DHCS Legal Entity Name (MH)/Contractor Name (SA) HEALTHRIGHT 360		Fiscal Year '2018-2019'						
Contract Appendix Number		B-1	B-2	B-3	B-4	B-5	B-6	B-7
Provider Number								
Program Name(s)		Residential	Recovery Residence	Perinatal Residential	Outpatient	Intensive Outpatient	AB109 Residential	AB109 Recovery Residential
Program Code(s)		3834ARS, 3806ARM	88077, 87067	8910RPN	3926OP	8926IOT	87342	88077
Funding Term		7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19
<b>FUNDING USES</b>								
Salaries	\$ 4,435,332	\$ 857,890	\$ 617,500	\$ 1,072,084	\$ 789,102	\$ 390,860	\$ 112,610	
Employee Benefits	\$ 1,463,659	\$ 291,660	\$ 209,960	\$ 343,067	\$ 252,513	\$ 128,984	\$ 38,287	
<b>Subtotal Salaries &amp; Employee Benefits</b>	<b>\$ 5,898,991</b>	<b>\$ 1,149,550</b>	<b>\$ 827,460</b>	<b>\$ 1,415,151</b>	<b>\$ 1,041,615</b>	<b>\$ 519,844</b>	<b>\$ 150,897</b>	
Operating Expenses	\$ 1,930,364	\$ 739,120	\$ 310,590	\$ 464,910	\$ 374,328	\$ 170,100	\$ 67,080	
Capital Expenses								
<b>Subtotal Direct Expenses</b>	<b>\$ 7,829,355</b>	<b>\$ 1,888,670</b>	<b>\$ 1,138,050</b>	<b>\$ 1,880,061</b>	<b>\$ 1,415,943</b>	<b>\$ 689,944</b>	<b>\$ 247,977</b>	
Indirect Expenses	\$ 1,017,706	\$ 245,501	\$ 147,941	\$ 244,376	\$ 184,057	\$ 89,696	\$ 32,198	
Indirect %	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	
<b>TOTAL FUNDING USES</b>	<b>\$ 8,847,061</b>	<b>\$ 2,134,171</b>	<b>\$ 1,285,991</b>	<b>\$ 2,124,437</b>	<b>\$ 1,600,000</b>	<b>\$ 779,640</b>	<b>\$ 280,175</b>	
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>								
MH FED SDMC FFP (50%) Adult								
MH STATE CYF 1991 Realignment								
MH COUNTY Adult - General Fund								
MH FED SDMC FFP (50%) CYF								
MH STATE 2011 PSR Managed Care								
MH WO Juvenile Probation Log Cabin Ranch								
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>								
SA FED - SAPT Discretionary, CFDA #93.859	\$ 2,425,000	\$ 2,000,000		\$ 575,000				
SA FED - DMC FFP, CFDA #93.778	\$ 3,204,870		\$ 311,706	\$ 582,887	\$ 629,386			
SA STATE - DMC Expanded	\$ 1,725,699			\$ 19,139	\$ 638,900			
SA COUNTY - General Fund	\$ 1,260,780	\$ 129,271	\$ 167,841	\$ 872,357	\$ 331,714			
SA COUNTY - General Fund (WO CODB)	\$ 230,712	\$ 4,900	\$ 787,120	\$ 65,254				
SA GRANT - CDCR ISMIP								
SA STATE - Women/Children's Residential			\$ 19,324					
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>\$ 8,847,061</b>	<b>\$ 2,134,171</b>	<b>\$ 1,285,991</b>	<b>\$ 2,124,437</b>	<b>\$ 1,600,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>								
HUH WO Adult Probation AB109 Stabilization Bed						\$ 779,640	\$ 280,175	
HHS COUNTY GF								
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 779,640</b>	<b>\$ 280,175</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 8,847,061</b>	<b>\$ 2,134,171</b>	<b>\$ 1,285,991</b>	<b>\$ 2,124,437</b>	<b>\$ 1,600,000</b>	<b>\$ 779,640</b>	<b>\$ 280,175</b>	<b>\$ -</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>\$ -</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>\$ 8,847,061</b>	<b>\$ 2,134,171</b>	<b>\$ 1,285,991</b>	<b>\$ 2,124,437</b>	<b>\$ 1,600,000</b>	<b>\$ 779,640</b>	<b>\$ 280,175</b>	<b>\$ -</b>
Prepared By Tony Duong					Phone Number 415-725-2807			





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

DHCS Legal Entity Number (MH) 00348		Appendix B, Page 1					
DHCS Legal Entity Name (MH) Contractor Name (SA) HEALTHRIGHT 360		Fiscal Year: '2018-2019'					
Contract CMS # 0		Funding Notification Date: 2/27/18					
Contract Appendix Number	B-8	B-9	B-10	B-11	B-12	B-13	B-14
Provider Number							
Program Name(s)	AB109 Outpatient	IPO Healthy Changes	ADAPT MH	Adult Outpatient	CDCR Bridges - Intensive Care Mgt Svcs	CDCR Bridges - Housing Vouchers	Project Reconnect
Program Code(s)	38371	N/A	38JBOP	38K3OP	TBD	TBD	38JCOP
Funding Term	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19
<b>FUNDING USES</b>							
Salaries	\$ 16,900	\$ 50,300	\$ 102,000	\$ 232,000	\$ 320,750	\$ -	\$ 69,490
Employee Benefits	\$ 5,408	\$ 16,598	\$ 33,660	\$ 71,920	\$ 105,848	\$ -	\$ 22,932
<b>Subtotal Salaries &amp; Employee Benefits</b>	<b>\$ 22,308</b>	<b>\$ 66,898</b>	<b>\$ 135,660</b>	<b>\$ 303,920</b>	<b>\$ 426,598</b>	<b>\$ -</b>	<b>\$ 92,422</b>
Operating Expenses	\$ -	\$ 37,320	\$ 28,560	\$ 22,200	\$ 114,050	\$ 112,260	\$ 11,560
Capital Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal Direct Expenses</b>	<b>\$ 22,308</b>	<b>\$ 104,216</b>	<b>\$ 162,220</b>	<b>\$ 326,120</b>	<b>\$ 540,648</b>	<b>\$ 112,260</b>	<b>\$ 103,982</b>
Indirect Expenses	\$ 2,894	\$ 13,543	\$ 21,072	\$ 42,410	\$ 70,262	\$ 14,600	\$ 13,518
Indirect %	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%
<b>TOTAL FUNDING USES</b>	<b>\$ 25,202</b>	<b>\$ 117,759</b>	<b>\$ 183,292</b>	<b>\$ 368,530</b>	<b>\$ 610,910</b>	<b>\$ 126,860</b>	<b>\$ 117,500</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
MH FED SDMC FFP (50%) Adult			\$ 44,332	\$ 168,098			
MH STATE CYF 1991 Realignment				\$ 182,084			
MH COUNTY Adult - General Fund			\$ 138,980	\$ 18,348			
MH FED SDMC FFP (60%) CYF							\$ 6,250
MH STATE 2011 PSR Managed Care							\$ 6,250
MH WO Juvenile Probation Log Cabin Ranch							\$ 105,000
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 183,292</b>	<b>\$ 368,530</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 117,500</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA FED - SAPT Discretionary, CFDA #93.959							
SA FED - DMC FFP, CFDA #93.778							
SA STATE - DMC Expanded							
SA COUNTY - General Fund							
SA COUNTY - General Fund (WO CODB)							
SA GRANT - CDCR ISMIP					\$ 610,910	\$ 126,860	
SA STATE - Women/Children's Residential							
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 610,910</b>	<b>\$ 126,860</b>	<b>\$ -</b>
<b>OTHER DPH FUNDING SOURCES</b>							
HUH WO Adult Probation AB109 Stabilization Bed	\$ 25,202						
HHS COUNTY GF		\$ 117,759					
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>\$ 25,202</b>	<b>\$ 117,759</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ 25,202</b>	<b>\$ 117,759</b>	<b>\$ 183,292</b>	<b>\$ 368,530</b>	<b>\$ 610,910</b>	<b>\$ 126,860</b>	<b>\$ 117,500</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>\$ 25,202</b>	<b>\$ 117,759</b>	<b>\$ 183,292</b>	<b>\$ 368,530</b>	<b>\$ 610,910</b>	<b>\$ 126,860</b>	<b>\$ 117,500</b>
Prepared By	Tony Duong			Phone Number	415-725-2807		



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

DHCS Legal Entity Number (MH) 00348		HEALTHRIGHT 360					Appendix B, Page 1	
DHCS Legal Entity Name (MH)/Contractor Name (SA) HEALTHRIGHT 360							Fiscal Year 2018-2019*	
Contract CMS # 0							Funding Notification Date 2/27/18	
Contract Appendix Number	B-15	B-16	B-17					
Provider Number								
Program Name(s)	Infectious Disease Testing for Drug Users	Women's Community Clinic Primary Care	Women's Community Clinic Western Addition Healthcare Training					
Program Code(s)		TBD	TBD					
Funding Term	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19					
<b>FUNDING USES</b>							<b>TOTAL</b>	
Salaries	\$ -	\$ 40,800	\$ 57,240				\$ 9,184,858	
Employee Benefits	\$ -	\$ 10,500	\$ 18,889				\$ 3,013,883	
<b>Subtotal Salaries &amp; Employee Benefits</b>	<b>\$ -</b>	<b>\$ 51,300</b>	<b>\$ 76,129</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 12,178,741</b>	
Operating Expenses	\$ -	\$ -	\$ 16,800				\$ 4,427,242	
Capital Expenses	\$ -	\$ -	\$ -				\$ -	
<b>Subtotal Direct Expenses</b>	<b>\$ -</b>	<b>\$ 51,300</b>	<b>\$ 92,929</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 16,605,983</b>	
Indirect Expenses	\$ -	\$ 8,662	\$ 12,071				\$ 2,158,507	
Indirect %	\$ -	13.0%	13.0%	0.0%	0.0%	0.0%	13.0%	
<b>TOTAL FUNDING USES</b>	<b>\$ -</b>	<b>\$ 57,962</b>	<b>\$ 105,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 18,764,490</b>	
						Employee Fringe Benefits %	35.4%	
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>								
MH FED SDMC FFP (50%) Adult							\$ 212,490	
MH STATE CYF 1991 Realignment							\$ 182,084	
MH COUNTY Adult - General Fund							\$ 157,308	
MH FED SDMC FFP (50%) CYF							\$ 6,250	
MH STATE 2011 PSR Managed Care							\$ 6,250	
MH WO Juvenile Probation Log Cabin Ranch							\$ 105,000	
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 689,322</b>	
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>								
SA FED - SAPT Discretionary, CFDA #93.959							\$ 5,000,000	
SA FED - DMC FFP, CFDA #93.778							\$ 4,738,649	
SA STATE - DMC Expanded							\$ 2,363,738	
SA COUNTY - General Fund							\$ 2,761,963	
SA COUNTY - General Fund (WO CODB)							\$ 1,087,986	
SA GRANT - CDCR ISMP							\$ 737,770	
SA STATE - Women/Children's Residential							\$ 19,324	
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 16,729,430</b>	
<b>OTHER DPH FUNDING SOURCES</b>								
HUH WO Adult Probation AB109 Stabilization Bed							\$ 1,085,017	
HHS COUNTY GF		\$ 57,962	\$ 105,000				\$ 280,721	
<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ 57,962</b>	<b>\$ 105,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,365,738</b>	
<b>TOTAL DPH FUNDING SOURCES</b>	<b>\$ -</b>	<b>\$ 57,962</b>	<b>\$ 105,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 18,764,490</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>\$ -</b>	<b>\$ 57,962</b>	<b>\$ 105,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 18,764,490</b>	
Prepared By Tony Duong		Phone Number 415-725-2807						

Revised 7/1/2015

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

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00348		Funding Notification Date					Appendix #
Provider Name HEALTHRIGHT 360							B-1
Provider Number 3834ARS, 3806ARM							Page #
							1
							Fiscal Year
							2018-2019
							Notification Date
							2/27/18
Program Name	Residential	Residential	Residential	Residential	Residential	Residential	
Program Code	3834ARS, 3806ARM	3834ARS, 3806ARM	3834ARS, 3806ARM	3834RWM, 3806RWM	3834ARS, 3806ARM	3834ARS, 3806ARM	
Mode/SFC (MH) or Modality (SA)	ODS-112	ODS-113	ODS-114	ODS-109	ODS-112	ODS-113	
Service Description	ODS Residential 3.1	ODS Residential 3.3	ODS Residential 3.5	ODS Withdrawal Management 3.2	ODS Residential 3.1	ODS Residential 3.3	
Funding Term	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
Salaries & Employee Benefits	1,084,514	1,084,514	2,440,183	813,408	476,571	5,898,891	
Operating Expenses	128,272	128,272	288,544	98,178	1,289,100	1,930,384	
Capital Expenses							
Subtotal Direct Expenses	1,212,786	1,212,786	2,728,727	909,585	1,765,471	7,829,355	
Indirect Expenses	157,657	157,657	354,640	118,241	229,511	1,017,706	
<b>TOTAL FUNDING USES</b>	<b>1,370,443</b>	<b>1,370,443</b>	<b>3,083,367</b>	<b>1,027,826</b>	<b>1,994,982</b>	<b>8,847,061</b>	
Accounting Code (Index Code or Detail)							
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
This row left blank for funding sources not in drop-down list							
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>							
Accounting Code (Index Code or Detail)							
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
SA FED - SAPT Discretionary, CFDA #93.959	86,005	86,005	193,504	64,504	1,994,982	2,425,000	
SA FED - DMC FFP, CFDA #93.778	640,987	640,987	1,442,156	480,737		3,204,870	
SA STATE - DMC Expanded	345,147	345,147	776,547	258,858		1,725,699	
SA COUNTY - General Fund	252,161	252,161	567,338	189,120		1,260,780	
SA COUNTY - General Fund (WO CODB)	46,143	46,143	103,819	34,607		230,712	
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>1,370,443</b>	<b>1,370,443</b>	<b>3,083,367</b>	<b>1,027,826</b>	<b>1,994,982</b>	<b>8,847,061</b>	
Accounting Code (Index Code or Detail)							
<b>OTHER DPH FUNDING SOURCES</b>							
This row left blank for funding sources not in drop-down list							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL DPH FUNDING SOURCES</b>	<b>1,370,443</b>	<b>1,370,443</b>	<b>3,083,367</b>	<b>1,027,826</b>	<b>1,994,982</b>	<b>8,847,061</b>	
<b>NON-DPH FUNDING SOURCES</b>							
This row left blank for funding sources not in drop-down list							
<b>TOTAL NON-DPH FUNDING SOURCES</b>							
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>1,370,443</b>	<b>1,370,443</b>	<b>3,083,367</b>	<b>1,027,826</b>	<b>1,994,982</b>	<b>8,847,061</b>	
<b>BHS UNDC OBSERVATION UNIT COST</b>							
Number of Beds Purchased (if applicable)	27	27	61	20			
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
DPH Units of Service	10,962	10,962	24,708	8,236	54,908		
Unit Type	Day	Day	Day	Day	Day	Day	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 124.79	\$ 124.79	\$ 124.79	\$ 124.80	\$ 38.33		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 124.79	\$ 124.79	\$ 124.79	\$ 124.80	\$ 38.33		
Published Rate (Medi-Cal Providers Only)							Total UDC
Unduplicated Clients (UDC)	122	122	275	1647			

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Residential  
 Program Code: 3834ARS, 3806ARM

Appendix #: B-1  
 Page #: 2  
 Fiscal Year: '2018-2019'  
 Funding Notification Date: 2/27/18

Term (mm/dd/yy-mm/dd/yy)	TOTAL		Residential - ODS Residential 3.1		Residential - ODS Residential 3.3		Residential - ODS Residential 3.5		Residential - ODS Withdraw Mgmt 3.2		Residential - Room and Board			
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
AOD Counselors	13.14	\$ 657,200	2.63	\$ 131,440	2.63	\$ 131,440	5.91	\$ 295,740	1.97	\$ 98,580	0.00	\$ -		
Peer Recovery Navigator (PSS)	13.14	\$ 525,760	2.63	\$ 105,152	2.63	\$ 105,152	5.91	\$ 236,592	1.97	\$ 78,864	0.00	\$ -		
LPHA	6.57	\$ 473,192	1.31	\$ 94,638	1.31	\$ 94,638	2.96	\$ 212,936	0.99	\$ 70,980	0.00	\$ -		
Mental Health Therapist	1.64	\$ 123,232	0.33	\$ 24,646	0.33	\$ 24,646	0.74	\$ 55,454	0.25	\$ 18,488	0.00	\$ -		
Clinical Director	1.64	\$ 139,862	0.33	\$ 27,832	0.33	\$ 27,832	0.74	\$ 62,848	0.25	\$ 20,950	0.00	\$ -		
Mental Health Training Coordinator	0.66	\$ 55,862	0.13	\$ 11,172	0.13	\$ 11,172	0.30	\$ 25,138	0.10	\$ 8,380	0.00	\$ -		
Health and Wellness Coordinator	1.64	\$ 69,012	0.33	\$ 13,802	0.33	\$ 13,802	0.74	\$ 31,056	0.25	\$ 10,352	0.00	\$ -		
Registered Nurse	1.64	\$ 147,872	0.33	\$ 29,574	0.33	\$ 29,574	0.74	\$ 66,542	0.25	\$ 22,182	0.00	\$ -		
Medical Assistant	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -		
Medical Director	0.16	\$ 39,432	0.03	\$ 7,886	0.03	\$ 7,886	0.07	\$ 17,744	0.02	\$ 5,916	0.00	\$ -		
Psychiatrist	0.82	\$ 205,382	0.16	\$ 41,076	0.16	\$ 41,076	0.37	\$ 92,422	0.12	\$ 30,808	0.00	\$ -		
Program Manager	6.57	\$ 381,182	1.31	\$ 76,236	1.31	\$ 76,236	2.96	\$ 171,532	0.99	\$ 57,178	0.00	\$ -		
Program Director	3.29	\$ 262,880	0.66	\$ 52,576	0.66	\$ 52,576	1.48	\$ 118,296	0.49	\$ 39,432	0.00	\$ -		
Managing Director	0.99	\$ 97,942	0.20	\$ 19,588	0.20	\$ 19,588	0.44	\$ 44,074	0.15	\$ 14,692	0.00	\$ -		
Vice President of Community Programs	0.49	\$ 73,942	0.10	\$ 14,788	0.10	\$ 14,788	0.22	\$ 33,274	0.07	\$ 11,092	0.00	\$ -		
Vice President of Mental Health Programs	0.49	\$ 73,942	0.10	\$ 14,788	0.10	\$ 14,788	0.22	\$ 33,274	0.07	\$ 11,092	0.00	\$ -		
Administrative Assistant	1.64	\$ 69,012	0.33	\$ 13,802	0.33	\$ 13,802	0.74	\$ 31,056	0.25	\$ 10,352	0.00	\$ -		
Compliance Quality Improvement	0.82	\$ 49,292	0.16	\$ 9,858	0.16	\$ 9,858	0.37	\$ 22,182	0.12	\$ 7,394	0.00	\$ -		
Compliance Quality Assurance	1.64	\$ 98,582	0.33	\$ 19,716	0.33	\$ 19,716	0.74	\$ 44,362	0.25	\$ 14,788	0.00	\$ -		
EMR Support	1.64	\$ 98,582	0.33	\$ 19,716	0.33	\$ 19,716	0.74	\$ 44,362	0.25	\$ 14,788	0.00	\$ -		
Overnight/Weekend Staff	6.58	\$ 230,022	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	6.58	\$ 230,022.00		
Food Service	1.64	\$ 65,720	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	1.64	\$ 65,720.00		
Drivers	1.64	\$ 62,432	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	1.64	\$ 62,432.00		
Intake Counselor	2.42	\$ 109,052	0.48	\$ 21,810	0.48	\$ 21,810	1.09	\$ 49,074	0.36	\$ 18,358	0.00	\$ -		
Intake LPHA	2.42	\$ 181,760	0.48	\$ 36,352	0.48	\$ 36,352	1.09	\$ 81,792	0.36	\$ 27,264	0.00	\$ -		
Intake Director	0.78	\$ 58,532	0.16	\$ 11,706	0.16	\$ 11,706	0.35	\$ 26,340	0.12	\$ 8,780	0.00	\$ -		
Intake Manager	0.78	\$ 50,732	0.16	\$ 10,146	0.16	\$ 10,146	0.35	\$ 22,830	0.12	\$ 7,610	0.00	\$ -		
Intake Medi-Cal Eligibility Worker	0.78	\$ 35,120	0.16	\$ 7,024	0.16	\$ 7,024	0.35	\$ 15,804	0.12	\$ 5,268	0.00	\$ -		
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
<b>Totals:</b>	<b>75.70</b>	<b>\$ 4,435,332</b>	<b>13.17</b>	<b>\$ 815,424</b>	<b>13.17</b>	<b>\$ 815,424</b>	<b>29.63</b>	<b>\$ 1,834,724</b>	<b>9.88</b>	<b>\$ 611,586</b>	<b>9.86</b>	<b>\$ 358,174.00</b>	<b>0.00</b>	<b>\$ -</b>
<b>Employee Fringe Benefits:</b>	<b>#####</b>	<b>\$ 1,463,659</b>	<b>33.00%</b>	<b>\$ 269,090</b>	<b>33.00%</b>	<b>\$ 269,090</b>	<b>33.00%</b>	<b>\$ 605,459</b>	<b>33.00%</b>	<b>\$ 201,823</b>	<b>33.00%</b>	<b>\$ 118,197</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 5,898,991</b>		<b>\$ 1,084,514</b>		<b>\$ 1,084,514</b>		<b>\$ 2,440,183</b>		<b>\$ 813,409</b>		<b>\$ 476,371.00</b>		<b>\$ -</b>

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

Program Name: Residential  
 Program Code: 3834ARS, 3806ARM

Appendix #: B-1  
 Page #: 3  
 Fiscal Year: '2018-2019'  
 Funding Notification Date: 2/27/18

Expense Categories & Line Items	TOTAL	Residential - ODS Residential 3.1	Residential - ODS Residential 3.3	Residential - ODS Residential 3.5	Residential - ODS Withdraw Mgmt 3.2	Residential - Room and Board	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):		7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19		
Rent	\$ 285,180.00	\$ 19,020.00	\$ 19,020.00	\$ 42,780.00	\$ 14,260.00	\$ 190,100.00	
Utilities(telephone, electricity, water, gas)	\$ 390,200.00	\$ 26,020.00	\$ 26,020.00	\$ 58,520.00	\$ 19,500.00	\$ 260,140.00	
Building Repair/Maintenance	\$ 184,820.00	\$ 12,320.00	\$ 12,320.00	\$ 27,720.00	\$ 9,240.00	\$ 123,220.00	
<b>Occupancy Total:</b>	<b>\$ 860,200.00</b>	<b>\$ 57,360.00</b>	<b>\$ 57,360.00</b>	<b>\$ 129,020.00</b>	<b>\$ 43,000.00</b>	<b>\$ 573,460.00</b>	<b>\$ -</b>
Office Supplies	\$ 17,252.00	\$ 3,450.00	\$ 3,450.00	\$ 7,764.00	\$ 2,588.00	\$ -	
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Program Supplies	\$ 56,680.00	\$ 11,336.00	\$ 11,336.00	\$ 25,506.00	\$ 8,502.00	\$ -	
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>Materials &amp; Supplies Total:</b>	<b>\$ 73,932.00</b>	<b>\$ 14,786.00</b>	<b>\$ 14,786.00</b>	<b>\$ 33,270.00</b>	<b>\$ 11,090.00</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Insurance	\$ 82,148.00	\$ 5,480.00	\$ 5,480.00	\$ 12,320.00	\$ 4,100.00	\$ 54,768.00	
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Permits	\$ 69,832.00	\$ 13,966.00	\$ 13,966.00	\$ 31,424.00	\$ 10,476.00	\$ -	
Equipment Lease & Maintenance	\$ 53,400.00	\$ 10,680.00	\$ 10,680.00	\$ 24,030.00	\$ 8,010.00	\$ -	
<b>General Operating Total:</b>	<b>\$ 205,380.00</b>	<b>\$ 30,126.00</b>	<b>\$ 30,126.00</b>	<b>\$ 67,774.00</b>	<b>\$ 22,566.00</b>	<b>\$ 54,768.00</b>	<b>\$ -</b>
Local Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail): Facility Depreciation	\$ 389,880.00	\$ 26,000.00	\$ 26,000.00	\$ 58,480.00	\$ 19,500.00	\$ 259,900.00	
Client Healthcare Related/Transportation	\$ 67,360.00	\$ -	\$ -	\$ -	\$ -	\$ 67,360.00	
Food	\$ 333,612.00	\$ -	\$ -	\$ -	\$ -	\$ 333,612.00	
<b>Other Total:</b>	<b>\$ 790,852.00</b>	<b>\$ 26,000.00</b>	<b>\$ 26,000.00</b>	<b>\$ 58,480.00</b>	<b>\$ 19,500.00</b>	<b>\$ 660,872.00</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 1,930,364.00</b>	<b>\$ 128,272.00</b>	<b>\$ 128,272.00</b>	<b>\$ 288,544.00</b>	<b>\$ 96,176.00</b>	<b>\$ 1,289,100.00</b>	<b>\$ -</b>

