

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

Amendment Number One

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

RECITALS

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

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

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

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

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

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

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

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

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

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

5. Compensation. Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the **Director of the Department of Public Health**, in his or her sole discretion, concludes has been performed as of the 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed Twenty Seven Million Four Hundred Fifty One Thousand Eight Hundred Fifty Seven Dollars (\$27,451,857). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by **Department of Public Health** as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

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

5. Compensation. Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the **Director of the Department of Public Health**, in his or her sole discretion, concludes has been performed as of the 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Twenty Nine Million Two Hundred Fifty Thousand Four Hundred Sixty Three Dollars (\$29,250,463)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or

both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

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

15. Insurance.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2d. Replacing “Supervision of Minors” Section with “Supervision of Minors” Section.

Section 55 “Supervision of Minors” is hereby replaced in its entirety to read as follows:

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

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

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

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

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

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

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

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

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

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

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

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

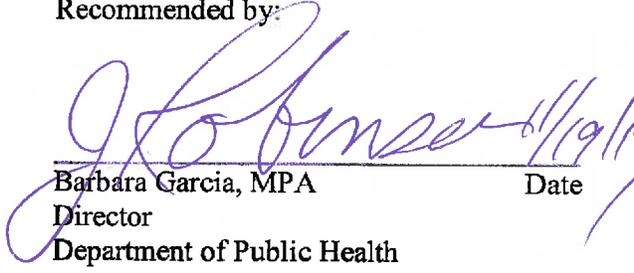
IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

CITY

CONTRACTOR

Recommended by:

Bayview Hunters Point Foundation

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

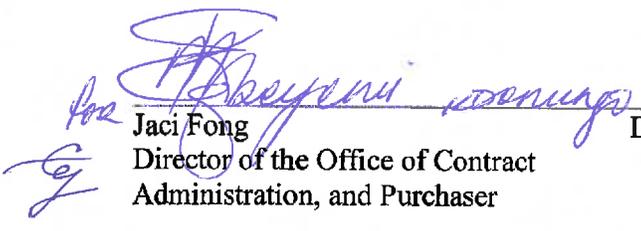
City vendor number: 03121

Approved as to Form:

Dennis J. Herrera
City Attorney

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

Approved:

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

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Appendix A
Services to be provided by Contractor

1. Terms

A. Contract Administrator:

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

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Infection Control, Health and Safety:

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

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

(3) Contractor must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC)

recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.

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

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

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

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

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

G. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

H. Acknowledgment of Funding:

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

2. Description of Services

Detailed description of services are listed below and are attached hereto

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

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

Appendix A-1

1. Identifiers:

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

2. Nature of Document

New Renewal Modification

3. Goal Statement

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

4. Target Population

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

5. Modality(ies)/Interventions

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

6. Methodology

Program Description/Philosophy:

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

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

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

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

A. Outreach:

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

B. Admission Criteria:

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

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

C. Service Delivery Model:

Treatment Plan

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

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

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

Schedule:

The schedule for Methadone Maintenance dosing is as follows:

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

Intended and Average Length of Stay:

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

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

Strategies:

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

- Intake and orientation
- Program operation
- Transition
- Aftercare

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

Linkages:

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

D. Discharge Planning and Exit

Criteria for Successful Participation:

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

Criteria for Successful Completion:

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

Discharge Criteria for non-compliance:

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

E. Program Staffing:

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

7. Objectives and Measurements

A. Standardized Objectives

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

B. Individualized Program Objectives

None

8. Continuous Quality Improvement

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

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

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

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

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

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

D. Bayview values client opinions and suggestions for program improvements. Clients are provided an opportunity to express their views through annual focus groups and client satisfaction surveys administered on an annual basis. Clients

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

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

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

Appendix A-2

1. Identifiers:

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

2. Nature of Document

New Renewal Modification

3. Goal Statement

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

4. Target Population

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

5. Modality(ies)/Intervention

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

6. Methodology

Program Description/Philosophy:

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

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

Admission Criteria:

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

Intended and Average Length of Stay:

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

Strategies:

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

Discharge Criteria for Non-Compliance:

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

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

Schedule:

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

Progression:

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

Linkages:

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

Staffing:

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

7. Objectives and Measurements

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

8. Continuous Quality Improvement

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

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

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

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

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

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

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

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

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

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

Appendix A-3

1. Identifiers:

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

1625 Carroll Street

San Francisco, CA 94124

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

www.bayviewci.org

Alfredta Nesbitt, Program Director, Substance Abuse Services

Ph. (415) 822-8200 x12

www.alfredta.nesbitt@bayviewci.org

Program Code: 38164

2. Nature of Document

New Renewal Modification

3. Goal Statement

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

4. Target Population

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

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

5. Modality(ies)/Intervention

A. Modality: Ancillary Services

Strategy 65 – HIV Early Intervention Services

Those activities involved in the prevention and delay of the

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

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

6. Methodology

Program Description/Philosophy:

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

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

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

Admission Criteria:

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

Strategies:

Each program participant will receive the following services:

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

Schedule:

Services are available Monday through Friday, 6:00am to 2:00pm.
A typical weekly schedule would be:
Monday – Friday: Intake, risk reduction counseling, and advocacy.

Progression:

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

Linkages:

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

Appendix A-4

1. Identifiers:

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

Program Code(s): 38171

2. Nature of Document:

New Renewal Modification

3. Goal Statement:

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

4. Target Population:

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

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

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

6. Methodology:

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

Program Operation

Outreach, Engagement – Intake Assessment, and Counseling

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

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

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

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

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

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

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

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

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

Exit and Continued Care

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

Program Supervision and Clinical Supervision

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

7. Objectives and Measurements:

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

8. Continuous Quality Improvement:

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

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

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

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

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

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

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

9. Required Language: N/A

Appendix A-5

1. Identifiers:

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

Program Code(s): N/A

2. Nature of Document:

New Renewal Modification

3. Goal Statement:

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

4. Target Population:

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

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

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

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

6. Methodology:

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

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

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

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

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

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

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

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

Exit criteria and Process

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

Compliance Requirements

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

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

7. Objectives and Measurements:

A. Standardized Objectives

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

8. Continuous Quality Improvement:

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

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

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

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

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

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

9. Required Language:

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

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

7/1/14

Appendix A-6

1. Identifiers:

Program Name:

Bayview Hunters Point Foundation

Bayview Hunters Point Integrated Behavioral Health Program (BVHP IBHP)

Program Address:

5815 Third Street

San Francisco, CA 94124

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

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

Jacob K. Moody, Executive Director

Lillian Shine, Deputy Director

Erin Zielinski, Program Director, Integrated Behavioral Health Services

Alfredta Nesbitt, Director, Narcotics & Substance Abuse

Program Code: 38513

2. Nature of Document

New Renewal Modification

3. Goal Statement

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

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

4. Target Population

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

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

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

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

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

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

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

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

5. Modality of Service/Intervention

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

6. Methodology

A. Community Engagement and Outreach

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

B. Admission Criteria

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

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

C. Delivery Model

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

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

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

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

A common definition of the priority target population

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

To provide services that are culturally and linguistically appropriate

The provision of a standard core of services in each cluster

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

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

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

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

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

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

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

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

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

Here are some of the following strategies that clinicians, interns and trainees will use: Motivational Interviewing, Cognitive Behavioral Therapy, Insight Oriented Therapy, Family Systems Therapy, Evidence-Based Practices. All strategies listed will use in one form or another:

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

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

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

D. Exit Criteria

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

E. Staffing

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

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

7. Objectives and Measurements

A. Required Objectives

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

B. Individualized Program Objectives

None

8. Continuous Quality Improvement

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

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

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

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

12) Other

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

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

9. Required Language (if applicable):

N/A.

Appendix A-7

1. Agency and Program Information

Program Name:

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

Program Address:

5815 Third Street

San Francisco, CA 94124

Telephone: (415) 822-7500

Facsimile: (415) 822-9767

Jacob K. Moody, Executive Director

Lillian Shine, Deputy Director

Erin Zielinski, Program Director, BVHP IBHPC

Program Code: 38516

2. Nature of Document

New

Renewal

Modification

3. Goal Statement

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

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

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

4. Target Population

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

Contractor: Bayview Hunters Point Foundation
Program: Bayview Hunters Point
Integrated Behavioral Health Program for Children