**Appendix B - DPH 5: Capital Expenses Detail**

Program Name: Residential  
 Program Code: 3834ARS, 3806ARM

Appendix #: B-1  
 Page #: 4  
 Fiscal Year: 2018-2019  
 Funding Notification Date: 2/27/18

**1. Equipment**

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>Total Equipment Cost:</b>					<b>\$ -</b>

**2. Remodeling**

Description	Total Cost
<b>Total Remodeling Cost</b>	
	<b>\$ -</b>

**Total Capital Expenditure**  
 (Equipment plus Remodeling Cost)

**\$ -**



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

DHCS Legal Entity Name (M-F)/Contractor Name (SA) 00348		Appendix # B-2			
Provider Name HEALTHRIGHT 360		Page # 1			
Provider Number 0		Fiscal Year *2018-2018*			
		Funding Notification Date 2/27/18			
Program Name	Recovery Residence				
Program Code	88077, 87067				
Mode/SFC (M-F) or Modality (SA)	Res-56 SA-Res Transitional Living Center (Perinatal/Parolee Only)				
Service Description					
Funding Term	7/1/18-6/30/19				
<b>FUNDING USES</b>					<b>TOTAL</b>
Salaries & Employee Benefits	1,149,550				1,149,550
Operating Expenses	739,120				739,120
Capital Expenses					-
Subtotal Direct Expenses	1,888,670				1,888,670
Indirect Expenses	245,501				245,501
<b>TOTAL FUNDING USES</b>	<b>2,134,171</b>				<b>2,134,171</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)				
This row left blank for funding sources not in drop-down list					
	<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>				
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)				
SA FED - SAPT Discretionary, CFDA #93.959	HMHSCRES227	2,000,000			2,000,000
SA COUNTY - General Fund	HMHSCRES227	129,271			129,271
SA COUNTY - General Fund (WO CODB)	HMHSCRES227	4,900			4,900
This row left blank for funding sources not in drop-down list					
	<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>2,134,171</b>			<b>2,134,171</b>
<b>OTHER DPH FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)				
This row left blank for funding sources not in drop-down list					
	<b>TOTAL OTHER DPH FUNDING SOURCES</b>				
<b>TOTAL DPH FUNDING SOURCES</b>		<b>2,134,171</b>			<b>2,134,171</b>
<b>NON-DPH FUNDING SOURCES</b>					
This row left blank for funding sources not in drop-down list					
	<b>TOTAL NON-DPH FUNDING SOURCES</b>				
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>2,134,171</b>			<b>2,134,171</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>					
Number of Beds Purchased (if applicable)	73				
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)					
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Payment Method	Fee-For-Service (FFS)				
DPH Units of Service	29,634				
Unit Type	Bed Days	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 72.02	\$ -	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 72.02	\$ -	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)					
Unduplicated Clients (UDC)	73				73

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Recovery Residence  
 Program Code: 86077, 87067

Appendix #: B-2  
 Page #: 2  
 Fiscal Year: 2018-2019  
 Funding Notification Date: 2/27/18

Term (mm/dd/yy-mm/dd/yy)	TOTAL		Recovery Residence		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
			7/1/18-6/30/19											
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Monitors	16.79	\$ 629,820	16.79	\$ 629,820										
Health and Wellness Coordinators	1.76	\$ 72,930	1.76	\$ 72,930										
Manager	1.76	\$ 95,030	1.76	\$ 95,030										
Managing Director	0.18	\$ 17,680	0.18	\$ 17,680										
VP of Community Programs	0.04	\$ 7,070	0.04	\$ 7,070										
Cook	0.88	\$ 35,360	0.88	\$ 35,360										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	21.41	\$ 857,890	21.41	\$ 857,890	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Fringe Benefits:	####	\$ 291,660	34.00%	\$ 291,660	0.00%		0.00%		0.00%		0.00%		0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 1,149,550</b>		<b>\$ 1,149,550</b>										

Revised 7/1/2015

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

Program Name: Recovery Residence  
 Program Code: 86077, 87067

Appendix #: B-2  
 Page #: 3  
 Fiscal Year: '2018-2019'  
 Funding Notification Date: 2/27/18

Expense Categories & Line Items	TOTAL	Recovery Residence	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
<b>Term (mm/dd/yy-mm/dd/yy):</b>		7/1/18-6/30/19					
Rent	\$ 146,740.00	\$ 146,740.00					
Utilities(telephone, electricity, water, gas)	\$ 141,130.00	\$ 141,130.00					
Building Repair/Maintenance	\$ 66,300.00	\$ 66,300.00					
<b>Occupancy Total:</b>	<b>\$ 354,170.00</b>	<b>\$ 354,170.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 21,210.00	\$ 21,210.00					
Photocopying	\$ 15,910.00	\$ 15,910.00					
Program Supplies	\$ 30,050.00	\$ 30,050.00					
Computer Hardware/Software	\$ 10,610.00	\$ 10,610.00					
<b>Materials &amp; Supplies Total:</b>	<b>\$ 77,780.00</b>	<b>\$ 77,780.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ 5,300.00	\$ 5,300.00					
Insurance	\$ 35,360.00	\$ 35,360.00					
Professional License	\$ -	\$ -					
Permits	\$ -	\$ -					
Equipment Lease & Maintenance	\$ 31,820.00	\$ 31,820.00					
<b>General Operating Total:</b>	<b>\$ 72,480.00</b>	<b>\$ 72,480.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 10,610.00	\$ 10,610.00					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
<b>Staff Travel Total:</b>	<b>\$ 10,610.00</b>	<b>\$ 10,610.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -	\$ -					
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail): Facility Depreciation	\$ 30,940.00	\$ 30,940.00					
Client Healthcare Related/Transportation	\$ 31,820.00	\$ 31,820.00					
Food	\$ 161,320.00	\$ 161,320.00					
<b>Other Total:</b>	<b>\$ 224,080.00</b>	<b>\$ 224,080.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 739,120.00</b>	<b>\$ 739,120.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Appendix B - DPH 5; Capital Expenses Detail**

Program Name: Recovery Residence

Program Code: 86077, 87067

Appendix #: B-2

Page #: 4

Fiscal Year: 2018-2019

Funding Notification Date: 2/27/18

**1. Equipment**

Item Description:	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -

**Total Equipment Cost**

\$ -

**2. Remodeling**

Description	Total Cost

**Total Remodeling Cost**

\$ -

**Total Capital Expenditure**

(Equipment plus Remodeling Cost)

\$ -

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

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00348		Appendix # B-3	
Provider Name HEALTHRIGHT 360		Page # 1	
Provider Number 8910RPN		Fiscal Year *2018-2019*	
		Funding Notification Date 2/27/18	
Program Name	Prenatal Residential	Prenatal Residential	
Program Code	8910RPN	8910RPN	
Mode(SFC (MH) or Modality (SA))	Res-61		
Service Description	SA-Res Recov Long Term (over 30 days)	Room and Board	
Funding Term	7/1/18-6/30/19	7/1/18-6/30/19	
<b>FUNDING USES</b>			<b>TOTAL</b>
Salaries & Employee Benefits	631,160	195,310	827,460
Operating Expenses	140,020	170,570	310,590
Capital Expenses			
Subtotal Direct Expenses	771,170	366,880	1,138,050
Indirect Expenses	100,251	47,690	147,941
<b>TOTAL FUNDING USES</b>	<b>871,421</b>	<b>414,570</b>	<b>1,285,991</b>
<b>BHS-MENTAL-HEALTH-FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)		
This row left blank for funding sources not in drop-down list			
<b>TOTAL BHS-MENTAL-HEALTH-FUNDING SOURCES</b>			
<b>BHS-SUBSTANCE-ABUSE-FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)		
SA FED - DMC FFP, CFDA #93.778	HMHSCRES227	311,706	311,706
SA STATE - Women/Children's Residential	HMHSCRES227	167,841	167,841
SA COUNTY - General Fund	HMHSCRES227	372,550	414,570
SA COUNTY - General Fund (WO CODB)	HMHSCRES227	19,324	19,324
This row left blank for funding sources not in drop-down list			
<b>TOTAL BHS-SUBSTANCE-ABUSE-FUNDING SOURCES</b>		<b>871,421</b>	<b>414,570</b>
<b>OTHER-DPH-FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)		
This row left blank for funding sources not in drop-down list			
<b>TOTAL OTHER-DPH-FUNDING SOURCES</b>			
<b>TOTAL DPH-FUNDING SOURCES</b>		<b>871,421</b>	<b>414,570</b>
<b>NON-DPH-FUNDING SOURCES</b>			
This row left blank for funding sources not in drop-down list			
<b>TOTAL NON-DPH-FUNDING SOURCES</b>			
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>871,421</b>	<b>414,570</b>
<b>BHS-UNITS OF SERVICE AND UNIT COST</b>			
Number of Beds Purchased (if applicable)		15	
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)			
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Payment Method	Cost Reimbursement (CR)	Fee-For-Service (FFS)	
DPH Units of Service	5,632	5,632	
Unit Type	Non-DMC - Bed Days; DMC - Per Day		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 154.73	\$ 73.61	\$ - \$ - \$ -
Cost Per Unit - Contract Rate (DPH & NON-DPH FUNDING SOURCES)	\$ 154.73	\$ 73.61	\$ - \$ - \$ -
Published Rate (Medi-Cal Provider Only)			
Unduplicated Clients (UDC)	16		Total UDC

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

Program Name: Prenatal Residential  
 Program Code: 8910RPN

Appendix #: B-3  
 Page #: 2  
 Fiscal Year: 2018-2019  
 Funding Notification Date: 2/27/18

Term (mm/dd/yy-mm/dd/yy): Position Title	TOTAL		Prenatal Residential		Prenatal Residential Room and Board		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
			7/1/18-6/30/19											
AOD Counselors	2.00	\$ 100,000	2.00	\$ 100,000	0.00	\$ -								
Parenting Specialist/Peer Navigator	2.00	\$ 90,000	2.00	\$ 90,000	0.00	\$ -								
Clinical Director (LPHA)	1.00	\$ 85,000	1.00	\$ 85,000	0.00	\$ -								
Registered Nurse	0.25	\$ 22,500	0.25	\$ 22,500	0.00	\$ -								
Medical Director	0.05	\$ 12,000	0.05	\$ 12,000	0.00	\$ -								
Program Director	1.00	\$ 80,000	1.00	\$ 80,000	0.00	\$ -								
Managing Director	0.05	\$ 4,750	0.05	\$ 4,750	0.00	\$ -								
Vice President of Community Programs	0.05	\$ 7,500	0.05	\$ 7,500	0.00	\$ -								
Administrative Assistant	1.00	\$ 42,000	1.00	\$ 42,000	0.00	\$ -								
Compliance Quality Improvement	0.10	\$ 6,000	0.10	\$ 6,000	0.00	\$ -								
Compliance Quality Assurance	0.10	\$ 6,000	0.10	\$ 6,000	0.00	\$ -								
Overnight/Weekend Staff	2.50	\$ 87,500	0.00	\$ -	2.50	\$ 87,500								
Food Service	1.00	\$ 40,000	0.00	\$ -	1.00	\$ 40,000								
Drivers	0.50	\$ 19,000	0.00	\$ -	0.50	\$ 19,000								
Intake Counselor	0.05	\$ 2,250	0.05	\$ 2,250	0.00	\$ -								
Intake LPHA	0.05	\$ 3,750	0.05	\$ 3,750	0.00	\$ -								
Intake Director	0.05	\$ 3,750	0.05	\$ 3,750	0.00	\$ -								
Intake Manager	0.05	\$ 3,250	0.05	\$ 3,250	0.00	\$ -								
Intake Medi-Cal Eligibility Worker	0.05	\$ 2,250	0.05	\$ 2,250	0.00	\$ -								
	0.00	\$ -		\$ -		\$ -								
	0.00	\$ -		\$ -		\$ -								
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	0.00	\$ -		\$ -		\$ -								
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	0.00	\$ -		\$ -		\$ -								
	0.00	\$ -		\$ -		\$ -								
	0.00	\$ -		\$ -		\$ -								
<b>Totals:</b>	<b>11.85</b>	<b>\$ 617,500</b>	<b>7.85</b>	<b>\$ 471,000</b>	<b>4.00</b>	<b>\$ 146,500.00</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>
<b>Employee Fringe Benefits:</b>	<b>#####</b>	<b>\$ 209,960</b>	<b>34.00%</b>	<b>\$ 160,150</b>	<b>34.00%</b>	<b>\$ 49,810</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 827,460</b>		<b>\$ 631,150</b>		<b>\$ 196,310.00</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>

Revised 7/1/2015

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

Program Name: Perinatal Residential  
 Program Code: 8910RPN

Appendix #: B-3  
 Page #: 3  
 Fiscal Year: 2018-2019  
 Funding Notification Date: 2/27/18

Expense Categories & Line Items	TOTAL	Perinatal Residential	Perinatal Residential - Room and Board	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
<b>Term (mm/dd/yy-mm/dd/yy):</b>		7/1/18-6/30/19	7/1/18-6/30/19				
Rent	\$ 19,840.00	\$ 6,620.00	\$ 13,220.00				
Utilities(telephone, electricity, water, gas)	\$ 110,400.00	\$ 36,800.00	\$ 73,600.00				
Building Repair/Maintenance	\$ 48,000.00	\$ 16,000.00	\$ 32,000.00				
<b>Occupancy Total:</b>	<b>\$ 178,240.00</b>	<b>\$ 59,420.00</b>	<b>\$ 118,820.00</b>	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 6,000.00	\$ 6,000.00	\$ -				
Photocopying	\$ -	\$ -	\$ -				
Program Supplies	\$ 7,500.00	\$ 7,500.00	\$ -				
Computer Hardware/Software	\$ 6,000.00	\$ 6,000.00	\$ -				
<b>Materials &amp; Supplies Total:</b>	<b>\$ 19,500.00</b>	<b>\$ 19,500.00</b>	<b>\$ -</b>	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 6,000.00	\$ 6,000.00	\$ -				
Insurance	\$ 7,400.00	\$ 7,400.00	\$ -				
Professional License	\$ -	\$ -	\$ -				
Permits	\$ -	\$ -	\$ -				
Equipment Lease & Maintenance	\$ 15,000.00	\$ 15,000.00	\$ -				
<b>General Operating Total:</b>	<b>\$ 28,400.00</b>	<b>\$ 28,400.00</b>	<b>\$ -</b>	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 3,600.00	\$ 3,600.00	\$ -				
Out-of-Town Travel	\$ -	\$ -	\$ -				
Field Expenses	\$ -	\$ -	\$ -				
<b>Staff Travel Total:</b>	<b>\$ 3,600.00</b>	<b>\$ 3,600.00</b>	<b>\$ -</b>	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -	\$ -	\$ -				
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	\$ -	\$ -	\$ -	\$ -
Other (provide detail): Facility Depreciation	\$ 29,100.00	\$ 29,100.00	\$ -				
Client Healthcare Related/Transportation	\$ 15,000.00	\$ -	\$ 15,000.00				
Food	\$ 36,750.00	\$ -	\$ 36,750.00				
<b>Other Total:</b>	<b>\$ 80,850.00</b>	<b>\$ 29,100.00</b>	<b>\$ 51,750.00</b>	\$ -	\$ -	\$ -	\$ -
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 310,590.00</b>	<b>\$ 140,020.00</b>	<b>\$ 170,570.00</b>	\$ -	\$ -	\$ -	\$ -

**Appendix B - DPH 5: Capital Expenses Detail**

Program Name: Preinatal Residential  
 Program Code: 8910RPN

Appendix #: B-3  
 Page #: 4  
 Fiscal Year: '2018-2019'  
 Funding Notification Date: 2/27/18

**1. Equipment**

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>Total Equipment Cost</b>					<u>\$ -</u>

**2. Remodeling**

Description	Total Cost
<b>Total Remodeling Cost</b>	

**Total Capital Expenditure** \$ -  
 (Equipment plus Remodeling Cost)



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

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00348		Appendix # B-4				
Provider Name HEALTHRIGHT 360		Page # 1				
Provider Number 3926OP		Fiscal Year 2018-2019				
		Funding Notification Date 2/27/18				
Program Name	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	
Program Code	3926OP	3926OP	3926OP	87301, 01201, 38371, 88359	87301, 01201, 38371, 88359	
Mode/SFC (MH) or Modality (SA)	ODS-91	ODS-92	ODS-93	Nonres-33	Nonres-34	
Service Description	ODS Group Counseling	ODS Individual Counseling	ODS Case Management	SA-Nonresidnt ODF Grp	SA-Nonresidnt ODF Indv	
Funding Term	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	
<b>FUNDING USES</b>						<b>TOTAL</b>
Salaries & Employee Benefits	189,592	177,746	106,653	347,424	593,736	1,415,151
Operating Expenses	68,362	64,092	38,456	117,600	176,400	494,910
Capital Expenses						
Subtotal Direct Expenses	257,954	241,838	145,109	465,024	770,136	1,880,061
Indirect Expenses	33,534	31,422	18,864	60,453	100,103	244,376
<b>TOTAL FUNDING USES</b>	<b>291,488</b>	<b>273,260</b>	<b>163,973</b>	<b>525,477</b>	<b>870,239</b>	<b>2,124,437</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>						
Accounting Code (Index Code or Detail)						
This row left blank for funding sources not in drop-down list						
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>						
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
Accounting Code (Index Code or Detail)						
SA FED - SAPT Discretionary, CFDA #93.959				230,000	345,000	575,000
SA FED - DMC FFP, CFDA #93.778	237,074	222,249	133,364			592,687
SA STATE - DMC Expanded	7,656	7,177	4,306			19,139
SA COUNTY - General Fund	43,503	40,783	24,472	274,908	488,691	872,357
SA COUNTY - General Fund (WO COD9)	3,255	3,051	1,831	20,569	36,548	65,254
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>291,488</b>	<b>273,260</b>	<b>163,973</b>	<b>525,477</b>	<b>870,239</b>	<b>2,124,437</b>
<b>OTHER DPH FUNDING SOURCES</b>						
Accounting Code (Index Code or Detail)						
This row left blank for funding sources not in drop-down list						
<b>TOTAL OTHER DPH FUNDING SOURCES</b>						
<b>TOTAL DPH FUNDING SOURCES</b>	<b>291,488</b>	<b>273,260</b>	<b>163,973</b>	<b>525,477</b>	<b>870,239</b>	<b>2,124,437</b>
<b>NON-DPH FUNDING SOURCES</b>						
This row left blank for funding sources not in drop-down list						
<b>TOTAL NON-DPH FUNDING SOURCES</b>						
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>291,488</b>	<b>273,260</b>	<b>163,973</b>	<b>525,477</b>	<b>870,239</b>	<b>2,124,437</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable)					699	
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service	4,196	3,934	2,360	2,795	4,634	
Unit Type	15 minutes	15 minutes	15 minutes	Non-DMC: Hours; DMC: Per Person	Non-DMC: Hours; DMC: Per Person	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 69.47	\$ 69.46	\$ 69.48	\$ 187.80	\$ 187.79	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 69.47	\$ 69.46	\$ 69.48	\$ 187.80	\$ 187.79	
Published Rate (Medi-Cal Providers Only)						
Unduplicated Clients (UDC)						Total UDC

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Outpatient  
 Program Code: 3926OP

Appendix #: B-4  
 Page #: 2  
 Fiscal Year: 2018-2019  
 Funding Notification Date: 2/27/18

Term (mm/dd/yy-mm/dd/yy): Position Title	TOTAL		Outpatient - ODS Group Counseling		Outpatient - ODS Individual Counseling		Outpatient - ODS Case Management		Outpatient - SA Non Res ODF Group		Outpatient - SA Non Res ODF Individual		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
			7/1/18-6/30/19		7/1/18-6/30/19			7/1/18-6/30/19			7/1/18-6/30/19			
AOD Counselor- Certified	5.96	\$ 298,164	0.53	\$ 26,266	0.49	\$ 24,624	0.30	\$ 14,774	1.88	\$ 93,000	2.79	\$ 139,500		
Peer Support	3.31	\$ 132,508	0.13	\$ 5,004	0.12	\$ 4,690	0.07	\$ 2,814	1.20	\$ 48,000	1.60	\$ 72,000		
LPHA	0.94	\$ 68,604	0.38	\$ 26,642	0.35	\$ 24,976	0.21	\$ 14,986	0.00	\$ -	0.00	\$ -		
MH Training	0.06	\$ 5,316	0.03	\$ 2,126	0.02	\$ 1,994	0.01	\$ 1,198	0.00	\$ -	0.00	\$ -		
Medical Director	0.03	\$ 7,504	0.01	\$ 3,002	0.01	\$ 2,814	0.01	\$ 1,688	0.00	\$ -	0.00	\$ -		
Program Director	1.18	\$ 100,422	0.11	\$ 9,568	0.11	\$ 9,970	0.06	\$ 5,384	0.36	\$ 30,600	0.54	\$ 45,000		
Lead	1.28	\$ 108,922	0.11	\$ 9,568	0.11	\$ 9,970	0.06	\$ 5,384	0.40	\$ 34,000	0.60	\$ 51,000		
Program Manager AAHC	1.00	\$ 60,000	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.40	\$ 24,000	0.60	\$ 36,000		
Admin Assistant	2.63	\$ 110,266	0.25	\$ 10,506	0.23	\$ 9,850	0.14	\$ 6,910	0.80	\$ 33,600	1.20	\$ 50,400		
Compliance QI	0.31	\$ 18,782	0.13	\$ 7,504	0.12	\$ 7,036	0.07	\$ 4,222	0.00	\$ -	0.00	\$ -		
Compliance QA	0.31	\$ 18,782	0.13	\$ 7,504	0.12	\$ 7,036	0.07	\$ 4,222	0.00	\$ -	0.00	\$ -		
EMR Support	0.31	\$ 18,782	0.13	\$ 7,504	0.12	\$ 7,036	0.07	\$ 4,222	0.00	\$ -	0.00	\$ -		
Intake Counselor	0.28	\$ 12,666	0.11	\$ 5,068	0.11	\$ 4,750	0.06	\$ 2,850	0.00	\$ -	0.00	\$ -		
Intake LPHA	0.63	\$ 46,906	0.25	\$ 18,762	0.23	\$ 17,690	0.14	\$ 10,554	0.00	\$ -	0.00	\$ -		
Intake Medi-Cal Eligibility	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -		
Managing Director	0.08	\$ 7,766	0.03	\$ 3,106	0.03	\$ 2,912	0.02	\$ 1,748	0.00	\$ -	0.00	\$ -		
Vice President of Mental Health Programs	0.03	\$ 3,754	0.01	\$ 1,502	0.01	\$ 1,408	0.01	\$ 844	0.00	\$ -	0.00	\$ -		
Representative Payee	1.00	\$ 55,000	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	1.00	\$ 55,000		
	0.00	\$ -												
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Totals:	19.35	\$ 1,072,084	2.32	\$ 143,630	2.18	\$ 134,656	1.31	\$ 80,798	5.02	\$ 263,200	8.53	\$ 449,800	0.00	\$ -
Employee Fringe Benefits:	#####	\$ 343,067	32.00%	\$ 45,962	32.00%	\$ 43,090	32.00%	\$ 25,855	32.00%	\$ 84,224	32.00%	\$ 143,936	0.00%	\$ -
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 1,415,151</b>		<b>\$ 189,592</b>		<b>\$ 177,746</b>		<b>\$ 106,653</b>		<b>\$ 347,424</b>		<b>\$ 593,736</b>		<b>\$ -</b>