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

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

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

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

5. Modality of Service/Intervention

A. Definition of Billable Services:

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

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

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

6. Methodology

6A. Community Engagement and Outreach

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

6B. Admission Criteria

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

6C. Delivery Model

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

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

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

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

Here are some of the following strategies that clinicians and interns will use: Motivational Interviewing, Cognitive Behavioral Therapy, Insight Oriented Therapy, Family Systems Therapy, Evidence-Based Practices. These strategies mentioned will use the following in one form or another:

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

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

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

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

6D. Exit Criteria

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

6E. Staffing

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

7. Objectives and Measurements

A. Required Objectives

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

B. Individualized Program Objectives

None

8. Continuous Quality Improvement

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

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

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

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

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

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

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

9. Required Language (If applicable):

N/A

Appendix A-8

1. Identifiers:

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

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

2. Nature of Document:

New Renewal Modification

3. Goal Statement:

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

4. Target Population:

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

State Definition of Developmental Disability:

"Developmental Disability" means a disability which originates

Federal Definition of Developmental Disability:

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

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

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

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

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

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

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

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

6. Methodology:

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

7. Objectives and Measurements:

A. Required Objectives

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

B. Individualized Program Objectives

None

8. Continuous Quality Improvement:

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

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

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

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

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

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

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

9. Required Language:

N/A

Appendix A-9

1. Identifiers:

Program Name: Bayview Hunters Pont Foundation (Fiscal Intermediary)
Family Mosaic Project

Program Address: 1309 Evans Street

City, State, ZIP: San Francisco, CA 94124

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

Website Address:

Contractor Address: 150 Executive Park Blvd, Suite 2800

City, State, ZIP: San Francisco, CA 94134

Person Completing this Narrative: Kim Shine, Deputy Director

Telephone: (415) 468-5100

Email Address: Lillian.shine@bayviewci.org

Program Code(s): 8957

2. Nature of Document:

New Renewal Modification

3. Goal Statement:

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

4. Target Population:

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

5. Modality(s)/Intervention(s)

Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Undupli-cated Clients (UDC)
Conserv-Adm 15,664 staff minutes	15,675		
Total UOS Delivered	15,675		
Total UDC Served			57

6. Methodology:

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

7. Objectives and Measurements:

A. Required Objectives

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

B. Individualized Program Objectives

None

8. Continuous Quality Improvement:

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

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

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

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

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

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

9. Required Language:
N/A

Appendix A-10

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

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

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

4. Target Population

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

Key target population:

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

5. Modality(ies)/Interventions

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

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

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

6. Methodology

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

a.) Outreach and Recruitment:

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

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

b.) Admission and Intake Criteria:

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

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

c.) Service Delivery Model:

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

Mental Health Services and Treatment

Contractor: Bayview Hunters Point Foundation

Appendix A-10

Program: Jelani House

Contract Term: 07/01/14 through 06/30/15

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

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

Jelani, Inc. Clinical Department

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

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

Primary Health Services

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

Methadone

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

Family Groups

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

Case Management System

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

Nurturing Parenting

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

Contractor: Bayview Hunters Point Foundation

Appendix A-10

Program: Jelani House

Contract Term: 07/01/14 through 06/30/15

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

Drug Education for Pregnant and Parenting Women

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

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

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

Domestic Violence

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

Family Violence

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

Child Protective Services (CPS)

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

Housing

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

Children's Services:

Initial Assessment

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

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

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

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

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

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

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

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

Phases of Treatment (Adults)

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

Phase I

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

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

Phase I Addresses:

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

Phase II

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

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

Aftercare Phase

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

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

d.) Exit Criteria:

Successful Completion Criteria:

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

Aftercare Phase

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

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

After Care Planning

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

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

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

Relapse Policy

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

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

e.) Program Staffing:

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

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

Internship Program

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

7.) Objectives and Measurements

A. Required Objectives

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

B. Individualized Program Objectives

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

Data source:

CBHS CalOMS discharge status field.
Case Manager discharge documentation.