Revised 7/1/2015

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

Program Name: Outpatient  
 Program Code: 3926OP

Appendix #: B-4  
 Page.# 3  
 Fiscal Year: '2018-2019'  
 Funding Notification Date: 2/27/18

Expense Categories & Line Items	TOTAL	Outpatient - ODS	Outpatient - ODS	Outpatient - ODS	Outpatient - SA	Outpatient - SA Non	Accounting Code 6 (Index Code or Detail)
		Group Counseling	Individual Counseling	Case Management	Non Res ODF Group	Res ODF Individual	
Term (mm/dd/yy-mm/dd/yy):		7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	
Rent	\$ 217,362.00	\$ 27,024.00	\$ 25,336.00	\$ 15,202.00	\$ 59,920.00	\$ 89,880.00	
Utilities(telephone, electricity, water, gas)	\$ 64,072.00	\$ 5,628.00	\$ 5,278.00	\$ 3,166.00	\$ 20,000.00	\$ 30,000.00	
Building Repair/Maintenance	\$ 23,444.00	\$ 3,378.00	\$ 3,166.00	\$ 1,900.00	\$ 6,000.00	\$ 9,000.00	
<b>Occupancy Total:</b>	<b>\$ 304,878.00</b>	<b>\$ 36,030.00</b>	<b>\$ 33,780.00</b>	<b>\$ 20,268.00</b>	<b>\$ 85,920.00</b>	<b>\$ 128,880.00</b>	<b>\$ -</b>
Office Supplies	\$ 17,066.00	\$ 2,026.00	\$ 1,900.00	\$ 1,140.00	\$ 4,800.00	\$ 7,200.00	
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Program Supplies	\$ 17,066.00	\$ 2,026.00	\$ 1,900.00	\$ 1,140.00	\$ 4,800.00	\$ 7,200.00	
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>Materials &amp; Supplies Total:</b>	<b>\$ 34,132.00</b>	<b>\$ 4,052.00</b>	<b>\$ 3,800.00</b>	<b>\$ 2,280.00</b>	<b>\$ 9,600.00</b>	<b>\$ 14,400.00</b>	<b>\$ -</b>
Training/Staff Development	\$ 9,754.00	\$ 1,502.00	\$ 1,408.00	\$ 844.00	\$ 2,400.00	\$ 3,600.00	
Insurance	\$ 10,994.00	\$ 3,918.00	\$ 3,672.00	\$ 2,204.00	\$ 480.00	\$ 720.00	
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Permits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Equipment Lease & Maintenance	\$ 14,704.00	\$ 1,082.00	\$ 1,014.00	\$ 608.00	\$ 4,800.00	\$ 7,200.00	
<b>General Operating Total:</b>	<b>\$ 35,452.00</b>	<b>\$ 6,502.00</b>	<b>\$ 6,094.00</b>	<b>\$ 3,656.00</b>	<b>\$ 7,680.00</b>	<b>\$ 11,520.00</b>	<b>\$ -</b>
Local Travel	\$ 11,066.00	\$ 2,026.00	\$ 1,900.00	\$ 1,140.00	\$ 2,400.00	\$ 3,600.00	
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>Staff Travel Total:</b>	<b>\$ 11,066.00</b>	<b>\$ 2,026.00</b>	<b>\$ 1,900.00</b>	<b>\$ 1,140.00</b>	<b>\$ 2,400.00</b>	<b>\$ 3,600.00</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail): Facility Depreciation	\$ 40,000.00	\$ 16,000.00	\$ 15,000.00	\$ 9,000.00	\$ -	\$ -	
Client Healthcare Related/Transportation	\$ 15,382.00	\$ 3,752.00	\$ 3,518.00	\$ 2,112.00	\$ 2,400.00	\$ 3,600.00	
Food	\$ 24,000.00	\$ -	\$ -	\$ -	\$ 9,600.00	\$ 14,400.00	
<b>Other Total:</b>	<b>\$ 79,382.00</b>	<b>\$ 19,752.00</b>	<b>\$ 18,518.00</b>	<b>\$ 11,112.00</b>	<b>\$ 12,000.00</b>	<b>\$ 18,000.00</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 464,910.00</b>	<b>\$ 68,362.00</b>	<b>\$ 64,092.00</b>	<b>\$ 38,456.00</b>	<b>\$ 117,600.00</b>	<b>\$ 176,400.00</b>	<b>\$ -</b>

**Appendix B - DPH 5: Capital Expenses Detail**

Program Name: Outpatient  
 Program Code: 3926OP

Appendix #: B-4  
 Page #: 4  
 Fiscal Year: "2018-2019"  
 Funding Notification Date: 2/27/18

**1. Equipment**

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>Total Equipment Cost</b>					<b>\$ -</b>

**2. Remodeling**

Description	Total Cost
<b>Total Remodeling Cost</b>	

**Total Capital Expenditure**  
 (Equipment plus Remodeling Cost)

**\$ -**

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

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00348		Appendix # B-5			
Provider Name HEALTHRIGHT 360		Page # 1			
Provider Number 0		Fiscal Year 2018-2019*			
		Funding Notification Date 2/27/18			
Program Name	Intensive Outpatient				
Program Code	8926IOT				
Mode/SFC (MH) or Modality (SA)	ODS-105				
Service Description	ODS Intensive Outpatient Treatment (IOT)				
Funding Term	7/1/18-6/30/19				
<b>FUNDING USES</b>					<b>TOTAL</b>
Salaries & Employee Benefits	1,041,615	-	-	-	1,041,615
Operating Expenses	374,328	-	-	-	374,328
Capital Expenses	-	-	-	-	-
Subtotal Direct Expenses	1,415,943	-	-	-	1,415,943
Indirect Expenses	184,057	-	-	-	184,057
<b>TOTAL FUNDING USES</b>	<b>1,600,000</b>	-	-	-	<b>1,600,000</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)				
This row left blank for funding sources not in drop-down list					
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)				
SA FED - DMC FEP CFDA #89.778	HMHSCRES227	629,386			629,386
SA STATE - DMC Expanded	HMHSCRES227	636,900			636,900
SA COUNTY - General Fund	HMHSCRES227	331,714			331,714
This row left blank for funding sources not in drop-down list					
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>1,600,000</b>	-	-	<b>1,600,000</b>
<b>OTHER DPH FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)				
This row left blank for funding sources not in drop-down list					
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>1,600,000</b>	-	-	<b>1,600,000</b>
<b>NON-DPH FUNDING SOURCES</b>					
This row left blank for funding sources not in drop-down list					
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>1,600,000</b>	-	-	<b>1,600,000</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				
Payment Method	Cost Reimbursement (CR)				
DPH Units of Service	23,098				
Unit Type	15 minutes	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 69.27	\$ -	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & NON-DPH FUNDING SOURCES)	\$ 69.27	\$ -	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)					
Unduplicated Clients (UDC)					<b>Total UDC</b>

Appendix B - DPH.3: Salaries & Benefits Detail

Program Name: Intensive Outpatient  
 Program Code: 8828IOT

Appendix #: B-5  
 Page #: 2  
 Fiscal Year: "2018-2019"  
 Funding Notification Date: 2/27/18

Term (mm/dd/yy-mm/dd/yy):	TOTAL		Intensive Outpatient		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 8 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
			7/1/18-6/30/19											
AOD Counselor - Certified	2.89	\$ 144,162	2.89	\$ 144,162										
Peer Support	0.69	\$ 27,494	0.69	\$ 27,494										
LPHA	2.06	\$ 146,398	2.06	\$ 146,398										
MH Training	0.14	\$ 11,684	0.14	\$ 11,684										
Medical Director	0.07	\$ 16,496	0.07	\$ 16,496										
Program Director	0.62	\$ 52,580	0.62	\$ 52,580										
Lead	0.62	\$ 52,580	0.62	\$ 52,580										
Program Manager AAHC	0.00	\$ -	0.00	\$ -										
Admin Assistant	1.37	\$ 57,734	1.37	\$ 57,734										
Compliance CI	0.69	\$ 41,240	0.69	\$ 41,240										
Compliance QA	0.69	\$ 41,240	0.69	\$ 41,240										
EMR Support	0.69	\$ 41,240	0.69	\$ 41,240										
Intake Counselor	0.62	\$ 27,836	0.62	\$ 27,836										
Intake LPHA	1.37	\$ 103,098	1.37	\$ 103,098										
Infake Medi-Cal Eligibility	0.00	\$ -	0.00	\$ -										
Managing Director	0.17	\$ 17,072	0.17	\$ 17,072										
Vice President of Mental Health Programs	0.07	\$ 8,248	0.07	\$ 8,248										
	0.00	\$ -		\$ -										
	0.00	\$ -		\$ -										
	0.00	\$ -		\$ -										
	0.00	\$ -		\$ -										
	0.00	\$ -		\$ -										
	0.00	\$ -		\$ -										
	0.00	\$ -		\$ -										
	0.00	\$ -		\$ -										
	0.00	\$ -		\$ -										
	0.00	\$ -		\$ -										
Totals:	12.75	\$ 789,102	12.75	\$ 789,102	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Fringe Benefits: #####	\$ 252,513	32.00%	\$ 252,513	0.00%		0.00%		0.00%		0.00%		0.00%		0.00%
TOTAL SALARIES & BENEFITS	\$ 1,041,615		\$ 1,041,615		\$ -		\$ -		\$ -		\$ -		\$ -	

Revised 7/1/2015

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

Program Name: Intensive Outpatient  
 Program Code: 8926IOT

Appendix #: B-5  
 Page #: 3  
 Fiscal Year: '2018-2019'  
 Funding Notification Date: 2/27/18

Expense Categories & Line Items	TOTAL	Intensive Outpatient	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):		7/1/18-6/30/19					
Rent	\$ 148,504.00	\$ 148,504.00					
Utilities(telephone, electricity, water, gas)	\$ 30,930.00	\$ 30,930.00					
Building Repair/Maintenance	\$ 18,558.00	\$ 18,558.00					
Occupancy Total:	\$ 197,992.00	\$ 197,992.00	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 11,134.00	\$ 11,134.00					
Photocopying	\$ -	\$ -					
Program Supplies	\$ 11,134.00	\$ 11,134.00					
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Materials & Supplies Total:	\$ 22,268.00	\$ 22,268.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 8,248.00	\$ 8,248.00					
Insurance	\$ 21,528.00	\$ 21,528.00					
Professional License	\$ -	\$ -					
Permits	\$ -	\$ -					
Equipment Lease & Maintenance	\$ 5,938.00	\$ 5,938.00					
General Operating Total:	\$ 35,714.00	\$ 35,714.00	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 11,134.00	\$ 11,134.00					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
Staff Travel Total:	\$ 11,134.00	\$ 11,134.00	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -	\$ -					
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail): Facility Depreciation	\$ 86,600.00	\$ 86,600.00					
Client Healthcare Related/Transportation	\$ 20,620.00	\$ 20,620.00					
Food	\$ -	\$ -					
Other Total:	\$ 107,220.00	\$ 107,220.00	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 374,328.00</b>	<b>\$ 374,328.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Appendix B - DPH 5: Capital Expenses Detail**

Program Name: Intensive Outpatient  
 Program Code: 8926(OT)

Appendix #: B-5  
 Page #: 4  
 Fiscal Year: 2018-2019  
 Funding Notification Date: 2/27/18

**1. Equipment**

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>Total Equipment Cost</b>					\$ -

**2. Remodeling**

Description	Total Cost
<b>Total Remodeling Cost</b>	\$ -

**Total Capital Expenditure:**  
 (Equipment plus Remodeling Cost)

\$ -



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

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00348		Appendix # B-6			
Provider Name: HEALTHRIGHT 360		Page # 1			
Provider Number 0		Fiscal Year '2018-2019'			
		Funding Notification Date 2/27/18			
Program Name	AB109 Residential				
Program Code	87342				
Mode/SFC (MH) or Modality (SA)	Res-51				
Service Description	SA-Res Recov Long Term (over 30 days)				
Funding Term	7/1/16-6/30/19				
<b>FUNDING USES</b>					<b>TOTAL</b>
Salaries & Employee Benefits	519,844				519,844
Operating Expenses	170,100				170,100
Capital Expenses					
Subtotal Direct Expenses	689,944				689,944
Indirect Expenses	89,696				89,696
<b>TOTAL FUNDING USES</b>	<b>779,640</b>				<b>779,640</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Accounting Code (Index Code or Detail)</b>				
This row left blank for funding sources not in drop-down list					
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>					
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>Accounting Code (Index Code or Detail)</b>				
This row left blank for funding sources not in drop-down list					
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
<b>OTHER DPH FUNDING SOURCES</b>	<b>Accounting Code (Index Code or Detail)</b>				
HUH WO Adult Probation AB109 Stabilization Bed	HCHSHAB109PJ	779,640			779,640
This row left blank for funding sources not in drop-down list					
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		779,640			779,640
<b>TOTAL DPH FUNDING SOURCES</b>		<b>779,640</b>			<b>779,640</b>
<b>NON-DPH FUNDING SOURCES</b>					
This row left blank for funding sources not in drop-down list					
<b>TOTAL NON-DPH FUNDING SOURCES</b>					
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>779,640</b>			<b>779,640</b>
<b>BHS UNITS OF SERVICE AND UNIT COST</b>					
Number of Beds Purchased (if applicable)	12				
SA Only - Non-Res 33 - CDF # of Group Sessions (classes)					
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Payment Method	Fee-For-Service (FFS)				
DPH Units of Service	4,840				
Unit Type	Non-DMC - Bed Days; DMC - Per Day	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 161.08	\$ -	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 161.08	\$ -	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)					
Unduplicated Clients (UDC)	13				<b>Total UDC</b>

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: AB109 Residential  
 Program Code: 87342

Appendix #: B-6  
 Page #: 2  
 Fiscal Year: 2018-2019\*  
 Funding Notification Date: 2/27/18

Term (mm/dd/yy-mm/dd/yy):	TOTAL		AB109 Residential		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
			7/1/18-6/30/19											
<b>Position Title</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>										
AOD Counselors	1.16	\$ 57,920	1.16	\$ 57,920										
Peer Recovery Navigator (PSS)	1.16	\$ 46,330	1.16	\$ 46,330										
LPHA	0.58	\$ 41,700	0.58	\$ 41,700										
Mental Health Therapist	0.14	\$ 10,860	0.14	\$ 10,860										
Clinical Director	0.14	\$ 12,310	0.14	\$ 12,310										
Mental Health Training Coordinator	0.08	\$ 4,920	0.08	\$ 4,920										
Health and Wellness Coordinator	0.14	\$ 6,080	0.14	\$ 6,080										
Registered Nurse	0.14	\$ 13,030	0.14	\$ 13,030										
Medical Assistant	0.00	\$ -	0.00	\$ -										
Medical Director	0.01	\$ 3,470	0.01	\$ 3,470										
Psychiatrist	0.07	\$ 18,100	0.07	\$ 18,100										
Program Manager	0.58	\$ 33,590	0.58	\$ 33,590										
Program Director	0.29	\$ 23,170	0.29	\$ 23,170										
Managing Director	0.09	\$ 8,630	0.09	\$ 8,630										
Vice President of Community Programs	0.04	\$ 6,520	0.04	\$ 6,520										
Vice President of Mental Health Programs	0.04	\$ 6,520	0.04	\$ 6,520										
Administrative Assistant	0.14	\$ 6,080	0.14	\$ 6,080										
Compliance Quality Improvement	0.07	\$ 4,340	0.07	\$ 4,340										
Compliance Quality Assurance	0.14	\$ 8,690	0.14	\$ 8,690										
EMR Support	0.14	\$ 8,690	0.14	\$ 8,690										
Overnight/Weekend Staff	0.58	\$ 20,270	0.58	\$ 20,270										
Food Service	0.14	\$ 5,790	0.14	\$ 5,790										
Drivers	0.14	\$ 5,500	0.14	\$ 5,500										
Intake Counselor	0.21	\$ 9,810	0.21	\$ 9,810										
Intake LPHA	0.21	\$ 16,020	0.21	\$ 16,020										
Intake Director	0.07	\$ 5,160	0.07	\$ 5,160										
Intake Manager	0.07	\$ 4,470	0.07	\$ 4,470										
Intake Medi-Cal Eligibility Worker	0.07	\$ 3,090	0.07	\$ 3,090										
	0.00	\$ -		\$ -										
	0.00	\$ -		\$ -										
	0.00	\$ -		\$ -										
<b>Totals:</b>	<b>6.67</b>	<b>\$ 390,860</b>	<b>6.67</b>	<b>\$ 390,860</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>
<b>Employee Fringe Benefits:</b>	<b>####</b>	<b>\$ 128,984</b>	<b>33.00%</b>	<b>\$ 128,984</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 519,844</b>		<b>\$ 519,844</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>

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

Program Name: AB109 Residential  
 Program Code: 87342

Appendix #: B-6  
 Page #: 3  
 Fiscal Year: '2018-2019'  
 Funding Notification Date: 2/27/18

Expense Categories & Line Items.	TOTAL	AB109 Residential	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
<b>Term (mm/dd/yy-mm/dd/yy):</b>		7/1/18-6/30/19					
Rent	\$ 25,100.00	\$ 25,100.00					
Utilities(telephone, electricity, water, gas)	\$ 34,390.00	\$ 34,390.00					
Building Repair/Maintenance	\$ 16,290.00	\$ 16,290.00					
<b>Occupancy Total:</b>	<b>\$ 75,780.00</b>	<b>\$ 75,780.00</b>	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 1,520.00	\$ 1,520.00					
Photocopying	\$ -	\$ -					
Program Supplies	\$ 5,000.00	\$ 5,000.00					
Computer Hardware/Software	\$ -	\$ -					
<b>Materials &amp; Supplies Total:</b>	<b>\$ 6,520.00</b>	<b>\$ 6,520.00</b>	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -					
Insurance	\$ 7,240.00	\$ 7,240.00					
Professional License	\$ -	\$ -					
Permits	\$ 6,150.00	\$ 6,150.00					
Equipment Lease & Maintenance	\$ 4,710.00	\$ 4,710.00					
<b>General Operating Total:</b>	<b>\$ 18,100.00</b>	<b>\$ 18,100.00</b>	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -	\$ -					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -	\$ -					
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail): Facility Depreciation	\$ 34,360.00	\$ 34,360.00					
Client Healthcare Related/Transportation	\$ 5,940.00	\$ 5,940.00					
Food	\$ 29,400.00	\$ 29,400.00					
<b>Other Total:</b>	<b>\$ 69,700.00</b>	<b>\$ 69,700.00</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 170,100.00</b>	<b>\$ 170,100.00</b>	\$ -	\$ -	\$ -	\$ -	\$ -

**Appendix B - DPH 5: Capital Expenses Detail**

Program Name: AB109 Residential  
 Program Code: 87342

Appendix #: B-6  
 Page #: 4  
 Fiscal Year: 2018-2019  
 Funding Notification Date: 2/27/18

**1. Equipment**

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>Total Equipment Cost</b>					<u>\$ -</u>

**2. Remodeling**

Description	Total Cost
<b>Total Remodeling Cost</b>	<u>\$ -</u>

**Total Capital Expenditure**  
 (Equipment plus Remodeling Cost) \$ -

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

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00348		Appendix # B-7			
Provider Name HEALTHRIGHT 360		Page # 1			
Provider Number 86077		Fiscal Year '2018-2019'			
		Funding Notification Date 2/27/18			
Program Name	AB109 Recovery Residential				
Program Code	86077				
Mode/SFC (MH) or Modality (SA)	Res-56 SA-Res				
Service Description	Transitional Living Center (Perinatal/Parolee Only)				
Funding Term	7/1/18-6/30/19				
<b>FUNDING USES</b>					<b>TOTAL</b>
Salaries & Employee Benefits	150,897				150,897
Operating Expenses	97,080				97,080
Capital Expenses					-
Subtotal Direct Expenses	247,977				247,977
Indirect Expenses	32,198				32,198
<b>TOTAL FUNDING USES</b>	<b>280,175</b>				<b>280,175</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)				
This row left blank for funding sources not in drop-down list					
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>					
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)				
This row left blank for funding sources not in drop-down list					
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
<b>OTHER DPH FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)				
HUH WVO Adult Probation AB109 Stabilization Bed	HCHSHAB109PJ	280,175			280,175
This row left blank for funding sources not in drop-down list					
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		280,175			280,175
<b>TOTAL DPH FUNDING SOURCES</b>		280,175			280,175
<b>NON-DPH FUNDING SOURCES</b>					
This row left blank for funding sources not in drop-down list					
<b>TOTAL NON-DPH FUNDING SOURCES</b>					
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		280,175			280,175
<b>BHS UNITS OF SERVICE AND UNIT COST</b>					
Number of Beds Purchased (if applicable)		9			
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)					
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Payment Method	Fee-For-Service (FFS)				
DPH Units of Service		3,890			
Unit Type	Bed Days	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		\$ 72.02	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 72.02	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)					
Unduplicated Clients (UDC)		11			

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: AB109 Recovery Residential  
 Program Code: 85077

Appendix #: B-7  
 Page #: 2  
 Fiscal Year: "2018-2019"  
 Funding Notification Date: 2/27/18

Term (mm/dd/yy-mm/dd/yy)	TOTAL		AB109 Recovery Residential		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
			7/1/18-6/30/19											
<b>Monitors</b>	2.21	\$ 82,680	2.21	\$ 82,680										
<b>Health and Wellness Coordinators</b>	0.24	\$ 9,570	0.24	\$ 9,570										
<b>Manager</b>	0.24	\$ 12,470	0.24	\$ 12,470										
<b>Managing Director</b>	0.02	\$ 2,320	0.02	\$ 2,320										
<b>VP of Community Programs</b>	0.01	\$ 930	0.01	\$ 930										
<b>Cook</b>	0.12	\$ 4,840	0.12	\$ 4,840										
	0.00	\$ -		\$ -										
	0.00	\$ -		\$ -										
	0.00	\$ -		\$ -										
	0.00	\$ -		\$ -										
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<b>Totals:</b>	2.84	\$ 112,610	2.84	\$ 112,610	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
<b>Employee Fringe Benefits:</b>	#####	\$ 38,287	34.00%	\$ 38,287	0.00%		0.00%		0.00%		0.00%		0.00%	
<b>TOTAL SALARIES &amp; BENEFITS</b>		\$ 150,897		\$ 150,897		\$ -		\$ -		\$ -		\$ -		\$ -

Revised 7/1/2015

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

Program Name: AB109 Recovery Residential  
 Program Code: 86077

Appendix #: B-7  
 Page #: 3  
 Fiscal Year: "2018-2019"  
 Funding Notification Date: 2/27/18

Expense Categories & Line Items	TOTAL	AB109 Recovery Residential	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
<b>Term (mm/dd/yy-mm/dd/yy):</b>		7/1/18-6/30/19					
Rent	\$ 19,260.00	\$ 19,260.00					
Utilities(telephone, electricity, water, gas)	\$ 18,570.00	\$ 18,570.00					
Building Repair/Maintenance	\$ 8,700.00	\$ 8,700.00					
<b>Occupancy Total:</b>	<b>\$ 46,530.00</b>	<b>\$ 46,530.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 2,790.00	\$ 2,790.00					
Photocopying	\$ 2,090.00	\$ 2,090.00					
Program Supplies	\$ 3,950.00	\$ 3,950.00					
Computer Hardware/Software	\$ 1,390.00	\$ 1,390.00					
<b>Materials &amp; Supplies Total:</b>	<b>\$ 10,220.00</b>	<b>\$ 10,220.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ 700.00	\$ 700.00					
Insurance	\$ 4,640.00	\$ 4,640.00					
Professional License	\$ -	\$ -					
Permits	\$ -	\$ -					
Equipment Lease & Maintenance	\$ 4,180.00	\$ 4,180.00					
<b>General Operating Total:</b>	<b>\$ 9,520.00</b>	<b>\$ 9,520.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 1,390.00	\$ 1,390.00					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
<b>Staff Travel Total:</b>	<b>\$ 1,390.00</b>	<b>\$ 1,390.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -	\$ -					
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail): Facility Depreciation	\$ 4,060.00	\$ 4,060.00					
Client Healthcare Related/Transportation	\$ 4,180.00	\$ 4,180.00					
Food	\$ 21,180.00	\$ 21,180.00					
<b>Other Total:</b>	<b>\$ 29,420.00</b>	<b>\$ 29,420.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 97,080.00</b>	<b>\$ 97,080.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Appendix B - DPH 5: Capital Expenses Detail**

Program Name: AB109 Recovery Residential  
 Program Code: 86077

Appendix #: B-7  
 Page #: 4  
 Fiscal Year: '2018-2019'  
 Funding Notification Date: 2/27/18

**1. Equipment**

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>Total Equipment Cost</b>					<b>\$ -</b>

**2. Remodeling**

Description	Total Cost
<b>Total Remodeling Cost</b>	<b>\$ -</b>

**Total Capital Expenditure**  
 (Equipment plus Remodeling Cost) **\$ -**



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

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00348		Appendix # B-8			
Provider Name HEALTHRIGHT 360		Page # 1			
Provider Number 38371		Fiscal Year 2018-2019*			
		Funding Notification Date 2/27/18			
Program Name	AB109 Outpatient				
Program Code	38371				
Mode/SFG (MH) or Modality (SA)	Nonres-33				
Service Description	SA-Nonres/Infl ODF Grp				
Funding Term	7/1/18-6/30/19				
<b>FUNDING USES:</b>					<b>TOTAL</b>
Salaries & Employee Benefits	22,308	-	-	-	22,308
Operating Expenses	-	-	-	-	-
Capital Expenses	-	-	-	-	-
Subtotal Direct Expenses	22,308	-	-	-	22,308
Indirect Expenses	2,894	-	-	-	2,894
<b>TOTAL FUNDING USES</b>	<b>25,202</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>25,202</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Accounting Code (Index Code or Detail)</b>				
This row left blank for funding sources not in drop-down list					
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>					
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>Accounting Code (Index Code or Detail)</b>				
This row left blank for funding sources not in drop-down list					
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
<b>OTHER DPH FUNDING SOURCES</b>	<b>Accounting Code (Index Code or Detail)</b>				
HUH WO Adult Probation AB109 Stabilization Bed	HCHSHAB108PJ	25,202			25,202
This row left blank for funding sources not in drop-down list					
<b>TOTAL OTHER DPH FUNDING SOURCES</b>					
<b>TOTAL DPH FUNDING SOURCES</b>					
<b>NON-DPH FUNDING SOURCES</b>					
This row left blank for funding sources not in drop-down list					
<b>TOTAL NON-DPH FUNDING SOURCES</b>					
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</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)	72				
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Payment Method	Fee-For-Service (FFS)				
DPH Units of Service	218				
Unit Type	Non-DMC: Hours; DMC: Per Person	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 115.61	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 115.61	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)					
Unduplicated Clients (UDC)					<b>Total UDC</b>

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

Program Name: AB109 Outpatient  
 Program Code: 38371

Appendix #: B-8  
 Page #: 2  
 Fiscal Year: "2018-2019"  
 Funding Notification Date: 2/27/18

Term (mm/dd/yy-mm/dd/yy)	TOTAL		AB109 Outpatient		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
			7/1/18-6/30/19											
AOD Counselors	0.34	\$ 16,900	0.34	\$ 16,900										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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<b>Totals:</b>	<b>0.34</b>	<b>\$ 16,900</b>	<b>0.34</b>	<b>\$ 16,900</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>
<b>Employee Fringe Benefits:</b>	<b>#####</b>	<b>\$ 5,408 32.00%</b>	<b>\$ 5,408 0.00%</b>				<b>0.00%</b>		<b>0.00%</b>		<b>0.00%</b>		<b>0.00%</b>	
<b>TOTAL SALARIES &amp; BENEFITS</b>	<b>\$ 22,308</b>	<b>\$ 22,308</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

Revised 7/1/2015

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

Program Name: AB109 Outpatient  
 Program Code: 38371

Appendix #: B-8  
 Page #: 3  
 Fiscal Year: '2018-2019'  
 Funding Notification Date: 2/27/18

Expense Categories & Line Items	TOTAL	AB109 Outpatient	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):		7/1/18-6/30/19					
Rent	\$ -						
Utilities(telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
<b>Occupancy Total:</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ -						
Photocopying	\$ -						
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
<b>Materials &amp; Supplies Total:</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
<b>General Operating Total:</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
<b>Staff Travel Total:</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -						
<b>Consultant/Subcontractor Total:</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail): Facility Depreciation	\$ -						
Client Healthcare Related/Transportation	\$ -						
Food	\$ -						
<b>Other Total:</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL OPERATING EXPENSE</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**Appendix B - DPH 5: Capital Expenses Detail**

Program Name: AB109 Outpatient

Program Code: 38371

Appendix #: B-8

Page #: 4

Fiscal Year: "2018-2019"

Funding Notification Date: 2/27/18

**1. Equipment**

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -

**Total Equipment Cost**

\$ -

**2. Remodeling**

Description	Total Cost

**Total Remodeling Cost**

\$ -

**Total Capital Expenditure**

(Equipment plus Remodeling Cost)

\$ -

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

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00348						Appendix #	B-9
Provider Name HEALTHRIGHT 360						Page #	1
Provider Number N/A						Fiscal Year	2018-2019
						Funding Notification Date	2/27/18
Program Name	IPO Prevention						
Program Code	N/A						
Mode/SFC (MH) or Modality (SA)	SecPrev-19 SA-Sec Prev						
Service Description	Outreach						
Funding Term	1/1/18-6/30/18						
<b>FUNDING USES</b>							<b>TOTAL</b>
Salaries & Employee Benefits	66,896						66,896
Operating Expenses	37,320						37,320
Capital Expenses							
Subtotal Direct Expenses	104,216						104,216
Indirect Expenses	13,543						13,543
<b>TOTAL FUNDING USES</b>	<b>117,759</b>						<b>117,759</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)						
This row left blank for funding sources not in drop-down list							
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>							
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)						
This row left blank for funding sources not in drop-down list							
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
<b>OTHER DPH FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)						
HHS COUNTY GF	HCHPDHMSVGF	117,759					117,759
This row left blank for funding sources not in drop-down list							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		117,759					117,759
<b>TOTAL DPH FUNDING SOURCES</b>		117,759					117,759
<b>NON-DPH FUNDING SOURCES</b>							
This row left blank for funding sources not in drop-down list							
<b>TOTAL NON-DPH FUNDING SOURCES</b>							
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		117,759					117,759
<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							
Payment Method							
DPH Units of Service							
Unit Type	Hours	0	0	0	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$						
Published Rate (Medi-Cal Providers Only)							
Unduplicated Clients (UDC)							<b>Total UDC</b>

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: IPO Prevention  
 Program Code: N/A

Appendix #: B-9  
 Page #: 2  
 Fiscal Year: "2018-2019"  
 Funding Notification Date: 2/27/18

Term (mm/dd/yy-mm/dd/yy)	TOTAL		IPO Prevention		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Managing Director Clinical Services	0.12	\$ 11,800	0.12	\$ 11,800										
Supportive Health Services Coordinator	1.00	\$ 36,000	1.00	\$ 36,000										
Admin Assistant	0.08	\$ 2,500	0.08	\$ 2,500										
	0.00	\$ -		\$ -										
	0.00	\$ -		\$ -										
	0.00	\$ -		\$ -										
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<b>Totals:</b>	<b>1.20</b>	<b>\$ 50,300</b>	<b>1.20</b>	<b>\$ 50,300</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>
<b>Employee Fringe Benefits:</b>	<b>#####</b>	<b>\$ 16,596</b>	<b>32.99%</b>	<b>\$ 16,596</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 66,896</b>		<b>\$ 66,896</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>

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

Program Name: IPO Prevention  
 Program Code: N/A

Appendix #: B-9  
 Page #: 3  
 Fiscal Year: '2018-2019'  
 Funding Notification Date: 2/27/18

Expense Categories & Line Items	TOTAL	IPO Prevention	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):		7/1/18-6/30/19					
Rent	\$ 23,630.00	\$ 23,630.00					
Utilities (telephone, electricity, water, gas)	\$ 8,690.00	\$ 8,690.00					
Building Repair/Maintenance	\$ -	\$ -					
<b>Occupancy Total:</b>	<b>\$ 32,320.00</b>	<b>\$ 32,320.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 1,500.00	\$ 1,500.00					
Photocopying	\$ -	\$ -					
Program Supplies	\$ -	\$ -					
Computer Hardware/Software	\$ -	\$ -					
<b>Materials &amp; Supplies Total:</b>	<b>\$ 1,500.00</b>	<b>\$ 1,500.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ -	\$ -					
Insurance	\$ 500.00	\$ 500.00					
Professional License	\$ -	\$ -					
Permits	\$ -	\$ -					
Equipment Lease & Maintenance	\$ -	\$ -					
<b>General Operating Total:</b>	<b>\$ 500.00</b>	<b>\$ 500.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ -	\$ -					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -	\$ -					
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail): Facility Depreciation	\$ -	\$ -					
Client Healthcare Related/Transportation	\$ -	\$ -					
Food	\$ 3,000.00	\$ 3,000.00					
<b>Other Total:</b>	<b>\$ 3,000.00</b>	<b>\$ 3,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 37,320.00</b>	<b>\$ 37,320.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Appendix B - DPH 5: Capital Expenses Detail**

Program Name: IPO Prevention  
 Program Code: N/A

Appendix #: B-9

Page #: 4

Fiscal Year: '2018-2019'

Funding Notification Date: 2/27/18

**1. Equipment**

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -

**Total Equipment Cost** \$ -

**2. Remodeling**

Description	Total Cost

**Total Remodeling Cost** \$ -

**Total Capital Expenditure** \$ -  
 (Equipment plus Remodeling Cost)



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

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00348		Appendix # B-10			
Provider Name HEALTHRIGHT 360		Page # 1			
Provider Number 38JBOP		Fiscal Year '2018-2019'			
		Funding Notification Date 2/27/18			
Program Name	ADAPT MH				
Program Code	38JBOP				
Mode/SFC (MH) or Modality (SA)	15/10-57, 59				
Service Description	OP-MH Svcs				
Funding Term	7/1/18-6/30/19				
<b>FUNDING USES</b>					<b>TOTAL</b>
Salaries & Employee Benefits	135,660				135,660
Operating Expenses	26,560				26,560
Capital Expenses					
Subtotal Direct Expenses	162,220				162,220
Indirect Expenses	21,072				21,072
<b>TOTAL FUNDING USES</b>	<b>183,292</b>				<b>183,292</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Accounting Code (Index Code or Detail)</b>				
MH FED SDMC FFP (50%) Adult	HMMHCC730515	44,332			44,332
MH COUNTY Adult - General Fund	HMMHCC730515	138,960			138,960
This row left blank for funding sources not in drop-down list					
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>183,292</b>			<b>183,292</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>Accounting Code (Index Code or Detail)</b>				
This row left blank for funding sources not in drop-down list					
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
<b>OTHER DPH FUNDING SOURCES</b>	<b>Accounting Code (Index Code or Detail)</b>				
This row left blank for funding sources not in drop-down list					
<b>TOTAL OTHER DPH FUNDING SOURCES</b>					
<b>TOTAL DPH FUNDING SOURCES</b>		<b>183,292</b>			<b>183,292</b>
<b>NON-DPH FUNDING SOURCES</b>					
This row left blank for funding sources not in drop-down list					
<b>TOTAL NON-DPH FUNDING SOURCES</b>					
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>183,282</b>			<b>183,292</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					
Payment Method	Fee-For-Service (FFS)				
DPH Units of Service	58,058				
Unit Type	Staff Minute	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 3.16	\$ -	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 3.16	\$ -	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)	\$ 3.95				
Unduplicated Clients (UDC)					<b>Total UDC</b>

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: ADAPT MH  
 Program Code: 38JBOP

Appendix #: B-10  
 Page #: 2  
 Fiscal Year: 2018-2019  
 Funding Notification Date: 2/27/18

Term (mm/dd/yy-mm/dd/yy) Position Title	TOTAL		ADAPT MH		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
			7/1/18-6/30/19											
Clinician	1.30	\$ 78,000	1.30	\$ 78,000										
Program Director	0.10	\$ 8,000	0.10	\$ 8,000										
Clinical Supervisor	0.00	\$ -	0.00	\$ -										
Program Manager	0.00	\$ -	0.00	\$ -										
Client Support Admin Assistant	0.40	\$ 16,000	0.40	\$ 16,000										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	1.80	\$ 102,000	1.80	\$ 102,000	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Fringe Benefits:	####	\$ 33,660	33.00%	\$ 33,660	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 135,660		\$ 135,660		\$ -		\$ -		\$ -		\$ -		\$ -

Revised 7/1/2015

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

Program Name: ADAPT MH  
 Program Code: 38JBOP

Appendix #: B-10  
 Page #: 3  
 Fiscal Year: '2018-2019'  
 Funding Notification Date: 2/27/18

Expense Categories & Line Items	TOTAL	ADAPT MH	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):		7/1/18-6/30/19					
Rent	\$ 19,000.00	\$ 19,000.00					
Utilities (telephone, electricity, water, gas)	\$ 3,000.00	\$ 3,000.00					
Building Repair/Maintenance	\$ 1,000.00	\$ 1,000.00					
<b>Occupancy Total:</b>	<b>\$ 23,000.00</b>	<b>\$ 23,000.00</b>	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 200.00	\$ 200.00					
Photocopying	\$ -	\$ -					
Program Supplies	\$ 1,200.00	\$ 1,200.00					
Computer Hardware/Software	\$ -	\$ -					
<b>Materials &amp; Supplies Total:</b>	<b>\$ 1,400.00</b>	<b>\$ 1,400.00</b>	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -					
Insurance	\$ 960.00	\$ 960.00					
Professional License	\$ -	\$ -					
Permits	\$ -	\$ -					
Equipment Lease & Maintenance	\$ 1,000.00	\$ 1,000.00					
<b>General Operating Total:</b>	<b>\$ 1,960.00</b>	<b>\$ 1,960.00</b>	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 200.00	\$ 200.00					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
<b>Staff Travel Total:</b>	<b>\$ 200.00</b>	<b>\$ 200.00</b>	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -	\$ -					
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail): Facility Depreciation	\$ -	\$ -					
Client Healthcare Related/Transportation	\$ -	\$ -					
Food	\$ -	\$ -					
<b>Other Total:</b>	<b>\$ -</b>	<b>\$ -</b>	\$ -	\$ -	\$ -	\$ -	\$ -
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 26,560.00</b>	<b>\$ 26,560.00</b>	\$ -	\$ -	\$ -	\$ -	\$ -

**Appendix B - DPH 5: Capital Expenses Detail**

Program Name: ADAPT MH  
 Program Code: 38JBOP

Appendix #: B-10

Page #: 4

Fiscal Year: '2018-2019'

Funding Notification Date: 2/27/18

**1. Equipment**

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -

**Total Equipment Cost** \$ -

**2. Remodeling**

Description	Total Cost

**Total Remodeling Cost** \$ -

**Total Capital Expenditure** \$ -  
 (Equipment plus Remodeling Cost)

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

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00348		Provider Name HEALTHRIGHT 360		Provider Number 38K3OP		Appendix #	B-11
						Page #	1
						Fiscal Year	2018-2019*
						Funding Notification Date	2/27/18
Program Name	Adult Outpatient	Adult Outpatient					
Program Code	38K3OP	38K3OP					
Mode/SFC (MH) or Modality (SA)	15/10-57, 59	15/01-09					
Service Description	OP-MH Svcs	OP-Case Mgt Brokerage					
Funding Term	7/1/18-6/30/19	7/1/18-6/30/19					
<b>FUNDING USES</b>							<b>TOTAL</b>
Salaries & Employee Benefits	273,528	30,392					303,920
Operating Expenses	19,980	2,220					22,200
Capital Expenses							
Subtotal Direct Expenses	293,508	32,612					326,120
Indirect Expenses	38,170	4,240					42,410
<b>TOTAL FUNDING USES</b>	<b>331,678</b>	<b>36,852</b>					<b>368,530</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Accounting Code (Index Code or Detail)</b>						
MH FED SDMC FFP (50%) Adult	HMHMCC730515	151,288	16,810				168,098
MH STATE CYF 1991 Realignment	HMHMCP751594	163,876	18,208				182,084
MH COUNTY Adult -General Fund	HMHMCC730515	16,514	1,834				18,348
This row left blank for funding sources not in drop-down list							
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>331,678</b>	<b>36,852</b>				<b>368,530</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>Accounting Code (Index Code or Detail)</b>						
This row left blank for funding sources not in drop-down list							
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
<b>OTHER DPH FUNDING SOURCES</b>	<b>Accounting Code (Index Code or Detail)</b>						
This row left blank for funding sources not in drop-down list							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL DPH FUNDING SOURCES</b>		<b>331,678</b>	<b>36,852</b>				<b>368,530</b>
<b>NON-DPH FUNDING SOURCES</b>							
This row left blank for funding sources not in drop-down list							
<b>TOTAL NON-DPH FUNDING SOURCES</b>							
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>331,678</b>	<b>36,852</b>				<b>368,530</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							
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)					
DPH Units of Service	104,980	11,662					
Unit Type	Staff Minute	Staff Minute					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 3.16	\$ 3.16	\$ -	\$ -	\$ -		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 3.16	\$ 3.16	\$ -	\$ -	\$ -		
Published Rate (Medi-Cal Providers Only)	\$ 3.95	\$ 3.95					<b>Total UDC</b>
Unduplicated Clients (UDC)	34	34					

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Adult Outpatient  
 Program Code: 38K3DP

Appendix #: B-11

Page #: 2

Fiscal Year: 2018-2019

Funding Notification Date: 2/27/18

Term (mm/dd/yy-mm/dd/yy) Position Title	TOTAL		Adult Outpatient - MH Services		Adult Outpatient - Case Management		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
			7/1/18-6/30/19		7/1/18-6/30/19									
Vice President of Mental Health Programs	0.10	\$ 12,500	0.09	\$ 11,250	0.01	\$ 1,250.00								
Vice President of QA and Compliance	0.05	\$ 2,500	0.05	\$ 2,250	0.01	\$ 250.00								
Case Manager	1.00	\$ 40,000	0.90	\$ 36,000	0.10	\$ 4,000.00								
MH Training Manager	0.10	\$ 7,500	0.09	\$ 6,750	0.01	\$ 750.00								
Director of MH Services	0.10	\$ 9,000	0.09	\$ 8,100	0.01	\$ 900.00								
Therapist	1.80	\$ 108,000	1.62	\$ 97,200	0.18	\$ 10,800.00								
Psychologist	0.10	\$ 7,500	0.09	\$ 6,750	0.01	\$ 750.00								
MH Manager	0.60	\$ 45,000	0.54	\$ 40,500	0.06	\$ 4,500.00								
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Totals:	3.85	\$ 232,000	3.47	\$ 208,800	0.39	\$ 23,200.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -

Employee Fringe Benefits:	#####	\$ 71,920	31.00%	\$ 64,728	31.00%	\$ 7,192	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 303,920</b>		<b>\$ 273,528</b>		<b>\$ 30,392.00</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>

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

Program Name: Adult Outpatient  
 Program Code: 38K3OP

Appendix #: B-11  
 Page #: 3  
 Fiscal Year: '2018-2019'  
 Funding Notification Date: 2/27/18

Expense Categories & Line Items	TOTAL	Adult Outpatient - MH Services	Adult Outpatient - Case Management	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
<b>Term (mm/dd/yy-mm/dd/yy):</b>		7/1/18-6/30/19	7/1/18-6/30/19				
Rent	\$ 6,000.00	\$ 5,400.00	\$ 600.00				
Utilities (telephone, electricity, water, gas)	\$ 6,000.00	\$ 5,400.00	\$ 600.00				
Building Repair/Maintenance	\$ 2,000.00	\$ 1,800.00	\$ 200.00				
<b>Occupancy Total:</b>	<b>\$ 14,000.00</b>	<b>\$ 12,600.00</b>	<b>\$ 1,400.00</b>	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 1,000.00	\$ 900.00	\$ 100.00				
Photocopying	\$ -	\$ -	\$ -				
Program Supplies	\$ 2,000.00	\$ 1,800.00	\$ 200.00				
Computer Hardware/Software	\$ 2,000.00	\$ 1,800.00	\$ 200.00				
<b>Materials &amp; Supplies Total:</b>	<b>\$ 5,000.00</b>	<b>\$ 4,500.00</b>	<b>\$ 500.00</b>	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -	\$ -				
Insurance	\$ 1,000.00	\$ 900.00	\$ 100.00				
Professional License	\$ -	\$ -	\$ -				
Permits	\$ -	\$ -	\$ -				
Equipment Lease & Maintenance	\$ 1,200.00	\$ 1,080.00	\$ 120.00				
<b>General Operating Total:</b>	<b>\$ 2,200.00</b>	<b>\$ 1,980.00</b>	<b>\$ 220.00</b>	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -	\$ -	\$ -				
Out-of-Town Travel	\$ -	\$ -	\$ -				
Field Expenses	\$ -	\$ -	\$ -				
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -	\$ -	\$ -				
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	\$ -	\$ -	\$ -	\$ -
Other (provide detail): Facility Depreciation	\$ -	\$ -	\$ -				
Client Healthcare Related/Transportation	\$ 1,000.00	\$ 900.00	\$ 100.00				
Food	\$ -	\$ -	\$ -				
<b>Other Total:</b>	<b>\$ 1,000.00</b>	<b>\$ 900.00</b>	<b>\$ 100.00</b>	\$ -	\$ -	\$ -	\$ -
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 22,200.00</b>	<b>\$ 19,980.00</b>	<b>\$ 2,220.00</b>	\$ -	\$ -	\$ -	\$ -

**Appendix B - DPH 5: Capital Expenses Detail**

Program Name: Adult Outpatient  
 Program Code: 38K3OP

Appendix #: B-11  
 Page #: 4  
 Fiscal Year: '2018-2019'  
 Funding Notification Date: 2/27/18

**1. Equipment**

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>Total Equipment Cost</b>					<b>\$ -</b>

**2. Remodeling**

Description	Total Cost
<b>Total Remodeling Cost</b>	<b>\$ -</b>

**Total Capital Expenditure**  
 (Equipment plus Remodeling Cost)

**\$ -**



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

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00348		Appendix # B-12			
Provider Name HEALTHRIGHT 360		Page # 1			
Provider Number TBD		Fiscal Year 2018-2019			
		Funding Notification Date 2/27/18			
Program Name	CDCR Bridges - Intensive Care Mgt Svcs				
Program Code	TBD				
Mode/SFC (MH) or Modality (SA)	10/40-49				
Service Description	DS_Socialization				
Funding Term	7/1/18-6/30/19				
<b>FUNDING USES</b>					<b>TOTAL</b>
Salaries & Employee Benefits	426,598				426,598
Operating Expenses	114,050				114,050
Capital Expenses					
Subtotal Direct Expenses	540,648				540,648
Indirect Expenses	70,262				70,262
<b>TOTAL FUNDING USES</b>	<b>610,910</b>				<b>610,910</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)				
This row left blank for funding sources not in drop-down list					
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>					
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)				
SA GRANT State CDCR ISMIP	enter Grant Code	610,910			610,910
This row left blank for funding sources not in drop-down list					
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>610,910</b>			<b>610,910</b>
<b>OTHER DPH FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)				
This row left blank for funding sources not in drop-down list					
<b>TOTAL OTHER DPH FUNDING SOURCES</b>					
<b>TOTAL DPH FUNDING SOURCES</b>		<b>610,910</b>			<b>610,910</b>
<b>NON-DPH FUNDING SOURCES</b>					
This row left blank for funding sources not in drop-down list					
<b>TOTAL NON-DPH FUNDING SOURCES</b>					
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>610,910</b>			<b>610,910</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					
Payment Method	Fee-For-Service (FFS)				
DPH Units of Service	Client Full Day	9,120			
Unit Type	Client Full Day	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 66.99	\$	\$	\$
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 66.99	\$	\$	\$
Published Rate (Medi-Cal Providers Only)					<b>Total UDC</b>
Unduplicated Clients (UDC)		40			