Client Inclusion Criteria:

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

Program Review Measurement:

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

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

Client Inclusion Criteria:

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

Data Source:

Case notes and program documentation

Contractor: Bayview Hunters Point Foundation
Program: Jelani House
City Fiscal Year (CBHS only): 14-15
CMS #: 7013

Appendix A-10
Contract Term: 07/01/14 through 06/30/15

Program Review Measurement:

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

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

Metabolic and health screening

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

Primary care provider and health care information

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

Active engagement with primary care provider

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

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

8. Continuous Quality Improvement

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

9. Required Language:

N/A

Appendix A-11

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

2. **Nature of Document**

New Renewal Modification

3. **Goal Statement**

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

4. **Target Population**

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

Key target population:

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

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

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

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

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

6. **Methodology**

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

A. **Outreach and Recruitment:**

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

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

B. Admission and Intake Criteria:

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

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

C. Service Delivery Model:

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

Mental Health Services and Treatment

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

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

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

Jelani, Inc. Clinical Department

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

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

Health Services

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

Methadone

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

Family Groups

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

Case Management System

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

Nurturing Parenting

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

Nurturing Fathers

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

Contractor: Bayview Hunters Point Foundation

Appendix A-11

Program: Jelani Family

Contract Term: 07 /01/14 through 06 /30/15

City Fiscal Year (CBHS only): 14-15

CMS #: 7013

Drug Education

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

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

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

Women Domestic Violence

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

Men's Domestic Violence

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

Family Violence

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

Child Protective Services (CPS)

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

Housing

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

Children's Services:

Initial Assessment

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

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

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

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

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

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

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

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

Phases of Treatment (Adults)

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

Phase I

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

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

Phase I Addresses:

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

Phase II

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

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

Aftercare Phase

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

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

a.) Exit Criteria:

Successful Completion Criteria:

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

Aftercare Phase

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

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

After Care Planning

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

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

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

Relapse Policy

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

D. Program Staffing:

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

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

- **Internship Program:**

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

7. Objectives and Measurements

A. Required Objectives

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

B. Individualized Program Objectives

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

Contractor: Bayview Hunters Point Foundation

Appendix A-11

Program: Jelani Family

Contract Term: 07 /01/14 through 06 /30/15

City Fiscal Year (CBHS only): 14-15

CMS #: 7013

Data Source:

CBHS CalOms discharge status field
Case Manager discharge documentation

Client Inclusion Criteria

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

Program Review Measurement

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

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

Client Inclusion Criteria:

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

Data Source:

Case notes and program documentation.

Program Review Measurement:

Objective will be evaluated on monthly basis with Program Director.

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

Program Review Measurement:

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

B.3: Health Interventions:

Interventions to address health issues:

Metabolic and health screening

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

Primary care provider and health care information

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

Active engagement with primary care provider

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

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

8. Continuous Quality Improvement

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

9. Required Language: N/A

Appendix A-12

1. Identifiers:

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

Contractor Address: 150 Executive Park Blvd, Suite 2800
 City, State, ZIP: San Francisco, CA 94134
 Person Completing this Narrative: Kim Shine, Deputy Director
 Telephone: (415) 468-5100
 Email Address: Lillian.shine@bayviewci.org
 Program Code(s): RU 38518

2. Nature of Document:

New Renewal Modification

3. Goal Statement:

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

4. Target Population:

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

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

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

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

Prevention and Strategies:

Youth N= 900

Adult N= 244

Total UOS = 789

Leadership Development (MHSA Activity Category)

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

Timeline: July 2014- June 2015: ongoing peer development and training

UOS: 200 hours leadership development - youth training/development

Outreach and Engagement (MHSA Activity Category)

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

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

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

October: train teachers and youth outreach workers district-wide

October – June: implement curriculum

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

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

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

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

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

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

Timeline: September 2014-June 2015:

UOS: 20 hours total

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

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

UOS: 15 hours (3 2-hour presentations + 3 hour prep. for each workshop)

Screening and Assessment (MHSA Activity Category)

(6) Screening: 150 youth

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

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

Timeline: July 2014 – June 2015, services are ongoing

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

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

Timeline: services are ongoing July 2014 – June 2015

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

Crisis Response (MHSA Activity Category)

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

Timeline: services are ongoing August 2014 – June 2015

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

Training and Coaching (MHSA Activity Category)

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

Timeline: August 2014 – May 2015

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

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

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

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

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

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

Mental Health Consultation (MHSA Activity Category)

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

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

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

Early Intervention Services

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

Individual Therapeutic Services (MHSA Activity Category)

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

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

Group Therapeutic Services (MHSA Activity Category)

(14) Groups: High School/ Various: This year BTHC will offer a minimum of 3 group series to meet student needs as determined by student feedback, BHS faculty and staff input, and clinic capacity.
UOS: 180 hours (60 groups x 3 hours group/prep/charting)

6. Methodology:

A. The services of Balboa Teen Health Center are targeted to youth that live and/or go to school in the Southeast Sector of San Francisco, particularly the students of Balboa High School. In order to promote

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

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

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

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

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

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

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

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

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

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

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

Systems Transformation Methodology:

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

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

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

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

As stated earlier in 6C., BTHC has made a concerted effort over time to create a multidisciplinary team that can provide a seamless, comprehensive system of care for clients. As stigma around accessing behavioral health services continues to impinge on

youths' willingness to utilize these services, we continue to see significant numbers of students coming in with somatic complaints requesting to see "the nurse"; the ability to provide a warm handoff to behavioral health staff helps ensure that youth get what they need. Additionally, the "single point of intake" as described earlier, reduces redundant

paperwork for youth and is more consumer friendly. Finally, we have relationships with a number of CBOs to provide direct linkages for additional services: for example – we work closely with the OMIE Beacon and refer back and forth between Denman, Leadership and BTHC around substance abuse prevention and treatment. Huckleberry Youth Programs and Larkin Street Youth Services allow us entry into supportive and emergency housing services.

7. Objectives and Measurements:

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

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

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

Participant Satisfaction Objective:

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

8. Continuous Quality Improvement:

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

9. Required Language: N/A

Appendix A-13

1. Identifiers:

Program Name: Bayview Hunters Point Foundation for Community Improvement fiscal intermediary for Community Oriented Primary Care, Dimensions Clinic

Program Address: 150 Executive Park Blvd, Suite 2800
City, State, ZIP: San Francisco, CA 94134
Telephone: 415-468-5100 **FAX:** 415-468-5104
Website Address: www.bayviewci.org

Contractor Address: Michael Baxter, Director, Primary Care Youth Programs
City, State, ZIP: San Francisco, CA
Person Completing this Narrative: Michael Baxter
Telephone:
Email Address: michael.baxter@sfdph.org

Program Code(s): N/A

2. Nature of Document:

New x **Renewal** **Modification**

3. Goal Statement:

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements
- 2) To maintain personnel files

4. Target Population:

As an administrative modality, there is no target population.

For Dimensions Clinic, target population is LGBTQ youth and young adults, ages 12-25

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

As an administrative modality, there is no target population. This appendix provides funding for the following administrative activities:

- Fiscal oversight and management, all fiscal reporting requirements, and personnel services for staff providing services through COPC, Dimensions Clinic Behavioral Health Services funded by DCYF Work Order with funding term 7/1/14 - 6/30/15

For Dimensions Clinic, modality is 45/20-29, community client services, providing individual and group behavioral health services

Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
Community Client Services	950	50	

Total UOS Delivered	950		
Total UDC Served			50

6. Methodology:

As an administrative function, policies of both BVHPF and CBHS apply.

Dimensions Clinic BH Services will be provided at several sites in the community (Dimensions Clinic, LYRIC, The LGBT Center, and LSYS) and during hours that maximize client access and utilization.

7. Objectives and Measurements:

As an administrative modality, outcome objectives are as follows:

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements
- 2) To maintain personnel files

As a community client services modality, outcome objective is:

- 1) To provide behavioral health services to a minimum of 50 youth between 07/1/14 and 6/30/15

8. Continuous Quality Improvement:

Contract evaluation is the joint responsibility of BVHPF and Dimensions Clinic.