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

Program Name: CDCR Bridges - Intensive Care Mgt Svcs  
 Program Code: TBD

Appendix #: B-12

Page #: 2

Fiscal Year: 2018-2019

Funding Notification Date: 2/27/18

Term (mm/dd/yy-mm/dd/yy)	TOTAL		CDCR Bridges - Intensive Care Mgt Svcs		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
			7/1/18-6/30/19											
Program Director	0.40	\$ 31,200	0.40	\$ 31,200										
Case Manager	4.00	\$ 176,000	4.00	\$ 176,000										
Transportation and Facility Manager	0.50	\$ 20,000	0.50	\$ 20,000										
Driver	0.02	\$ 800	0.02	\$ 800										
Cook/Food Services	0.05	\$ 2,000	0.05	\$ 2,000										
VP Mental Health Services	0.05	\$ 6,000	0.05	\$ 6,000										
MH Training Director	0.05	\$ 3,750	0.05	\$ 3,750										
Therapist	1.00	\$ 75,000	1.00	\$ 75,000										
MH Manager	0.04	\$ 3,000	0.04	\$ 3,000										
Psychologist	0.04	\$ 3,000	0.04	\$ 3,000										
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<b>Totals:</b>	<b>6.15</b>	<b>\$ 320,750</b>	<b>6.15</b>	<b>\$ 320,750</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>
<b>Employee Fringe Benefits:</b>	<b>#####</b>	<b>\$ 105,848</b>	<b>33.00%</b>	<b>\$ 105,848</b>	<b>0.00%</b>		<b>0.00%</b>		<b>0.00%</b>		<b>0.00%</b>		<b>0.00%</b>	
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 426,598</b>		<b>\$ 426,598</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>

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

Program Name: CDCR Bridges - Intensive Care Mgt Svcs  
 Program Code: TBD

Appendix #: B-12  
 Page #: 3  
 Fiscal Year: '2018-2019'  
 Funding Notification Date: 2/27/18

Expense Categories & Line Items	TOTAL	CDCR Bridges - Intensive Care Mgt Svcs	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):		7/1/18-6/30/19					
Rent	\$ 50,000.00	\$ 50,000.00					
Utilities(telephone, electricity, water, gas)	\$ 11,500.00	\$ 11,500.00					
Building Repair/Maintenance	\$ 9,000.00	\$ 9,000.00					
<b>Occupancy Total:</b>	<b>\$ 70,500.00</b>	<b>\$ 70,500.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 1,500.00	\$ 1,500.00					
Photocopying	\$ 300.00	\$ 300.00					
Program Supplies	\$ 7,600.00	\$ 7,600.00					
Computer Hardware/Software	\$ 4,400.00	\$ 4,400.00					
<b>Materials &amp; Supplies Total:</b>	<b>\$ 13,800.00</b>	<b>\$ 13,800.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ 800.00	\$ 800.00					
Insurance	\$ 2,000.00	\$ 2,000.00					
Professional License	\$ 250.00	\$ 250.00					
Permits	\$ -	\$ -					
Equipment Lease & Maintenance	\$ 3,800.00	\$ 3,800.00					
<b>General Operating Total:</b>	<b>\$ 6,850.00</b>	<b>\$ 6,850.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 500.00	\$ 500.00					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
<b>Staff Travel Total:</b>	<b>\$ 500.00</b>	<b>\$ 500.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -	\$ -					
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail): Facility Depreciation	\$ -	\$ -					
Client Healthcare Related/Transportation	\$ 12,000.00	\$ 12,000.00					
Food	\$ 10,400.00	\$ 10,400.00					
<b>Other Total:</b>	<b>\$ 22,400.00</b>	<b>\$ 22,400.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 114,050.00</b>	<b>\$ 114,050.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Appendix B - DPH 5: Capital Expenses Detail**

Program Name: CDCR Bridges - Intensive Care Mgt Svcs  
 Program Code: TBD

Appendix #: B-12  
 Page #: 4  
 Fiscal Year: '2018-2019'  
 Funding Notification Date: 2/27/18

**1. Equipment**

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>Total Equipment Cost</b>					\$ -

**2. Remodelling**

Description	Total Cost
<b>Total Remodeling Cost</b>	\$ -

**Total Capital Expenditure**  
 (Equipment plus Remodeling Cost)

\$ -

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

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00348		Appendix # B-13			
Provider Name HEALTHRIGHT 360		Page # 1			
Provider Number TBD		Fiscal Year "2018-2019"			
		Funding Notification Date 2/27/18			
Program Name	CDCR Bridges - Housing Vouchers				
Program Code	TBD				
Mode/SFC (MH) or Modality (SA)	60/70				
Service Description	SS-Client Hsing Support Exp				
Funding Term	7/1/18-6/30/19				
<b>FUNDING USES</b>					<b>TOTAL</b>
Salaries & Employee Benefits					
Operating Expenses	112,260				112,260
Capital Expenses					
Subtotal Direct Expenses	112,260				112,260
Indirect Expenses	14,600				14,600
<b>TOTAL FUNDING USES</b>	<b>126,860</b>				<b>126,860</b>
<b>BHS-MENTAL HEALTH FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)				
This row left blank for funding sources not in drop-down list					
<b>TOTAL BHS-MENTAL HEALTH FUNDING SOURCES</b>					
<b>BHS-SUBSTANCE ABUSE FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)				
SA GRANT State CDCR ISMP	enter Grant Code	126,860			126,860
This row left blank for funding sources not in drop-down list					
<b>TOTAL BHS-SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>126,860</b>			<b>126,860</b>
<b>OTHER DPH FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)				
This row left blank for funding sources not in drop-down list					
<b>TOTAL OTHER DPH FUNDING SOURCES</b>					
<b>TOTAL DPH FUNDING SOURCES</b>		<b>126,860</b>			<b>126,860</b>
<b>NON-DPH FUNDING SOURCES</b>					
This row left blank for funding sources not in drop-down list					
<b>TOTAL NON-DPH FUNDING SOURCES</b>					
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>126,860</b>			<b>126,860</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					
Payment Method	Cost Reimbursement (CR)				
DPH Units of Service	126				
Unit Type	Staff Hour or Client Day, depending on contract.	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$	1,006.83	\$	-	\$
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$	1,006.83	\$	-	\$
Published Rate (Medi-Cal Providers Only)					<b>Total UDC</b>
Unduplicated Clients (UDC)		25			

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: CDCR Bridges - Housing Vouchers  
 Program Code: TBD

Appendix #: B-13  
 Page #: 2  
 Fiscal Year: 2018-2019  
 Funding Notification Date: 2/27/18

Term (mm/dd/yy-mm/dd/yy) Position Title	TOTAL		CDCR Bridges - Housing Vouchers		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
			7/1/18-6/30/19											
AOD Counselors	0.00	\$ -												
Peer Recovery Navigator (PSS)	0.00	\$ -												
LPHA	0.00	\$ -												
Mental Health Therapist	0.00	\$ -												
Clinical Director	0.00	\$ -												
Mental Health Training Coordinator	0.00	\$ -												
Health and Wellness Coordinator	0.00	\$ -												
Registered Nurse	0.00	\$ -												
Medical Assistant	0.00	\$ -												
Medical Director	0.00	\$ -												
Psychiatrist	0.00	\$ -												
Program Manager	0.00	\$ -												
Program Director	0.00	\$ -												
Managing Director	0.00	\$ -												
Vice President of Community Programs	0.00	\$ -												
Vice President of Mental Health Programs	0.00	\$ -												
Administrative Assistant	0.00	\$ -												
Compliance Quality Improvement	0.00	\$ -												
Compliance Quality Assurance	0.00	\$ -												
EMR Support	0.00	\$ -												
Overnight/Weekend Staff	0.00	\$ -												
Food Service	0.00	\$ -												
Drivers	0.00	\$ -												
Intake Counselor	0.00	\$ -												
Intake LPHA	0.00	\$ -												
Intake Director	0.00	\$ -												
Intake Manager	0.00	\$ -												
Intake Medi-Cal Eligibility Worker	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
<b>Totals:</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>
<b>Employee Fringe Benefits:</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL SALARIES &amp; BENEFITS</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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

Program Name: CDCR Bridges - Housing Vouchers  
 Program Code: TBD

Appendix #: B-13  
 Page #: 3  
 Fiscal Year: '2018-2019'  
 Funding Notification Date: 2/27/18

Expense Categories & Line Items	TOTAL	CDCR Bridges - Housing Vouchers	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):		7/1/18-6/30/19					
Rent	\$ -						
Utilities(telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
<b>Occupancy Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ -						
Photocopying	\$ -						
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
<b>Materials &amp; Supplies Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
<b>General Operating Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ -						
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -						
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail): Facility Depreciation	\$ -						
Client Healthcare Related/Transportation	\$ -						
Housing Vouchers	\$ 112,260.00	\$ 112,260.00					
<b>Other Total:</b>	<b>\$ 112,260.00</b>	<b>\$ 112,260.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 112,260.00</b>	<b>\$ 112,260.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Appendix B - DPH 5: Capital Expenses Detail**

Program Name: CDCR Bridges - Housing Vouchers  
 Program Code: TBD

Appendix #: B-13  
 Page #: 4  
 Fiscal Year: '2018-2019'  
 Funding Notification Date: 2/27/18

**1. Equipment**

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>Total Equipment Cost</b>					<b>\$ -</b>

**2. Remodeling**

Description	Total Cost
<b>Total Remodeling Cost</b>	<b>\$ -</b>

**Total Capital Expenditure**  
 (Equipment plus Remodeling Cost) **\$ -**



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

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00348		Provider Name HEALTHRIGHT 360		Appendix # B-14	
Provider Number 38JCOP		Funding Notification Date 2/27/18		Page # 1	
		Fiscal Year '2018-2019'			
Program Name	Project Reconnect	Project Reconnect			
Program Code	38JCOP	38JCOP			
Mode/SFC (MH) or Modality (SA)	15/10-57_59	15/10-57_59			
Service Description	OP-MH Svcs	OP-MH Svcs			
Funding Term	7/1/18-6/30/19	7/1/18-6/30/19			
<b>FUNDING USES</b>					<b>TOTAL</b>
Salaries & Employee Benefits	8,565	83,857			92,422
Operating Expenses	2,500	9,060			11,560
Capital Expenses					
Subtotal Direct Expenses	11,065	92,917			103,982
Indirect Expenses	1,435	12,083			13,518
<b>TOTAL FUNDING USES</b>	<b>12,500</b>	<b>105,000</b>			<b>117,500</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Accounting Code (Index Code or Detail)</b>				
MH FED SOMC FPP (50%) CYF	HMHMCP751594	6,250			6,250
MH STATE CYF 2011 PSR-EPSDT	HMHMCP751594	6,250			6,250
MH WO Juvenile Probation Log Cabin Ranch	HMHMLOGCABWO		105,000		105,000
This row left blank for funding sources not in drop-down list					
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>12,500</b>	<b>105,000</b>		<b>117,500</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>Accounting Code (Index Code or Detail)</b>				
This row left blank for funding sources not in drop-down list					
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
<b>OTHER DPH FUNDING SOURCES</b>	<b>Accounting Code (Index Code or Detail)</b>				
This row left blank for funding sources not in drop-down list					
<b>TOTAL OTHER DPH FUNDING SOURCES</b>					
<b>TOTAL DPH FUNDING SOURCES</b>		<b>12,500</b>	<b>105,000</b>		<b>117,500</b>
<b>NON-DPH FUNDING SOURCES</b>					
This row left blank for funding sources not in drop-down list					
<b>TOTAL NON-DPH FUNDING SOURCES</b>					
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>12,500</b>	<b>105,000</b>		<b>117,500</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					
Payment Method	Fee-For-Service (FFS)	Cost Reimbursement (CR)			
DPH Units of Service	3,954				
Unit Type	Staff Minute	Staff Minute	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 3.16	\$ -	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 3.16	\$ -	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)	\$ 3.95				
Unduplicated Clients (UDC)					<b>Total UDC</b>

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Project Reconnect  
 Program Code: 38JCOP

Appendix #: B-14  
 Page #: 2  
 Fiscal Year: "2018-2019"  
 Funding Notification Date: 2/27/18

Position Title	TOTAL		Project Reconnect		Project Reconnect LCR		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Senior Counselor	1.00	\$ 51,350	0.00	\$ -	1.00	\$ 51,350.00								
Clinician	0.10	\$ 6,440	0.10	\$ 6,440	0.00	\$ -								
Program Manager	0.10	\$ 7,500	0.00	\$ -	0.10	\$ 7,500.00								
Client Support Admin Assistant	0.10	\$ 4,200	0.00	\$ -	0.10	\$ 4,200.00								
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	1.30	\$ 69,490	0.10	\$ 6,440	1.20	\$ 63,050.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Fringe Benefits:	####	\$ 22,932	33.00%	\$ 2,125	33.00%	\$ 20,807	0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS:		\$ 92,422		\$ 8,565		\$ 83,857.00		\$ -		\$ -		\$ -		\$ -

Revised 7/1/2015

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

Program Name: Project Reconnect  
 Program Code: 38JCOP

Appendix #: B-14  
 Page #: 3  
 Fiscal Year: "2018-2019"  
 Funding Notification Date: 2/27/18

Expense Categories & Line Items	TOTAL	Project Reconnect	Project Reconnect LCR	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):		7/1/18-6/30/19	7/1/18-6/30/19				
Rent	\$ 1,200.00	\$ 1,200.00					
Utilities(telephone, electricity, water, gas)	\$ 1,760.00	\$ 500.00	\$ 1,260.00				
Building Repair/Maintenance	\$ -						
<b>Occupancy Total:</b>	<b>\$ 2,960.00</b>	<b>\$ 1,700.00</b>	<b>\$ 1,260.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 1,200.00	\$ 400.00	\$ 800.00				
Photocopying	\$ -						
Program Supplies	\$ 2,800.00	\$ 400.00	\$ 2,400.00				
Computer Hardware/Software	\$ -						
<b>Materials &amp; Supplies Total:</b>	<b>\$ 4,000.00</b>	<b>\$ 800.00</b>	<b>\$ 3,200.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ 1,000.00		\$ 1,000.00				
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
<b>General Operating Total:</b>	<b>\$ 1,000.00</b>	<b>\$ -</b>	<b>\$ 1,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 3,600.00		\$ 3,600.00				
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
<b>Staff Travel Total:</b>	<b>\$ 3,600.00</b>	<b>\$ -</b>	<b>\$ 3,600.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -						
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail): Facility Depreciation	\$ -						
Client Healthcare Related/Transportation	\$ -						
Food	\$ -						
<b>Other Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 11,560.00</b>	<b>\$ 2,500.00</b>	<b>\$ 9,060.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Appendix B - DPH 5: Capital Expenses Detail**

Program Name: Project Reconnect  
 Program Code: 38JCOP

Appendix #: B-14

Page #: 4

Fiscal Year: '2018-2019'

Funding Notification Date: 2/27/18

**1. Equipment**

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -

**Total Equipment Cost** \$ -

**2. Remodeling**

Description	Total Cost

**Total Remodeling Cost** \$ -

**Total Capital Expenditure** \$ -  
 (Equipment plus Remodeling Cost)

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

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00348		Appendix # B-15	
Provider Name HEALTHRIGHT 360		Page # 1	
Provider Number TBD		Fiscal Year '2018-2019'	
		Funding Notification Date 2/27/18	
Program Name	Infectious Disease Testing for Drug Users		
Program Code	TBD		
Mode/SFC (MH) or Modality (SA)	Are-74		
Service Description	SA-Addictly Svcs HIV Infectious Disease		
Funding Term	7/1/18-6/30/19		
<b>FUNDING USES</b>			<b>TOTAL</b>
Salaries & Employee Benefits			
Operating Expenses			
Capital Expenses			
Subtotal Direct Expenses			
Indirect Expenses			
<b>TOTAL FUNDING USES</b>			
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)		
This row left blank for funding sources not in drop-down list			
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>			
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)		
This row left blank for funding sources not in drop-down list			
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>			
<b>OTHER DPH FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)		
HHS COUNTY GF	HCPHDHIVSVGF		
This row left blank for funding sources not in drop-down list			
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			
<b>TOTAL DPH FUNDING SOURCES</b>			
<b>NON-DPH FUNDING SOURCES</b>			
This row left blank for funding sources not in drop-down list			
<b>TOTAL NON-DPH FUNDING SOURCES</b>			
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</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			
Payment Method			
DPH Units of Service			
Unit Type	Hours	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$		\$
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$		\$
Published Rate (Medi-Cal Providers Only)			
Unduplicated Clients (UDC)			<b>Total UDC</b>

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Infectious Disease Testing for Drug Users  
 Program Code: TBD

Appendix #: B-15  
 Page #: 2  
 Fiscal Year: 2018-2019  
 Funding Notification Date: 2/27/18

Term (mm/dd/yy-mm/dd/yy)	TOTAL		Infectious Disease Testing for Drug Users		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Position Title			7/1/18-6/30/19											
Program Manager	0.00	\$ -												
Infectious Disease Patient Navigator	0.00	\$ -												
Medical Case Manager	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Fringe Benefits:	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -
TOTAL SALARIES & BENEFITS		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -		\$ -

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

Program Name: Infectious Disease Testing for Drug Users  
 Program Code: TBD

Appendix #: B-15  
 Page #: 3  
 Fiscal Year: '2018-2019'  
 Funding Notification Date: 2/27/18

Expense Categories & Line Items	TOTAL	Infectious Disease Testing for Drug Users	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):		7/1/18-6/30/19					
Rent	\$ -						
Utilities(telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
<b>Occupancy Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ -						
Photocopying	\$ -						
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
<b>Materials &amp; Supplies Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
<b>General Operating Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ -						
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -						
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail): Facility Depreciation	\$ -						
Client Healthcare Related/Transportation	\$ -						
Food	\$ -						
<b>Other Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Appendix B - DPH 5: Capital Expenses Detail**

Program Name: Infectious Disease Testing for Drug Users  
 Program Code: TBD

Appendix #: B-15

Page #: 4

Fiscal Year: 2018-2019

Funding Notification Date: 2/27/18

**1. Equipment**

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>Total Equipment Cost</b>					<b>\$ -</b>

**2. Remodeling**

Description	Total Cost
<b>Total Remodeling Cost</b>	<b>\$ -</b>

**Total Capital Expenditure**  
 (Equipment plus Remodeling Cost) **\$ -**



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

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00348		Appendix # B-16				
Provider Name HEALTHRIGHT 360		Page # 1				
Provider Number TBD		Fiscal Year 2018-2019*				
		Funding Notification Date 2/27/18				
Program Name	Women's Community Clinic					
Program Code	Primary Care					
Mode/SFC (MH) or Modality (SA)	TBD					
Service Description						
Funding Term	7/1/18-6/30/19					
<b>FUNDING USES</b>						<b>TOTAL</b>
Salaries & Employee Benefits	51,300					51,300
Operating Expenses						
Capital Expenses						
Subtotal Direct Expenses	51,300					51,300
Indirect Expenses	6,662					6,662
<b>TOTAL FUNDING USES</b>	<b>57,962</b>					<b>57,962</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)					
This row left blank for funding sources not in drop-down list						
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>						
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)					
This row left blank for funding sources not in drop-down list						
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
<b>OTHER DPH FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)					
HHS COUNTY GP	HCHPOHNSVGF	57,962				57,962
This row left blank for funding sources not in drop-down list						
<b>TOTAL OTHER DPH FUNDING SOURCES</b>		57,962				57,962
<b>TOTAL DPH FUNDING SOURCES</b>		57,962				57,962
<b>NON-DPH FUNDING SOURCES</b>						
This row left blank for funding sources not in drop-down list						
<b>TOTAL NON-DPH FUNDING SOURCES</b>						
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		57,962				57,962
<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						
Payment Method	Cost Reimbursement (CR)					
DPH Units of Service						
Unit Type		0	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		\$	\$	\$	\$	\$
Cost Per Unit - Contract Rate (DPH & NON-DPH FUNDING SOURCES)		\$	\$	\$	\$	\$
Published Rate (Medi-Cal Providers Only)						
Unduplicated Clients (UDC)						<b>Total UDC</b>

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Women's Community Clinic Primary Care  
 Program Code: TBD

Appendix #: B-16  
 Page #: 2  
 Fiscal Year: 2018-2019  
 Funding Notification Date: 2/27/18

Term (mm/dd/yy-mm/dd/yy) Position Title	TOTAL		Women's Community Clinic Primary Care		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
			7/1/18-6/30/19											
Staff Clinician	0.40	\$ 40,800	0.40	\$ 40,800										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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<b>Totals:</b>	<b>0.40</b>	<b>\$ 40,800</b>	<b>0.40</b>	<b>\$ 40,800</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>

<b>Employee Fringe Benefits:</b>	#####	\$ 10,500	25.74%	\$ 10,500	0.00%	\$ -	0.00%		0.00%		0.00%		0.00%
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<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 51,300</b>		<b>\$ 51,300</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>
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Revised 7/1/2015

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

Program Name: Women's Community Clinic Primary Care  
 Program Code: TBD

Appendix #: B-16  
 Page #: 3  
 Fiscal Year: '2018-2019'  
 Funding Notification Date: 2/27/18

Expense Categories & Line Items	TOTAL	Women's Community Clinic Primary Care	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):		7/1/18-6/30/19					
Rent	\$ -						
Utilities (telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
<b>Occupancy Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ -						
Photocopying	\$ -						
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
<b>Materials &amp; Supplies Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
<b>General Operating Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
<b>Staff Travel Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -						
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail): Facility Depreciation	\$ -						
Client Healthcare Related/Transportation	\$ -						
Food	\$ -						
<b>Other Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Appendix B - DPH 5: Capital Expenses Detail**

Program Name: Women's Community Clinic Primary Care  
 Program Code: TBD

Appendix #: B-16

Page #: 4

Fiscal Year: '2018-2019'

Funding Notification Date: 2/27/18

**1. Equipment**

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
<b>Total Equipment Cost</b>					<b>\$ -</b>

**2. Remodeling**

Description	Total Cost
<b>Total Remodeling Cost</b>	
	<b>\$ -</b>

**Total Capital Expenditure**  
 (Equipment plus Remodeling Cost)

**\$ -**

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

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00348		Appendix # B-17				
Provider Name HEALTHRIGHT 360		Page # 1				
Provider Number TBD		Fiscal Year '2018-2019'				
		Funding Notification Date 2/27/18				
Program Name	Women's Community Clinic Western Addition Healthcare Training					
Program Code	TBD					
Mode/SFC (MH) or Modality (SA)						
Service Description						
Funding Term	7/1/18-6/30/19					
<b>FUNDING USES</b>						<b>TOTAL</b>
	Salaries & Employee Benefits	76,129				76,129
	Operating Expenses	18,800				18,800
	Capital Expenses					
	Subtotal Direct Expenses	92,929				92,929
	Indirect Expenses	12,071				12,071
	<b>TOTAL FUNDING USES</b>	<b>105,000</b>				<b>105,000</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)					
This row left blank for funding sources not in drop-down list						
	<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>					
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)					
This row left blank for funding sources not in drop-down list						
	<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
<b>OTHER DPH FUNDING SOURCES</b>	Accounting Code (Index Code or Detail)					
HHS COUNTY GF	HCHPDHVSJGF	105,000				105,000
This row left blank for funding sources not in drop-down list						
	<b>TOTAL OTHER DPH FUNDING SOURCES</b>	<b>105,000</b>				<b>105,000</b>
	<b>TOTAL DPH FUNDING SOURCES</b>	<b>105,000</b>				<b>105,000</b>
<b>NON-DPH FUNDING SOURCES</b>						
This row left blank for funding sources not in drop-down list						
	<b>TOTAL NON-DPH FUNDING SOURCES</b>					
	<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>105,000</b>				<b>105,000</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					
	Payment Method	Cost Reimbursement (CR)				
	DPH Units of Service	0	790			
	Unit Type	0	0	0	0	0
	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 132.91	\$	\$	\$	\$
	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 132.91	\$	\$	\$	\$
	Published Rate (Medi-Cal Providers Only)					
	Unduplicated Clients (UDC)					<b>Total UDC</b>

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

Program Name: Women's Community Clinic Western Addition Healthcare Training  
 Program Code: TBD

Appendix #: B-17  
 Page #: 2  
 Fiscal Year: 2018-2019\*  
 Funding Notification Date: 2/27/18

Term (mm/dd/yy-mm/dd/yy) Position Title	TOTAL		Women's Community Clinic Western Addition Healthcare Training 7/1/18-6/30/19		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director of Workforce and Outreach	0.10	\$ 7,280	0.10	\$ 7,280										
Community Programs Manager	0.25	\$ 15,000	0.25	\$ 15,000										
Community Programs Associate	0.32	\$ 12,800	0.32	\$ 12,800										
WHAT Fellow	0.36	\$ 22,160	0.36	\$ 22,160										
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<b>Totals:</b>	<b>1.03</b>	<b>\$ 57,240</b>	<b>1.03</b>	<b>\$ 57,240</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>

<b>Employee Fringe Benefits:</b>	#####	\$ 18,889	33.00%	\$ 18,889	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -
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<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 76,129</b>		<b>\$ 76,129</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>
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Revised 7/1/2015

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

Program Name: Women's Community Clinic Western Addition Healthcare Training  
 Program Code: TBD

Appendix #: B-17  
 Page #: 3  
 Fiscal Year: '2018-2019'  
 Funding Notification Date: 2/27/18

Expense Categories & Line Items	TOTAL	Women's Community Clinic Western Addition	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term (mm/dd/yy-mm/dd/yy):		7/1/18-6/30/19					
Rent	\$ 6,000.00	\$ 6,000.00					
Utilities(telephone, electricity, water, gas)	\$ 4,000.00	\$ 4,000.00					
Building Repair/Maintenance	\$ 2,200.00	\$ 2,200.00					
<b>Occupancy Total:</b>	<b>\$ 12,200.00</b>	<b>\$ 12,200.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Office Supplies	\$ 600.00	\$ 600.00					
Photocopying	\$ -						
Program Supplies	\$ 1,200.00	\$ 1,200.00					
Computer Hardware/Software	\$ -						
<b>Materials &amp; Supplies Total:</b>	<b>\$ 1,800.00</b>	<b>\$ 1,800.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
<b>General Operating Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Local Travel	\$ 800.00	\$ 800.00					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
<b>Staff Travel Total:</b>	<b>\$ 800.00</b>	<b>\$ 800.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and (add more Consultant/Subcontractor lines as necessary)	\$ -						
<b>Consultant/Subcontractor Total:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Other (provide detail): Facility Depreciation	\$ -						
Stipends	\$ 2,000.00	\$ 2,000.00					
<b>Other Total:</b>	<b>\$ 2,000.00</b>	<b>\$ 2,000.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 16,800.00</b>	<b>\$ 16,800.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Appendix C:  
Reserved**





**Appendix D  
Reserved**



**Appendix E**  
**Business Associate Agreement**

Contract ID # 1000010457, BOS  
Appendix E

HealthRight 360 (Regular & AARS)  
July 1, 2018

## APPENDIX E



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

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

#### RECITALS

A. CE, by and through the San Francisco Department of Public Health (“SFDPH”), wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information (“PHI”) (defined below).

B. For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.

C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement 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”).

D. 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 BAA.

E. 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 BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

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

#### 1. Definitions.

a. **Breach** means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

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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, but other than in the capacity of a member of the workforce of such covered entity or arrangement, 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 BAA, 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** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

j. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.

k. **Protected Health Information or PHI** means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the



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Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, 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. Attestations.** Except when CE's data privacy officer exempts BA in writing, the BA shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1) and Data Security (Attachment 2) within sixty (60) calendar days from the execution of the Agreement. If CE makes substantial changes to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

**b. User Training.** The BA shall provide, and shall ensure that BA subcontractors, provide, training on PHI privacy and security, including HIPAA and HITECH and its regulations, to each employee or agent that will access, use or disclose Protected Information, upon hire and/or prior to accessing, using or disclosing Protected Information for the first time, and at least annually thereafter during the term of the Agreement. BA shall maintain, and shall ensure that BA subcontractors maintain, records indicating the name of each employee or agent and date on which the PHI privacy and security trainings were completed. BA shall retain, and ensure that BA subcontractors retain, such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

**c. Permitted Uses.** BA may use, access, and/or 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 Agreement and



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BAA, 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 164.502, 164.504(e)(2), and 164.504(e)(4)(i)].

**d. 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 Agreement and BAA, 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 BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, 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)].

**e. Prohibited Uses and Disclosures.** BA shall not use or disclose Protected Information other than as permitted or required by the Agreement and BAA, 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 Protected Information 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 Agreement.

**f. 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 Agreement or this BAA, 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).





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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).

**g. 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.f. 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.

**h. 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 seven (7) 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.

**i. 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)(i)(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.

**j. 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

APPENDIX E



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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)].

**k. 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.

**l. 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.

**m. Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.

**n. 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 BAA; 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)]

**o. 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



## San Francisco Department of Public Health

## Business Associate Agreement

under the Contract or this BAA, 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 BAA 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 BAA, as determined by CE, shall constitute a material breach of the Agreement and this BAA and shall provide grounds for immediate termination of the Agreement and this BAA, any provision in the AGREEMENT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii).]

**b. Judicial or Administrative Proceedings.** CE may terminate the Agreement and this BAA, 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 Agreement and this BAA 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 BAA 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 of Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).

**e. Disclaimer.** CE makes no warranty or representation that compliance by BA with this BAA, 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.

APPENDIX E



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Business Associate Agreement

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Agreement or this BAA 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 BAA embodying written assurances consistent with the updated standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Agreement upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Agreement or this BAA when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Agreement or this BAA 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 access, 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 from City's written notice to BA of such fines, penalties or damages.

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017

Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

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

Contractor Name:	<b>Health Right 360</b>	Contractor City Vendor ID	<b>0000018936</b>
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**PRIVACY ATTESTATION**

**INSTRUCTIONS:** Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFPDH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFPDH.

**Exceptions:** If you believe that a requirement is Not Applicable to you, see instructions below in Section IV on how to request clarification or obtain an exception.

**I. All Contractors.**

DOES YOUR ORGANIZATION...					Yes	No*	
A	Have formal Privacy Policies that comply with the Health Insurance Portability and Accountability Act (HIPAA)?						
B	Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents?						
	If yes:	Name & Title:	Phone #	Email:			
C	Require health information Privacy Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFPDH privacy training materials are available for use; contact OCPA at 1-855-729-6040.]						
D	Have proof that employees have signed a form upon hire and annually thereafter, with their name and the date, acknowledging that they have received health information privacy training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]						
E	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFPDH's health information?						
F	Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisorial authorization to do so AND that health information is only transferred or created on encrypted devices approved by SFPDH Information Security staff?						

**II. Contractors who serve patients/clients and have access to SFPDH PHI, must also complete this section.**

If Applicable: DOES YOUR ORGANIZATION...					Yes	No*	
G	Have (or will have if/when applicable) evidence that SFPDH Service Desk (628-206-SERV) was notified to de-provision employees who have access to SFPDH health information record systems within 2 business days for regular terminations and within 24 hours for terminations due to cause?						
H	Have evidence in each patient's / client's chart or electronic file that a Privacy Notice that meets HIPAA regulations was provided in the patient's / client's preferred language? (English, Cantonese, Vietnamese, Tagalog, Spanish, Russian forms may be required and are available from SFPDH.)						
I	Visibly post the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility?						
J	Document each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations?						
K	When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Privacy Rule) are obtained PRIOR to releasing a patient's/client's health information?						

**III. ATTEST:** Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Privacy Officer or designated person	Name: (print)	Signature	Date
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**IV. \*EXCEPTIONS:** If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at 1-855-729-6040 or [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org) for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)	Signature	Date
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Contractor Name:	Health Right 360	Contractor City Vendor ID	0000018936
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**DATA SECURITY ATTESTATION**

**INSTRUCTIONS:** Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFPDH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFPDH.

**Exceptions:** If you believe that a requirement is Not Applicable to you, see instructions in Section III below on how to request clarification or obtain an exception.

**I. All Contractors.**

DOES YOUR ORGANIZATION...				Yes	No*
A	Conduct assessments/audits of your data security safeguards to demonstrate and document compliance with your security policies and the requirements of HIPAA/HITECH at least every two years? [Retain documentation for a period of 7 years]				
B	Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans?				
	Date of last Data Security Risk Assessment/Audit:				
	Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report:				
C	Have a formal Data Security Awareness Program?				
D	Have formal Data Security Policies and Procedures to detect, contain, and correct security violations that comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)?				
E	Have a Data Security Officer or other individual designated as the person in charge of ensuring the security of confidential information?				
	If yes:	Name & Title:	Phone #		
F	Require Data Security Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFPDH data security training materials are available for use; contact OCPA at 1-855-729-6040.]				
G	Have proof that employees have signed a form upon hire and annually, or regularly, thereafter, with their name and the date, acknowledging that they have received data security training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]				
H	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFPDH's health information?				
I	Have (or will have if/when applicable) a diagram of how SFPDH data flows between your organization and subcontractors or vendors (including named users, access methods, on-premise data hosts, processing systems, etc.)?				

**II. ATTEST:** Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Data Security Officer or designated person	Name: (print)	Signature	Date
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**III. \*EXCEPTIONS:** If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at 1-855-729-6040 or [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org) for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name: (print)	Signature	Date
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**Appendix F**  
**Invoice**

Contract ID # 1000010457, BOS  
Appendix F

HealthRight 360 (Regular & AARS)  
July 1, 2018

**Appendix G**  
**Dispute Resolution**  
**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. However,



notwithstanding the foregoing, nothing shall diminish the parties' rights to seek any and all other legal or equitable remedies.

## Appendix H

### SUBSTANCE USE DISORDER SERVICES

such as

Drug Medi-Cal,  
Federal Substance Abuse Prevention And Treatment (SAPT) Block Grant,  
Primary Prevention or  
State Funded Services

The following laws, regulations, policies/procedures and documents are hereby incorporated by reference into this Agreement as though fully set forth therein.

Drug Medi-Cal (DMC) services for substance use treatment in the Contractor's service area pursuant to Sections 11848.5(a) and (b) of the Health and Safety Code (hereinafter referred to as HSC), Sections 14021.51 – 14021.53, and 14124.20 – 14124.25 of the Welfare and Institutions Code (hereinafter referred to as W&IC), and Title 22 of the California Code of Regulations (hereinafter referred to as Title 22), Sections 51341.1, 51490.1, and 51516.1, and Part 438 of the Code of Federal Regulations, hereinafter referred to as 42 CFR 438.

The City and County of San Francisco and the provider enter into this Intergovernmental Agreement by authority of Title 45 of the Code of Federal Regulations Part 96 (45 CFR Part 96), Substance Abuse Prevention and Treatment Block Grants (SAPT Block Grant) for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse. SAPT Block Grant recipients must adhere to Substance Abuse and Mental Health Administration's (SAMHSA) National Outcome Measures (NOMs).

The objective is to make substance use treatment services available to Medi-Cal and other non-DMC beneficiaries through utilization of federal and state funds available pursuant to Title XIX and Title XXI of the Social Security Act and the SAPT Block Grant for reimbursable covered services rendered by certified DMC providers.

#### Reference Documents

Document 1A: Title 45, Code of Federal Regulations 96, Subparts C and L, Substance Abuse Prevention and Treatment Block Grant Requirements  
<https://www.gpo.gov/fdsys/granule/CFR-2005-title45-vol1/CFR-2005-title45-vol1-part96>

Document 1B: Title 42, Code of Federal Regulations, Charitable Choice Regulations  
<https://www.law.cornell.edu/cfr/text/42/part-54>

Document 1C: Driving-Under-the-Influence Program Requirements

Document 1F(a): Reporting Requirement Matrix – County Submission Requirements for the Department of Health Care Services

Document 1G: Perinatal Services Network Guidelines 2016

Document 1H(a): Service Code Descriptions

Document 1J(a): Non-Drug Medi-Cal Audit Appeals Process

Document 1J(b): DMC Audit Appeals Process

Document 1K: Drug and Alcohol Treatment Access Report (DATAR)  
<http://www.dhcs.ca.gov/provgovpart/Pages/DATAR.aspx>

Document 1P: Alcohol and/or Other Drug Program Certification Standards (March 15, 2004)  
[http://www.dhcs.ca.gov/provgovpart/Pages/Facility\\_Certification.aspx](http://www.dhcs.ca.gov/provgovpart/Pages/Facility_Certification.aspx)

Document 1T: CalOMS Prevention Data Quality Standards

Document 1V: Youth Treatment Guidelines  
[http://www.dhcs.ca.gov/individuals/Documents/Youth\\_Treatment\\_Guidelines.pdf](http://www.dhcs.ca.gov/individuals/Documents/Youth_Treatment_Guidelines.pdf)

Document 2A: Sobky v. Smoley, Judgment, Signed February 1, 1995

Document 2C: Title 22, California Code of Regulations  
<http://ccr.oal.ca.gov>

Document 2E: Drug Medi-Cal Certification Standards for Substance Abuse Clinics (Updated July 1, 2004)  
[http://www.dhcs.ca.gov/services/adp/Documents/DMCA\\_Drug\\_Medi-Cal\\_Certification\\_Standards.pdf](http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Drug_Medi-Cal_Certification_Standards.pdf)

Document 2F: Standards for Drug Treatment Programs (October 21, 1981)  
[http://www.dhcs.ca.gov/services/adp/Documents/DMCA\\_Standards\\_for\\_Drug\\_Treatment\\_Programs.pdf](http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Standards_for_Drug_Treatment_Programs.pdf)

Document 2G Drug Medi-Cal Billing Manual  
[http://www.dhcs.ca.gov/formsandpubs/Documents/Info%20Notice%202015/DMC\\_Billing\\_Manual%20FINAL.pdf](http://www.dhcs.ca.gov/formsandpubs/Documents/Info%20Notice%202015/DMC_Billing_Manual%20FINAL.pdf)

Document 2K: Multiple Billing Override Certification (MC 6700)

Document 2L(a): Good Cause Certification (6065A)

Document 2L(b): Good Cause Certification (6065B)

Document 2P: County Certification - Cost Report Year-End Claim For Reimbursement

Document 2P(a): Drug Medi-Cal Cost Report Forms – Intensive Outpatient Treatment – Non-Perinatal (form and instructions)

Document 2P(b): Drug Medi-Cal Cost Report Forms – Intensive Outpatient Treatment – Perinatal (form and instructions)

Document 2P(c): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Individual Counseling – Non-Perinatal (form and instructions)

Document 2P(d): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Individual Counseling – Perinatal (form and instructions)

Document 2P(e): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Group Counseling – Non-Perinatal (form and instructions)

Document 2P(f): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Group Counseling – Perinatal (form and instructions)

Document 2P(g): Drug Medi-Cal Cost Report Forms – Residential – Perinatal (form and instructions)

Document 2P(h): Drug Medi-Cal Cost Report Forms – Narcotic Treatment Program – County – Non-Perinatal (form and instructions)

Document 2P(i): Drug Medi-Cal Cost Report Forms – Narcotic Treatment Program – County – Perinatal (form and instructions)

Document 3G: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 4 – Narcotic Treatment Programs  
<http://www.calregs.com>

Document 3H: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 8 – Certification of Alcohol and Other Drug Counselors  
<http://www.calregs.com>

Document 3J: CalOMS Treatment Data Collection Guide

[http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS\\_Tx\\_Data\\_Collection\\_Guide\\_JAN%202014.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collection_Guide_JAN%202014.pdf)

Document 3O: Quarterly Federal Financial Management Report (QFFMR) 2014-15  
[http://www.dhcs.ca.gov/provgovpart/Pages/SUD\\_Forms.aspx](http://www.dhcs.ca.gov/provgovpart/Pages/SUD_Forms.aspx)

Document 3S CalOMS Treatment Data Compliance Standards

Document 3V Culturally and Linguistically Appropriate Services (CLAS) National Standards  
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>

Document 4D : Drug Medi-Cal Certification for Federal Reimbursement (DHCS100224A)

Document 5A : Confidentiality Agreement

## **FOR CONTRACTS WITH DRUG MEDI-CAL, FEDERAL SAPT OR STATE FUNDS:**

### **I. Subcontractor Documentation**

The provider shall require its subcontractors that are not licensed or certified by DHCS to submit organizational documents to DHCS within thirty (30) days of execution of an initial subcontract, within ninety (90) days of the renewal or continuation of an existing subcontract or when there has been a change in subcontractor name or ownership. Organizational documents shall include the subcontractor's Articles of Incorporation or Partnership Agreements (as applicable), and business licenses, fictitious name permits, and such other information and documentation as may be requested by DHCS.

### **Records**

Contractor shall maintain sufficient books, records, documents, and other evidence necessary for State to audit contract performance and contract compliance. Contractor will make these records available to State, upon request, to evaluate the quality and quantity of services, accessibility and appropriateness of services, and to ensure fiscal accountability. Regardless of the location or ownership of such records, they shall be sufficient to determine the reasonableness, allowability, and allocability of costs incurred by Contractor.

1. Contracts with audit firms shall have a clause to permit access by State to the working papers of the external independent auditor, and copies of the working papers shall be made for State at its request.

2. Providers shall keep adequate and sufficient financial records and statistical data to support the year-end documents filed with State.

3. Accounting records and supporting documents shall be retained for a three-year period from the date the year-end cost settlement report was approved by State for interim settlement. When an audit has been started before the expiration of the three-year period, the records shall be retained until completion of the audit and final resolution of all issues that arise in the audit. Final settlement shall be made at the end of the audit and appeal process. If an audit has not begun within three years, the interim settlement shall be considered as the final settlement.

4. Financial records shall be kept so that they clearly reflect the source of funding for each type of service for which reimbursement is claimed. These documents include, but are not limited to, all ledgers, books, vouchers, time sheets, payrolls, appointment schedules, client data cards, and schedules for allocating costs.

5. Provider's shall require that all subcontractors comply with the requirements of this Section A.

6. Should a provider discontinue its contractual agreement with subcontractor, or cease to conduct business in its entirety, provider shall be responsible for retaining the subcontractor's fiscal and program records for the required retention period. The State Administrative Manual (SAM) contains statutory requirements governing the retention, storage, and disposal of records pertaining to State funds.

If provider cannot physically maintain the fiscal and program records of the subcontractor, then arrangements shall be made with State to take possession and maintain all records.

7. In the expenditure of funds hereunder, and as required by 45 CFR Part 96, Contractor shall comply with the requirements of SAM and the laws and procedures applicable to the obligation and expenditure of State funds.

## **II Patient Record Retention**

Provider agrees to establish, maintain, and update as necessary, an individual patient record for each beneficiary admitted to treatment and receiving services.

Drug Medi-Cal contracts are controlled by applicable provisions of: (a) the W&I, Chapter 7, Sections 14000, et seq., in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, 14043, et seq., (b) Title 22, including but not limited to Sections 51490.1, 51341.1 and

51516.1; and (c) Division 4 of Title 9 of the California Code of Regulations (hereinafter referred to as Title 9).

Established by DMC status and modality of treatment, each beneficiary's individual patient record shall include documentation of personal information as specified in either AOD Standards; Title 22; and Title 9. Contractor agrees to maintain patient records in accordance with the provision of treatment regulations that apply.

Providers, regardless of DMC certification status, shall maintain all of the documentation in the beneficiary's individual patient record for a minimum of seven (7) years from the date of the last face-to-face contact between the beneficiary and the provider.

In addition providers shall maintain all of the documentation that the beneficiary met the requirements for good cause specified in Section 51008.5, where the good cause results from beneficiary-related delays, for a minimum of seven (7) years from the date of the last face-to-face contact. If an audit takes place during the three year period, the contractor shall maintain records until the audit is completed.

### **III. Control Requirements**

1) Performance under the terms of this Exhibit A, Attachment I, is subject to all applicable federal and state laws, regulations, and standards. In accepting DHCS drug and alcohol combined program allocation pursuant to HSC Sections 11814(a) and (b), Contractor shall: (i) establish, and shall require its providers to establish, written policies and procedures consistent with the following requirements; (ii) monitor for compliance with the written procedures; and (iii) be held accountable for audit exceptions taken by DHCS against the Contractor and its contractors for any failure to comply with these requirements:

- a) HSC, Division 10.5, commencing with Section 11760;
- b) Title 9, California Code of Regulations (CCR) (herein referred to as Title 9), Division 4, commencing with Section 9000;
- c) Government Code Section 16367.8;
- d) Government Code, Article 7, Federally Mandated Audits of Block Grant Funds Allocated to Local Agencies, Chapter 1, Part 1, Division 2, Title 5, commencing at Section 53130;
- e) Title 42 United State Code (USC), Sections 300x-21 through 300x-31, 300x-34, 300x-53, 300x-57, and 330x-65 and 66;
- f) The Single Audit Act Amendments of 1996 (Title 31, USC Sections 7501-7507) and the Office of Management and Budget (OMB) Circular A-133 revised June 27, 2003 and June 26, 2007.

- g) Title 45, Code of Federal Regulations (CFR), Sections 96.30 through 96.33 and Sections 96.120 through 96.137;
- h) Title 42, CFR, Sections 8.1 through 8.6;
- i) Title 21, CFR, Sections 1301.01 through 1301.93, Department of Justice, Controlled Substances; and,
- j) State Administrative Manual (SAM), Chapter 7200 (General Outline of Procedures)

k) Medi-Cal Eligibility Verification

<http://www.dhcs.ca.gov/provgovpart/Pages/DataUseAgreement.aspx>

Providers shall be familiar with the above laws, regulations, and guidelines and shall assure that its subcontractors are also familiar with such requirements.

- 2) The provisions of this Exhibit A, Attachment I are not intended to abrogate any provisions of law or regulation, or any standards existing or enacted during the term of this Intergovernmental Agreement.
- 3) Providers shall adhere to the applicable provisions of Title 45, CFR, Part 96, Subparts C and L, as applicable, in the expenditure of the SAPTBG funds. Document 1A, 45 CFR 96, Subparts C and L, is incorporated by reference.
- 4) Documents 1C incorporated by this reference, contains additional requirements that shall be adhered to by those Contractors that receive Document 1C. This document is:
  - a) Document 1C, Driving-Under-the-Influence Program Requirements;

C. In accordance with the Fiscal Year 2011-12 State Budget Act and accompanying law(Chapter 40, Statues of 2011 and Chapter 13, Statues of 2011, First ExtraordinarySession), providers that provide Women and Children's Residential TreatmentServices shall comply with the program requirements (Section 2.5, RequiredSupplemental/Recovery Support Services) of the Substance Abuse and Mental HealthServices Administration's Grant Program for Residential Treatment for Pregnant and Postpartum Women, RFA found at <http://www.samhsa.gov/grants/grantannouncements/ti-14-005>.

#### IV Provider's Agents and Subcontractors



a. To enter into written agreements with any agents, including subcontractors and vendors to whom Contractor provides Department PHI, that impose the same restrictions and conditions on such agents, subcontractors and vendors that apply to providers with respect to such Department PHI under this Exhibit F, and that require compliance with all applicable provisions of HIPAA, the HITECH Act and the HIPAA regulations, including the requirement that any agents, subcontractors or vendors implement reasonable and appropriate administrative, physical, and technical safeguards to protect such PHI. As required by HIPAA, the HITECH Act and the HIPAA regulations, including 45 CFR Sections 164.308 and 164.314, Provider shall incorporate, when applicable, the relevant provisions of this Exhibit F-1 into each subcontract or subaward to such agents, subcontractors and vendors, including the requirement that any security incidents or breaches of unsecured PHI be reported to provider. In accordance with 45 CFR Section 164.504(e)(1)(ii), upon Contractor's knowledge of a material breach or violation by its subcontractor of the agreement between Provider and the subcontractor, Provider shall:

i) Provide an opportunity for the subcontractor to cure the breach or end the violation and terminate the agreement if the subcontractor does not cure the breach or end the violation within the time specified by the Department; or

ii) Immediately terminate the agreement if the subcontractor has breached a material term of the agreement and cure is not possible.

#### V Breaches and Security Incidents

During the term of this Agreement, Provider agrees to implement reasonable systems for the discovery and prompt reporting of any breach or security incident, and to take the following steps:

##### a. Initial Notice to the Department

(1) To notify the Department **immediately by telephone call or email or fax** upon the discovery of a breach of unsecured PHI in electronic media or in any other media if the PHI was, or is reasonably believed to have been, accessed or acquired by an unauthorized person.

(2) To notify the Department **within 24 hours (one hour if SSA data) by email or fax** of the discovery of any suspected security incident, intrusion or unauthorized access, use or disclosure of PHI in violation of this Agreement or this Exhibit F-1, or potential loss of confidential data affecting this Agreement. A breach shall be treated as discovered by provide as of the first day on which the breach is known, or by exercising reasonable diligence would have been known, to any person (other than the person committing the breach) who is an employee, officer or other agent of provider. Notice shall be provided to the Information Protection Unit, Office of HIPAA Compliance. If the incident occurs after business hours or on a weekend or holiday and involves electronic PHI, notice shall be provided by calling the Information Protection Unit (916.445.4646, 866-866-0602) or by emailing [privacyofficer@dhcs.ca.gov](mailto:privacyofficer@dhcs.ca.gov). Notice shall be made using the DHCS "Privacy Incident Report" form, including all information known at the time. Provider shall use the most current version of this form, which is posted on the DHCS Information Security Officer website ([www.dhcs.ca.gov](http://www.dhcs.ca.gov), then select "Privacy" in the left column and then "Business Partner" near the middle of the page) or use this link: <http://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/DHCSBusinessAssociatesOnly.aspx>

Upon discovery of a breach or suspected security incident, intrusion or unauthorized access, use or disclosure of Department PHI, Provider shall take:

- i) Prompt corrective action to mitigate any risks or damages involved with the breach and to protect the operating environment; and
- ii) Any action pertaining to such unauthorized disclosure required by applicable Federal and State laws and regulations.

**b. Investigation and Investigation Report.**

To immediately investigate such suspected security incident, security incident, breach, or unauthorized access, use or disclosure of PHI. Within 72 hours of the discovery, Provider shall submit an updated "Privacy Incident Report" containing the information marked with an asterisk and all other applicable information listed on the form, to the extent known at that time, to the Information Protection Unit.

**c. Complete Report.**

To provide a complete report of the investigation to the Department Program Contract Manager and the Information Protection Unit within ten (10) working days of the discovery of the breach or unauthorized use or disclosure. The report shall be submitted on the "Privacy Incident Report" form and shall include an assessment of all known factors relevant to a determination of whether a breach occurred under applicable provisions of HIPAA, the HITECH Act, and the HIPAA regulations. The report shall also include a full, detailed corrective action plan, including information on measures that were taken to halt and/or contain the improper use or disclosure. If the Department requests information in addition to that listed on the "Privacy Incident Report" form, provider shall make reasonable efforts to provide the Department with such information. If, because of the circumstances of the incident, provider needs more than ten (10) working days from the discovery to submit a complete report, the Department may grant a reasonable extension of time, in which case provider shall submit periodic updates until the complete report is submitted. If necessary, a Supplemental Report may be used to submit revised or additional information after the completed report is submitted, by submitting the revised or additional information on an updated "Privacy Incident Report" form. The Department will review and approve the determination of whether a breach occurred and whether individual notifications and a corrective action plan are required.

**d. Responsibility for Reporting of Breaches**

If the cause of a breach of Department PHI is attributable to provider or its agents, subcontractors or vendors, provider is responsible for all required reporting of the breach as specified in 42 U.S.C. section 17932 and its implementing regulations, including notification to media outlets and to the Secretary (after obtaining prior written approval of DHCS). If a breach of unsecured Department PHI

involves more than 500 residents of the State of California or under its jurisdiction, Contractor shall first notify DHCS, then the Secretary of the breach immediately upon discovery of the breach. If a breach involves more than 500 California residents, provider shall also provide, after obtaining written prior approval of DHCS, notice to the Attorney General for the State of California, Privacy Enforcement Section. If Contractor has reason to believe that duplicate reporting of the same breach or incident may occur because its subcontractors, agents or vendors may report the breach or incident to the Department in addition to provider, provider shall notify the Department, and the Department and provider may take appropriate action to prevent duplicate reporting.

**e. Responsibility for Notification of Affected Individuals**

If the cause of a breach of Department PHI is attributable to provider or its agents, subcontractors or vendors and notification of the affected individuals is required under state or federal law, provider shall bear all costs of such notifications as well as any costs associated with the breach. In addition, the Department reserves the right to require provider to notify such affected individuals, which notifications shall comply with the requirements set forth in 42 U.S.C. section 17932 and its implementing regulations, including, but not limited to, the requirement that the notifications be made without unreasonable delay and in no event later than 60 calendar days after discovery of the breach. The Department Privacy Officer shall approve the time, manner and content of any such notifications and their review and approval must be obtained before the notifications are made. The Department will provide its review and approval expeditiously and without unreasonable delay.

**f. Department Contact Information**

To direct communications to the above referenced Department staff, the provider shall initiate contact as indicated herein. The Department reserves the right to make changes to the contact information below by giving written notice to the provider. Said changes shall not require an amendment to this Addendum or the Agreement to which it is incorporated.

**VI Additional Provisions**

**A. Additional Intergovernmental Agreement Restrictions**

This Intergovernmental Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress, or any statute enacted by the Congress, which may affect the provisions, terms, or funding of this Intergovernmental Agreement in any manner including, but not limited to, 42 CFR 438.610(c)(3).

**B. Nullification of DMC Treatment Program SUD services (if applicable)**

The parties agree that if the Contractor fails to comply with the provisions of W&I Code, Section 14124.24, all areas related to the DMC Treatment Program SUD services shall be null and void and severed from the remainder of this Intergovernmental Agreement. In the event the DMC Treatment Program Services component of this Intergovernmental Agreement becomes null and void, an updated Exhibit B, Attachment I shall take effect reflecting the removal of federal Medicaid funds and DMC State General Funds from this Intergovernmental Agreement. All other

requirements and conditions of this Intergovernmental Agreement shall remain in effect until amended or terminated.

**C. Hatch Act**

Provider agrees to comply with the provisions of the Hatch Act (Title 5 USC, Sections 1501-1508), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

**D. No Unlawful Use or Unlawful Use Messages Regarding Drugs.**

Provider agrees that information produced through these funds, and which pertains to drug and alcohol - related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol - related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999-11999.3). By signing this Intergovernmental Agreement, Contractor agrees that it shall enforce, and shall require its subcontractors to enforce, these requirements.

**E. Noncompliance with Reporting Requirements**

Provider agrees that DHCS has the right to withhold payments until provider has submitted any required data and reports to DHCS, as identified in this Exhibit A, Attachment I or as identified in Document 1F(a), Reporting Requirement Matrix for Counties.

**F. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances**

None of the funds made available through this Intergovernmental Agreement may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

**G. Restriction on Distribution of Sterile Needles**

No Substance Abuse Prevention and Treatment (SAPT) Block Grant funds made available through this Intergovernmental Agreement shall be used to carry out any program that includes the distribution of sterile needles or syringes for the hypodermic injection of any illegal drug unless DHCS chooses to implement a demonstration syringe services program for injecting drug users.

**H. Health Insurance Portability and Accountability Act (HIPAA) of 1996**

If any of the work performed under this Intergovernmental Agreement is subject to the HIPAA, Contractor shall perform the work in compliance with all applicable provisions of HIPAA. As identified in Exhibit G, DHCS and provider shall cooperate to assure mutual agreement as to those transactions between them, to which this Provision applies. Refer to Exhibit G for additional information.

## 1) Trading Partner Requirements

a) No Changes. Provider hereby agrees that for the personal health information (Information), it shall not change any definition, data condition or use of a data element or segment as proscribed in the federal HHS Transaction Standard Regulation. (45 CFR Part 162.915 (a))

b) No Additions. Provider hereby agrees that for the Information, it shall not add any data elements or segments to the maximum data set as proscribed in the HHS Transaction Standard Regulation. (45 CFR Part 162.915 (b))

c) No Unauthorized Uses. Contractor hereby agrees that for the Information, it shall not use any code or data elements that either are marked "not used" in the HHS Transaction's Implementation specification or are not in the HHS Transaction Standard's implementation specifications. (45 CFR Part 162.915 (c))

d) No Changes to Meaning or Intent. Contractor hereby agrees that for the Information, it shall not change the meaning or intent of any of the HHS Transaction Standard's implementation specification. (45 CFR Part 162.915 (d))

## 2) Concurrence for Test Modifications to HHS Transaction Standards

Provider agrees and understands that there exists the possibility that DHCS or others may request an extension from the uses of a standard in the HHS Transaction Standards. If this occurs, Provider agrees that it shall participate in such test modifications.

## 3) Adequate Testing

Provider is responsible to adequately test all business rules appropriate to their types and specialties. If the Contractor is acting as a clearinghouse for enrolled providers, Provider has obligations to adequately test all business rules appropriate to each and every provider type and specialty for which they provide clearinghouse services.

## 4) Deficiencies

The Provider agrees to cure transactions errors or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the provider is acting as a clearinghouse for that provider. If the provider is a clearinghouse, the provider agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

## 5) Code Set Retention

Both Parties understand and agree to keep open code sets being processed or used in this Intergovernmental Agreement for at least the current billing period or any appeal period, whichever is longer.

#### **6) Data Transmission Log**

Both Parties shall establish and maintain a Data Transmission Log, which shall record any and all Data Transmission taking place between the Parties during the term of this Intergovernmental Agreement. Each Party shall take necessary and reasonable steps to ensure that such Data Transmission Logs constitute a current, accurate, complete, and unaltered record of any and all Data Transmissions between the Parties, and shall be retained by each Party for no less than twenty-four (24) months following the date of the Data Transmission. The Data Transmission Log may be maintained on computer media or other suitable means provided that, if it is necessary to do so, the information contained in the Data Transmission Log may be retrieved in a timely manner and presented in readable form.

#### **I. Nondiscrimination and Institutional Safeguards for Religious Providers**

Contractor shall establish such processes and procedures as necessary to comply with the provisions of Title 42, USC, Section 300x-65 and Title 42, CFR, Part 54, (Reference Document 1B).

#### **J. Counselor Certification**

Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be certified as defined in Title 9, CCR, Division 4, Chapter 8. (Document 3H).

#### **K. Cultural and Linguistic Proficiency**

To ensure equal access to quality care by diverse populations, each service provider receiving funds from this Intergovernmental Agreement shall adopt the federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards (Document 3V) and comply with 42 CFR 438.206(c)(2).

#### **L. Intravenous Drug Use (IVDU) Treatment**

Provider shall ensure that individuals in need of IVDU treatment shall be encouraged to undergo SUD treatment (42 USC 300x-23 and 45 CFR 96.126(e)).

#### **M. Tuberculosis Treatment**

Provider shall ensure the following related to Tuberculosis (TB):

- 1) Routinely make available TB services to each individual receiving treatment for SUD use and/or abuse;
- 2) Reduce barriers to patients' accepting TB treatment; and,

3) Develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance.

**N. Trafficking Victims Protection Act of 2000**

Provider and its subcontractors that provide services covered by this Intergovernmental Agreement shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104(g)) as amended by section 1702. For full text of the award term, go to: <http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title22-section7104d&num=0&edition=prelim>

**O. Tribal Communities and Organizations**

Provider shall regularly assess (e.g. review population information available through Census, compare to information obtained in CalOMS Treatment to determine whether population is being reached, survey Tribal representatives for insight in potential barriers) the substance use service needs of the American Indian/Alaskan Native (AI/AN) population within the Contractor's geographic area and shall engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness and accessibility of services available to AI/NA communities within the Provider's county.

**P. Participation of County Alcohol and Drug Program Administrators Association of California and California Behavioral Health Director's Association of California.**

1) Pursuant to HSC Section 11801(g), the Provider's County AOD Program Administrator shall participate and represent the County in meetings of the County Alcohol and Drug Program Administrators Association of California for the purposes of representing the counties in their relationship with DHCS with respect to policies, standards, and administration for SUD abuse services. Participation and representation shall also be provided by the County Behavioral Health Director's Association of California.

2) Pursuant to HSC Section 11811.5(c), the Provider's County AOD Program Administrator shall attend any special meetings called by the Director of DHCS. Participation and representation shall also be provided by the County Behavioral Health Director's Association of California.

**Q. Youth Treatment Guidelines**

Provider shall follow the guidelines in Document 1V, incorporated by this reference, "Youth Treatment Guidelines," in developing and implementing adolescent treatment programs funded under this Exhibit, until such time new Youth Treatment Guidelines are established and adopted. No formal amendment of this Intergovernmental Agreement is required for new guidelines to be incorporated into this Intergovernmental Agreement.

**R. Restrictions on Grantee Lobbying – Appropriations Act Section 503**

1) No part of any appropriation contained in this Act shall be used, other than for formal and recognized executive-legislative relationships, for publicity or propoganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress or any State legislative body itself.

2) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any Intergovernmental Agreement recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

#### S. Nondiscrimination in Employment and Services

By signing this Intergovernmental Agreement, provider certifies that under the laws of the United States and the State of California, incorporated into this Intergovernmental Agreement by reference and made a part hereof as if set forth in full, Contractor shall not unlawfully discriminate against any person.

#### T. Federal Law Requirements:

1) Title VI of the Civil Rights Act of 1964, Section 2000d, as amended, prohibiting discrimination based on race, color, or national origin in federally funded programs.

2) Title IX of the education amendments of 1972 (regarding education and programs and activities), if applicable.

3) Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.

4) Age Discrimination Act of 1975 (45 CFR Part 90), as amended (42 USC Sections 6101 – 6107), which prohibits discrimination on the basis of age.

5) Age Discrimination in Employment Act (29 CFR Part 1625).

6) Title I of the Americans with Disabilities Act (29 CFR Part 1630) prohibiting discrimination against the disabled in employment.

7) Americans with Disabilities Act (28 CFR Part 35) prohibiting discrimination against the disabled by public entities.

8) Title III of the Americans with Disabilities Act (28 CFR Part 36) regarding access.

9) Rehabilitation Act of 1973, as amended (29 USC Section 794), prohibiting discrimination on the basis of individuals with disabilities.



10) Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than \$10,000 funded by federal financial assistance.

11) Executive Order 13166 (67 FR 41455) to improve access to federal services for those with limited English proficiency.

12) The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.

13) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism.

**U. State Law Requirements:**

1) Fair Employment and Housing Act (Government Code Section 12900 et seq.) and the applicable regulations promulgated thereunder (California Administrative Code, Title 2, Section 7285.0 et seq.).

2) Title 2, Division 3, Article 9.5 of the Government Code, commencing with Section 11135.

3) Title 9, Division 4, Chapter 8 of the CCR, commencing with Section 10800.

4) No state or federal funds shall be used by the Contractor or its subcontractors for sectarian worship, instruction, or proselytization. No state funds shall be used by the Contractor or its subcontractors to provide direct, immediate, or substantial support to any religious activity.

5) Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for state to withhold payments under this Intergovernmental Agreement or terminate all, or any type, of funding provided hereunder.

**V. Investigations and Confidentiality of Administrative Actions**

1) Provider acknowledges that if a DMC provider is under investigation by DHCS or any other state, local or federal law enforcement agency for fraud or abuse, DHCS may temporarily suspend the provider from the DMC program, pursuant to W&I Code, Section 14043.36(a). Information about a provider's administrative sanction status is confidential until such time as the action is either completed or resolved. The DHCS may also issue a Payment Suspension to a provider pursuant to W&I Code, Section 14107.11 and Code of Federal Regulations, Title 42, section 455.23. The Contractor is to withhold payments from a DMC provider during the time a Payment Suspension is in effect.

2) Provider shall execute the Confidentiality Agreement, attached as Document 5A. The Confidentiality Agreement permits DHCS to communicate with Contractor concerning subcontracted providers that are subject to administrative sanctions.

W. This Intergovernmental Agreement is subject to any additional restrictions, limitations, or conditions enacted by the federal or state governments that affect the provisions, terms, or funding of this Intergovernmental Agreement in any manner.

**X. Subcontract Provisions**

Provider shall include all of the foregoing provisions in all of its subcontracts.

**Y. Conditions for Federal Financial Participation**

1) Provider shall meet all conditions for Federal Financial Participation, consistent with 42 CFR 438.802, 42 CFR 438.804, 42 CFR 438.806, 42 CFR 438.808, 42 CFR 438.810, 42 CFR 438.812.

2) Pursuant to 42 CFR 438.808, Federal Financial Participation (FFP) is not available to the Contractor if the Contractor:

a) Is an entity that could be excluded under section 1128(b)(8) as being controlled by a sanctioned individual;

b) Is an entity that has a substantial contractual relationship as defined in section 431.55(h)(3), either directly or indirectly, with an individual convicted of certain crimes described in section 1128(8)(B); or

c) Is an entity that employs or contracts, directly or indirectly, for the furnishing of health care utilization review, medical social work, or administrative services, with one of the following:

i. Any individual or entity excluded from participation in federal health care programs under section 1128 or section 1126A; or

ii. An entity that would provide those services through an excluded individual or entity.

**Providers shall include the following requirements in their subcontracts with providers:**

1) **Culturally Competent Services:** Providers are responsible to provide culturally competent services. Providers must ensure that their policies, procedures, and practices are consistent with the principles outlined and are embedded in the organizational structure, as well as being upheld in day-to-day operations. Translation services must be available for beneficiaries, as needed.

2) **Medication Assisted Treatment:** Providers will have procedures for linkage/integration for beneficiaries requiring medication assisted treatment. Provider staff will regularly communicate with physicians of beneficiaries who are prescribed these medications unless the beneficiary refuses to consent to sign a 42 CFR part 2 compliant release of information for this purpose.

3) **Evidenced Based Practices:** Providers will implement at least two of the following evidenced based treatment practices (EBPs) based on the timeline established in the county implementation plan. The

two EBPs are per provider per service modality. Counties will ensure the providers have implemented EBPs. The State will monitor the implementation of EBP's during reviews. The required EBP include:

a) Motivational Interviewing: A beneficiary-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on beneficiaries' past successes.

b) Cognitive-Behavioral Therapy: Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

c) Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.

d) Trauma-Informed Treatment: Services must take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.

e) Psycho-Education: Psycho-educational groups are designed to educate beneficiaries about substance abuse, and related behaviors and consequences. Psycho-educational groups provide information designed to have a direct application to beneficiaries' lives; to instill self-awareness, suggest options for growth and change, identify community resources that can assist beneficiaries in recovery, develop an understanding of the process of recover.

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

Date: 6/30/17

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

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


<b>PRODUCER</b> Heffernan Insurance Brokers 1350 Carlsbad Avenue Walnut Creek, CA 94598 CA License #0564249	<b>CONTACT NAME:</b> <b>Shelaine Gonsalves</b>	
	<b>PHONE (A/C No, Ext):</b> <b>925-934-8500</b>	<b>FAX (A/C No):</b> <b>925-934-8278</b>
<b>EMAIL ADDRESS:</b> <b>ShelaineG@heffins.com</b>		
<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> HealthRIGHT360 1735 Mission Street San Francisco, CA 94103	<b>INSURER A:</b> <b>National Union Fire Ins. Co. of Pittsburgh PA</b>	<b>19445</b>
	<b>INSURER B:</b> <b>Philadelphia Indemnity Insurance Company</b>	
	<b>INSURER C:</b> <b>Great American Assurance Company</b>	<b>16691</b>
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

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

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

NR LTR	TYPE OF INSURANCE	ADJL NBR	SUBR 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 GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	X		01-LX-065419088-1	07/01/17	07/01/18	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			29-CA-068370280-0	07/01/17	07/01/18	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			28-UD-062840008-1	07/01/17	07/01/18	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETORS/PARTNERS/EXECUTIVES/OFFICERS/MEMBER EXCLUDED? (Mandatory in N.H.) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	NA				<input type="checkbox"/> NO STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT EL DISEASE - EA EMPLOYEE EL DISEASE - POLICY LIMIT
A	Professional Liability			01-LX-065419089-1	07/01/17	07/01/18	Each claim/aggregate \$1mm/\$3mm
A	Excess Professional Liability			29-UD-062840009-1	07/01/17	07/01/18	Each claim/aggregate \$3mm/\$3mm
B	Crime			PHSD1258840	07/01/17	07/01/18	Limit \$10,000,000
C	Excess Crime			SAAD84181705	07/01/17	07/01/18	Limit \$18,000,000
A	Sexual Misconduct			01-LX-065419099-1	07/01/17	07/01/18	Each claim/aggregate \$2mm/\$2mm

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Re: As Per Contract or Agreement on File with Insured.  
 City & County of San Francisco and Community Behaviour Abuse Services are included as an additional insured (and primary) on General Liability policy per the attached endorsement, if required.

<b>CERTIFICATE HOLDER</b>  City & County of San Francisco Community Substance Abuse Services 1360 Howard Street, Rm. #400 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)
City & County of San Francisco and Community Behaviour Abuse Services
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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

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

**ENDORSEMENT**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement, effective 12:01 A.M.,  
Forms a part of Policy No.:

**SOCIAL SERVICES GENERAL LIABILITY ENHANCEMENT  
ENDORSEMENT**

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

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

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

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

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

**A) MEDICAL PAYMENTS**

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

- 1) The Medical Expense Limit is increased, subject to all the terms of Limits of Insurance (Section III) to \$20,000
- 2) The requirement in the Insuring Agreement of Coverage C, that expenses must be incurred and reported to us within "one year" of the accident date is changed to "three years."
- 3) Exclusion of Coverage, at your option, does not apply to your "volunteer workers" or any person or organization under your direct supervision and control.

**B) SUPPLEMENTARY PAYMENTS - COVERAGES A AND B:**

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

**C) LEGAL LIABILITY EXTENSION - FIRE, LIGHTNING, EXPLOSION, SMOKE, AND LEAKS FROM SPRINKLERS**

1. The last paragraph of Section I - Coverage A - 2. Exclusions, is deleted and replaced by the following:

Exclusions c. through n. does not apply to:

- a. damage by fire, lightning, explosion, smoke or leaks from automatic fire protective systems; and
  - b. damage caused by a resident;
- to premises rented to you or temporarily occupied by you with the permission of the owner.

A separate limit of insurance applies to this coverage as described in Section III - Limits of Insurance.

2. Paragraph 6. of Section III - Limits of Insurance is deleted and replaced by the following:

6. Subject to Paragraph 5. above, the Damage To Premises Rented To You Limit is the most we will pay under COVERAGE A for damages because of "property damage":

- a. resulting from fire, lightning, explosion, smoke or leaks from automatic fire protective systems, or any combination thereof; and
- b. caused by a resident;

to premises, rented to you or temporarily occupied by you with the permission of the owner. Damage To Premises Rented To You Limit is the greater of:

- a. \$1,000,000 for damages due to fire, lightning, explosion, smoke or leaks from automatic fire protective systems, or any combination thereof; or
- b. The Damage To Premises Rented To You Limit shown in the Declarations.

**D) WHO IS AN INSURED**

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

2. Each of the following is also an insured, but only while working within the scope of their duties related to the conduct of your business:

- a. "Employees", but only for acts within the scope of their employment by you;
- b. "Volunteer Workers";
- c. Independent Contractors

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

- (1) "Bodily injury" or "personal and advertising injury";

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- (a) To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), to a co-"employee" while in the course of his or her employment or performing duties related to the conduct of your business, or to your other "volunteer workers" or independent contractors while performing duties related to the conduct of your business;
  - (b) To the spouse, child, parent, brother or sister of that co-"employee", "volunteer worker" or independent contractors as a consequence of Paragraph (1)(a) above;
  - (c) For which there is any obligation to share damages with or repay someone else who must pay damages because of the injury described in Paragraphs (1)(a) or (b) above; or
  - (d) Arising out of his or her providing or failing to provide professional health care services.
- (2) "Property damage" to property:
- (a) Owned, occupied or used by,
  - (b) Rented to, in the care, custody or control of, or over which physical control is being exercised for any purpose by you, any of your "employees", "volunteer workers", independent contractors, any partner or member (if you are a partnership or joint venture), or any member (if you are a limited liability company).
- d. Medical directors and administrators, including professional persons;
  - e. If you are an organization other than a partnership or joint venture, your managers and supervisors are also insureds, but only with respect to their duties as your managers and supervisors;
  - f. If you are a limited liability company, your members are insureds, but only with respect to their duties related to the conduct of your business;
  - g. Any organization and subsidiary thereof which you control and actively manage on the effective date of this endorsement;
  - h. Any person or organization that has financial control of you or owns, maintains or controls premises occupied by you and requires you to name them as an additional insured but only with respect to their liability arising out of:
    - (1) Their financial control of you; or
    - (2) Premises they own maintain or control while you lease or occupy these premises.
 This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.
  - i. Any State or Political Subdivision subject to the following provision:
 

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

    - (1) The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners, or decorations and similar exposures; or
    - (2) The construction, erection, or removal of elevators; or
    - (3) The ownership, maintenance, or use of any elevators covered by this insurance.
 However, the insurance afforded for any organization and subsidiary thereof not named in the Declarations as a Named Insured, does not apply to injury or damage with respect to which an insured under this endorsement is also an insured under another policy, or would be an insured under such policy but for its termination or the exhaustion of its limits of insurance.
  - j. Students in training, but not for "bodily injury" or "property damage" arising out of his or her rendering or failure to render professional services to patients;



- k. Your members but only with respect to their liability for your activities or activities they perform on your behalf;
- l. Your trustees or members of the board of governors while acting within the scope of their duties as such on your behalf;
- m. Any entity you are required in a written contract (hereinafter called Additional Insured) to name as an insured is an insured but only with respect to liability arising out of your premises, "your work" for the Additional Insured, or acts or omissions of the Additional Insured in connection with the general supervision of "your work" to the extent set forth below:  
 Insurance does not apply to "bodily injury," "property damage" or "personal and advertising injury" arising out of the rendering or failure to render any professional services by or for you, including:
  - (1) The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, or drawings and specifications; and
  - (2) Supervisors, inspection, or engineering services.
 Any coverage provided under this provision shall be excess over any other valid and collectible insurance available to the Additional Insured(s) whether primary, excess, contingent or on any other basis unless a contract specifically requires that this insurance be primary or you request that it apply on a primary basis.

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

- a. Coverage under this provision is, subject to (1) and (2) below:
  - (1) Effective on the acquisition or formation date; and
  - (2) Afforded only until the end of the policy period of this Coverage Part or the next anniversary of its inception date, whichever is earlier.

**E) KNOWLEDGE OR NOTICE OF OCCURRENCE**

- 1) As respects any loss reporting requirements under this policy, it is understood and agreed that knowledge of an accident or incident by an agent, servant or "employee" of yours or any other person shall not in itself constitute knowledge by you, unless a corporate officer of yours shall have received notice from said agent, servant, "employee" or any other person.
- 2) Your failure to give first report of a claim to us shall not invalidate coverage under this policy if the loss was inadvertently reported to another insurer. However, you shall report any such "Occurrence" to us within a reasonable time once you become aware of such error.

**F) ADVERTISING INJURY – TELEVISED OR VIDEOTAPED PUBLICATION**

- 1) The definition of "Personal and Advertising Injury" items 14. d., e., f. and g. are changed to read: "Personal and Advertising Injury" means injury, including consequential "bodily injury", arising out of one or more of the following offenses:
  - d. Oral, written, televised, or videotaped publication of material that slanders or libels a person or organization or disparages a person's or organization's goods, products, or services;
  - e. Oral, written, televised, or videotaped publication of material that violates a person's right of privacy;
  - f. Misappropriation of advertising ideas or style of doing business; or
  - g. Infringement of copyright, title, or slogan.
- 2) Exclusions b. and c. of Coverage B., Personal and Advertising Injury Liability, are changed to read:
  - b. "Personal and advertising injury" arising out of oral, written, televised, or videotaped publication of material, if done by or at the direction of the insured with knowledge of its falsity;

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- c. "Personal and advertising injury" arising out of oral, written, televised, or videotaped publication of material whose first publication took place before the beginning of the policy period.

**G) BODILY INJURY – MENTAL ANGUISH**

The definition of "bodily injury" is changed to read:

"Bodily Injury" means:

- a. Bodily injury, sickness, or disease sustained by a person, and includes mental anguish resulting from any of these; and
- b. Except for mental anguish, includes death resulting from the foregoing (item above) at any time.

**H) UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS**

It is agreed that, based on our reliance on your representations as to existing hazards, if you should unintentionally fail to disclose all such hazards prior to the beginning of the policy period of this Coverage Part, we shall not deny coverage under this Coverage Part because of such failure.

**I) LIBERALIZATION**

If we adopt a change in our forms or rules which would broaden your coverage without an additional premium charge, your policy will automatically provide the additional coverages as of the date the revision is effective in your state.

**J) EXTENDED "PROPERTY DAMAGE"**

SECTION I – Coverages, Coverage A, 2. Exclusions, a. is deleted and replaced by the following:

a. **Expected or Intended Injury**

"Bodily Injury" or "Property Damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

**K) PREMISES SOLD OR ABANDONED BY YOU**

SECTION I – Coverages, Coverage A, 2. Exclusions, j, (2) is deleted and replaced by the following:

- (2) Premises you sell, give away, or abandon, if the "property damage" arises out of any part of those premises, and occurred from hazards that were known by you or should have reasonably been known by you, at the time the property was transferred or abandoned.

**L) ADDITIONAL INSURED – FUNDING SOURCE**

Under SECTION II – Who is an Insured, the following is added:

Any person or organization with respect to their liability arising out of:

- a. Their financial control of you; or
- b. Premises they own, maintain, or control while you lease or occupy these premises.

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

**M) ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES**

Under SECTION II – Who is an Insured, the following is added:

Any person or organization with respect to their liability arising out of the ownership, maintenance, or use of that part of the premises leased to you, subject to the following additional exclusions:

This insurance does not apply to:

- a. Any "occurrence" which takes place after you cease to be a tenant in that premises.

- b. Structural alteration, new construction, or demolition operations performed by or on behalf of that person or organization.

**N) ADDITIONAL INSURED - BY CONTRACT, AGREEMENT OR PERMIT**

- 1) Any person or organization is an insured with whom you are required to add as an additional insured to this policy by a written contract or written agreement, or permit that is:
  - a) currently in effect or becoming effective during the term of this policy; and
  - b) executed prior to the "bodily injury," "property damage," "personal and advertising injury."
- 2) This insurance provided to the additional insured by this endorsement applies as follows:
  - a) That person or organization is only an additional insured with respect to liability caused by your negligent acts or omissions at or from:
    - (1) Premises you own, rent, lease, or occupy, or
    - (2) Your ongoing operations performed for the additional insured at the job indicated by written contract or written agreement.
  - b) The limits of insurance applicable to the additional insured are those specified in the written contract or written agreement or in the Declarations of this policy, whichever is less. These limits of insurance are inclusive of and not in addition to the limits of insurance shown in the Declarations.
- 3) With respect to the insurance afforded these additional insureds, the following additional exclusions apply:
  - a) This insurance does not apply to "bodily injury" or "property damage" occurring after:
    - (1) all work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or
    - (2) that portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations on or at the same project.
  - b) This insurance does not apply to "bodily injury," "property damage," "personal and advertising injury" caused by the rendering of or failure to render any professional services.
- 4) Regardless of whether other insurance is available to an additional insured on a primary basis, this insurance will be primary and noncontributory if a written contract between you and the additional insured specifically requires that this insurance be primary.

**O) GENERAL AGGREGATE LIMIT PER LOCATION**

SECTION III - Limits of Insurance, paragraph 2. is deleted and replaced by the following:

2. The General Aggregate Limit is the most we will pay for the sum of:
  - a. Medical expenses under Coverage C;
  - b. Damages under Coverage A, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard, and
  - c. Damages under Coverage B.

A separate Location General Aggregate Limit applies to each "location" and that limit is equal to the amount of the General Aggregate Limit shown in the Declarations.

SECTION V - DEFINITIONS, is amended by adding the following:

"Location" means premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad.

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**P) BLANKET SPECIAL EVENTS**

This insurance applies to "Bodily Injury," "Property Damage," and "Personal and Advertising Injury" arising out of all your special events. However, this insurance does not apply to the following

**EXCLUDED EVENTS:**

- a) Parades
- b) Aircraft
- c) Motorcycle runs and automobile rallies
- d) Fireworks
- e) Firearms
- f) Animals
- g) Carnivals and fairs with mechanical rides
- h) Concerts
- i) Events including contact sports
- j) Rodeos
- k) Political rallies
- l) Any event lasting more than three (3) days (including otherwise acceptable events)
- m) Any event with greater than 1,000 people in attendance (including otherwise acceptable events)

Separate coverage may be available at the company's discretion for the events excluded above. Possible additional charges may apply if coverage is provided.

**Q) NON-OWNED WATERCRAFT**

SECTION 1 – Coverages. 2. Exclusions, paragraph g.(2) is deleted and replaced by the following:

(2) A watercraft you do not own that is:

- (a) Less than 65 feet long, and
- (b) Not being used to carry persons or property for a charge;

This provision applies to any person, who with your consent, either uses or is responsible for the use of a watercraft.

This insurance is excess over any other valid and collectible insurance available to the insured whether primary, excess, or contingent.

**R) WAIVER OF SUBROGATION**

We will waive our right of subrogation in the event of a loss. We must be advised, prior to the loss, of your intention to waive subrogation. We also must know whom subrogation will be waived against. If your request meets the underwriting criteria it will be done at no additional charge.

**S) WAIVER OF IMMUNITY**

We will waive, both in the adjustment of claims and in defense of "suits" against the insured, any charitable or governmental immunity of the insured, unless the insured requests, in writing, that we not do so.

Waiver of immunity, as a defense, will not subject us to liability for any portion of a claim or judgment, in excess, of the applicable limit of insurance.

**T) VIOLATION OF RIGHTS OF RESIDENTS (PATIENT'S RIGHTS)**

- 1) The following is added to Section 1 – Coverages – Coverage A, paragraph 1. Insuring Agreement:  
"Bodily Injury" damages arising out of the violation of "Rights of Residents," shall be deemed an "occurrence."

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- 2) As respects the coverage provided in paragraph A.1. of this endorsement, the following exclusions are added to Section I – Coverages – Coverage A-2. Exclusions:
- This insurance does not apply to:
- a) Liability arising out of the willful or intentional violation of "Rights of Residents."
  - b) Fines or penalties assessed by a court or regulatory authority,
  - c) Liability arising out of any act or omission in the furnishing, or failure to furnish, professional services in the medical treatment of "residents."
- 3) As respects the violation of "Rights of Residents" Coverage, the following definition is added to Section V – Definitions:
- "Rights of residents" means:
- a. Any right granted to a resident under any state law regulating your business as a health care facility.
  - b. The "Rights of Residents" as included in the United States Department of Health and Welfare regulations governing participation of Intermediate Care Facilities and Skilled Nursing Facilities, regardless of whether your facility is subject to those regulations.

**U. LIQUOR LIABILITY EXCLUSION – EXCEPTION FOR FUNDRAISING EVENTS**

SECTION I – Coverages, Coverage A, 2. Exclusions, c. is amended by adding the following subparagraph:

This exclusion does not apply to "bodily injury" or "property damage" arising out of the selling, serving or furnishing of alcoholic beverages at any fundraising events.

**V. EMPLOYEE CRIMINAL DEFENSE COSTS ONLY COVERAGE**

1. The following provision is added to the Policy:

**Employee Criminal Defense Costs Only Coverage**

We will pay, on your behalf, for "defense costs" incurred by your "employee" in a "criminal proceeding". We will have the right, but not the duty to defend your "employee" in such "criminal proceeding".

2. The most we will pay for any one "criminal proceeding" is \$25,000, regardless of the number of "employees" involved in such "criminal proceeding". The payment of "defense costs" under this Employee Criminal Defense Costs Only Coverage is in addition to and does not reduce the Limits of Insurance shown on the Declarations. However, the payment of "defense costs" under this Employee Criminal Defense Costs Only Coverage is included within and shall reduce the \$25,000 each "criminal proceeding" Limit shown in Item V) of the Schedule above and we will not pay for any further "defense costs" for a "criminal proceeding" after the \$25,000 limit has been exhausted.
3. The following additional Exclusions apply to this Employee Criminal Defense Costs Only Coverage:

This insurance does not apply to:

- a. Coverage Provided Under Coverages A or B

Any "defense costs" for which coverage is provided under COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY AND COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY of this policy.

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**b. Damages, Fines or Penalties**

Any damages, fines or penalties.

**4. The following additional Definitions apply to this Employee Criminal Defense Costs Only Coverage:**

**a. "Criminal proceeding" means:**

The prosecution of any of your "employees" commenced by the filing, with a court, or other regulatory enforcement agency, of an information, a complaint, or an indictment, and any amendments thereto, alleging that your "employee" had, during the policy period, committed one or more crimes involving one or more incidents, acts, or events. Such incidents, acts or events must arise within the scope of your "employee's" employment by you or occur while your "employee" is performing duties related to the conduct of your business.

Any "criminal proceeding" shall be considered a single "criminal proceeding", notwithstanding the fact that the prosecution or investigation may involve multiple incidents, multiple counts or charges, and/or multiple trial and/or appellate proceedings. A subsequent or different prosecution or investigation based on the same incidents, acts, or events that provided the basis for the original prosecution or investigation shall not constitute a separate "criminal proceeding".

**b. "Defense costs" means**

(1) Reasonable attorney fees (including fees for the services of paralegals, law clerks and/or investigators working under the direction of said attorney); and

(2) Reasonable and necessary costs, excluding loss of income.

**5. Under no circumstances will "defense costs" payable under this Employee Criminal Defense Costs Only Coverage be payable as Supplementary Payments under Coverages A or B.**

All other terms and conditions of the policy remain the same.

\_\_\_\_\_  
Authorized Representative

Heffernan Insurance Brokers  
1350 Carlback Ave Suite 200  
Walnut Creek, Ca 94596

City & County of San Francisco  
Community Substance Abuse Services  
1380 Howard Street, Rm. #400  
San Francisco CA 94103



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/1/2018

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 have ADDITIONAL INSURED provisions or 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).

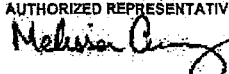
<b>PRODUCER</b> Arthur J. Gallagher & Co. Insurance Brokers of CA. LIC. # 0726293 505 N Brand Blvd, Suite 600 Glendale CA 91203	<b>CONTACT NAME:</b> Kimberly Kleinman	
	<b>PHONE (A/C, No, Ext):</b> 818.539.8619	<b>FAX (A/C, No):</b> 818.539.8719
<b>E-MAIL ADDRESS:</b> Kimberly_Kleinman@ajg.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Quality Comp Inc		
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**                      **CERTIFICATE NUMBER:** 1725310975                      **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	ADDL SUBR INSD WVD	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  GEN'L 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 - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> Y/N <input type="checkbox"/> N/A ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under: DESCRIPTION OF OPERATIONS below:	Y	0150730716	1/1/2018	1/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Waiver of Subrogation applies on Workers Compensation Coverage.

<b>CERTIFICATE HOLDER</b>  City and County of San Francisco It's officers, agents & employees Office of Contract Management & Compliance 101 Grove Street, Room 307 San Francisco, CA 94102	<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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RE: Quality Comp, Inc.—Self-Insured Workers' Compensation Group

To Whom It May Concern:

As proof of workers' compensation coverage, I would like to provide you with the attached Certificate of Consent to Self-Insure issued to Quality Comp, Inc. by the Department of Industrial Relations, Office of Self-Insurance Plans. This Certificate carries an effective date of December 1, 2004 and does not have an expiration date. The Quality Comp, Inc. program has excess insurance coverage with NY Marine & General Insurance Company (NY-MAGIC). NY-MAGIC is a fully licensed and admitted writer of Excess Workers' Compensation Insurance in the State of California (NAIC #16608).

**Specific Excess Insurance**

Excess Workers' Compensation: Statutory per occurrence excess of \$500,000  
Employers Liability: \$1,000,000 Limit

**Term of Coverage**

Effective Date: January 1, 2018  
Expiration: January 1, 2019

Please contact me if you have any questions or require additional information. Thank you.

Sincerely,

A handwritten signature in cursive script that reads 'Jacqueline Harris'.

Jacqueline Harris  
Director of Underwriting  
RPS Monument

STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
OFFICE OF THE DIRECTOR

NUMBER 4515

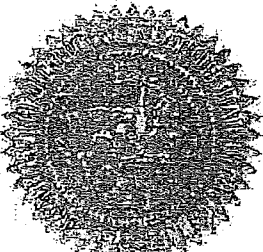
**CERTIFICATE OF CONSENT TO SELF-INSURE**

Quality Comp, Inc.

THIS IS TO CERTIFY, That (a) Corporation

has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure.

This certificate may be revoked at any time for good cause shown.\*



EFFECTIVE:

THE 1st DAY OF December 2004

DEPARTMENT OF INDUSTRIAL RELATIONS  
OF THE STATE OF CALIFORNIA

*John M. Rea*  
JOHN M. REA

DIRECTOR

*Mark T. Johnson*  
MARK T. JOHNSON

MANAGER

\* Revocation of Certificate.—"A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him." (Section 3702 of Labor Code.) The Certificate may be revoked for noncompliance with Title 3, California Administrative Code, Group 2—Administration of Self-Insurance.

DEPARTMENT OF INDUSTRIAL RELATIONS  
OFFICE OF SELF-INSURANCE PLANS  
11050 Olson Drive, Suite 230  
Rancho Cordova, CA 95670  
Phone No. (916) 464-7000  
FAX (916) 464-7007



**CERTIFICATION OF SELF-INSURANCE OF WORKERS' COMPENSATION**

TO WHOM IT MAY CONCERN:

This certifies that Certificate of Consent to Self-Insure No. 4515 was issued by the Director of Industrial Relations to:

**Quality Comp, Inc.**

under the provisions of Section 3700, Labor Code of California with an effective date of **December 1, 2004**. The certificate is currently in full force and effective.

Dated at Sacramento, California  
This day the 11th of December 2017

A handwritten signature in cursive script, appearing to read "Lyn Asio Booz".

Lyn Asio Booz, Chief

ORIG: Jackie Harris  
Director Of Underwriting  
Monument Insurance Services  
255 Great Valley Parkway, Suite 200  
Malvern, Pa 19355

NUMBER: 4515 - 0088

STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
OFFICE OF THE DIRECTOR

CERTIFICATE OF CONSENT TO SELF-INSURE

THIS IS TO CERTIFY, That

**Healthright 360**

(Name of Affiliate)

STATE OF INCORPORATION CA

**Quality Comp, Inc.**

(Master CertificateHolder)

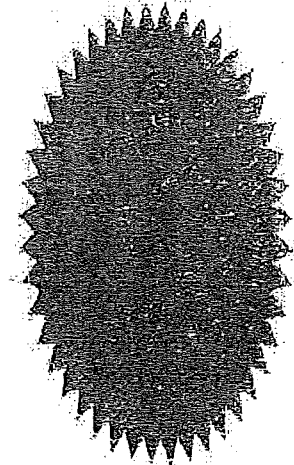
STATE OF INCORPORATION CA

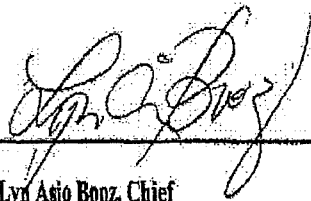
has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure, holder of Master Certificate No. 4515.

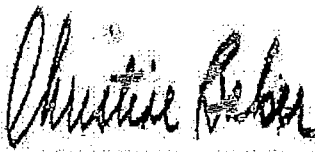
This certificate may be revoked at any time for good cause shown.\*

EFFECTIVE DATE : July 1, 2016

DEPARTMENT OF INDUSTRIAL RELATIONS  
OF THE STATE OF CALIFORNIA



  
\_\_\_\_\_  
Lyn Asio Booz, Chief

  
\_\_\_\_\_  
Christine Baker, Director

\*Revocation of Certificate.--"A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of solvency of such employer, the inability of the employer to fulfill his obligations, or the practice of such employer or his agent in charge of the administration of obligations, under the this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him."(Section 3702 of Labor Code.) The Certificate may be revoked for non compliance with Title 8, California Administrative Code, Group 2 -- Administration of Self Insurance.



**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS**

Quality Comp, Inc. is a Group Self-Insurance Program authorized by the Office of Self-Insurance Plans to provide workers' compensation to approved members. The Board of Directors of Quality Comp, Inc. has authorized the Program Administrator to waive rights of subrogation in certain instances.

This change in coverage, effective 12:01 AM January 1, 2018, forms part of the member's coverage in Self-Insurance Group No. 4515.

Issued to Healthright 360

By Quality Comp, Inc.

The Program has the right to recover our payments from anyone liable for an injury covered by this employer. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

The additional premium for this change shall be Waived for 2018.

**Schedule**

**Person or Organization**

City and County of San Francisco  
It's officers, agents & employees  
Office of Contract Management & Compliance  
101 Grove Street, Room 307  
San Francisco, CA 94102

**Job Description**

Funding source for healthcare operations

Countersigned by *Vicki Eberwein*  
Vicki Eberwein, Program Administrator, Authorized Representative



City and County of San Francisco  
Mark Farrell, Mayor

# San Francisco Department of Public Health

Barbara A. Garcia, MPA  
Director of Health

August 6, 2018

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

Dear Ms. Calvillo:

Please find attached a proposed resolution for Board of Supervisors approval of original agreement to a contract agreement with Health RIGHT 360 in the amount of \$84,064,915.

This original agreement requires Board of Supervisors approval under San Francisco Charter Section 9.118.

The following is a list of accompanying documents:

- Resolution for the original agreement;
- Copy of proposed original agreement;
- Form SFEC-126 for the Board of Supervisors and Mayor.

For questions on this matter, please contact me at (415) 255-3508, [Jacquie.Hale@SFDPH.org](mailto:Jacquie.Hale@SFDPH.org).

Thank you for your time and consideration.

Sincerely,

Jacquie Hale  
Manager

Office of Contracts Management and Compliance  
DPH Business Office

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO  
2018 AUG - 6 PM 2:35  
BY \_\_\_\_\_

**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](mailto:Jacquie.Hale@SFDPH.org) – office 415-255-3508 – fax 415 252-3088

1380 Howard Street, Room 421B, San Francisco, CA 94103

**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: <b>Edgewood Center for Children and Families</b>	
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.	
1. Trisha Walsh, Board Chair; James McElwee, Board Vice Chair; Brian B.C.I. Graham, Board Secretary; Yener Balan; Deborah Koski; Barbara Kostick; Jemma Lavarias; Anji Mandavia; Ann McClanathan; Melyssa Mendoza; Paul Pitts; Karen E. Pointer; Ramona Shewl	
2. Vitka Eisen, CEO; Tony Duong, CFO; Jegan Anandasakaran, CIO; Ana Vales, Chief Healthcare Officer; Demetrius Andreas, VP, Community and Aftercare Programs; Jack Cheng, VP of Healthcare Services; Rachel Cusick, VP of Development; Leo D'Agostino, VP of Human Resources; Wane Garcia, VP of Programs; Mardell Gavriel, VP of Mental Health Services; Dave Otto, Deputy Medical Officer; Densie Williams, VP of Corporate Compliance; April Wilson, VP of Behavioral Health, Southern California	
3. Persons with more than 20% ownership: N/A (nonprofit)	
4. Subcontractors listed in contract: N/A	
5. Political committees sponsored or controlled by contractor: N/A	
Contractor address: 1801 Vicente Street, San Francisco, CA 94116	
Date that contract was approved:	Amount of contract: \$84,064,915
Describe the nature of the contract that was approved: Behavioral health services for adults and older adults	
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