9. Required Language:

N/A

Appendix B
Calculation of Charges

1. Method of Payment

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

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

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

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

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

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

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

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

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

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

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

B. Final Closing Invoice
Fee For Service Reimbursement:

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

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

(3) Cost Reimbursement:

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

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

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

2. Program Budgets and Final Invoice

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

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

B. Compensation

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Twenty Nine Million Two Hundred Fifty Thousand Four Hundred Sixty Three Dollars (\$29,250,463) for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$0 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

July 1, 2010 through June 30, 2011	\$	4,979,847
July 1, 2011 through June 30, 2012	\$	5,297,012
July 1, 2012 through June 30, 2013	\$	5,851,149
July 1, 2013 through June 30, 2014	\$	5,966,386
July 1, 2014 through June 30, 2015	\$	5,357,463
July 1, 2014 through June 30, 2015	\$	215,619

July 1, 2014 through June 30, 2015	\$	50,000
July 1, 2015 through December 31, 2015		<u>\$1,532,987</u>
Total	\$	29,250,463

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

C. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.

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

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

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

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number: 00341 Prepared By/Phone #: Lillian Shine / 415-488-5100 Fiscal Year: 2014-2015
 Contractor Name: Bayview Hunters Point Foundation Date: 7/1/14
 Contract CMS #: 7013 APPENDIX B, Page 4
 Contract Appendix Number:

	B-1	B-2	B-3	B-4	B-5	B-6	B-7
Outpatient Methadone Maintenance	383816	383816	383816	383817	383817	3851	3851
38164/38163	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15
Provider Number:	89163	89163	38163/38164	38171	N/A	38513	38516
Program Code(s):							
FUNDING TERM:							
Salaries & Employee Benefits:	713,500	134,920	6,870	291,600	85,160	691,400	386,590
Operating Expenses:	434,787	85,650	15,451	172,384	8,810	248,525	35,725
Capital Expenses:	-	-	-	-	-	-	-
Subtotal Direct Expenses:	1,148,287	220,570	22,321	463,984	93,970	939,925	422,315
Indirect Expenses:	137,794	26,468	2,679	55,678	11,275	112,791	50,678
Indirect %:	12%	12%	12%	12%	12%	12%	12%
TOTAL FUNDING USES	1,286,081	247,038	25,000	519,662	105,245	1,052,716	472,993
DPH MENTAL HEALTH FUNDING SOURCES							
MH FED - SDMC Regular FFP (50%)							
MH STATE - MH Realignment						313,572	222,761
MH STATE - PSR EPSDT						154,812	200,485
MH STATE - Family Mosaic Capitated Medi-Cal						584,332	49,747
MH COUNTY - General Fund							
MH STATE - MHSA							
MH WORK ORDER - Dept. Children, Youth & Families							
MH STATE - SAMHSA							
TOTAL BHS MENTAL HEALTH FUNDING SOURCES						1,052,716	472,993
DPH SUBSTANCE ABUSE FUNDING SOURCES							
SA FED - SPT Fed Discretionary, CFDA #93.959	891,449	243,387		319,497			
SA FED - SPT Adolescent Tx Svcs, CFDA #93.959				136,908			
SA FED - SPT Primary Prevention Set-Aside, CFDA #93.959					105,245		
SA FED - SPT HIV Set-Aside, CFDA #93.959			25,000				
SA FED - SPT Perinatal Set-Aside, CFDA #93.959							
SA FED - Drug Medi-Cal, CFDA #93.778	187,813						
SA STATE - PSR Drug Medi-Cal	187,813						
SA STATE - PSR Women and Children							
SA STATE - SA General Fund	19,006	3,651		63,257			
SA COUNTY - SA General Fund	1,286,081	247,038	25,000	519,662	105,245		
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES							
DPH OTHER DPH FUNDING SOURCES							
TOTAL OTHER DPH FUNDING SOURCES							
TOTAL DPH FUNDING SOURCES	1,286,081	247,038	25,000	519,662	105,245	1,052,716	472,993
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES							
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	1,286,081	247,038	25,000	519,662	105,245	1,052,716	472,993

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number: 00341
 Contractor Name: Bayview Hunters Point Foundation
 Contract CMS #: 7013

Prepared By/Phone #: Lillian Shine / 415-468-5100
 Document Date: 7/1/14
 APPENDIX B, Page 5

Fiscal Year: 2014-2015

	B-8	B-9	B-10	B-11	B-12	B-13
Anchor Program		Family Mosaic Wraparound	Jelani House	Jelani Family Program	Balboa Teen Health Center	Dimensions LGBT Outpatient
38A1		8957	380145	380145	3851	Pending
38A13		8957	01452 & 01455	38502 & 38505	38518	N/A
FUNDING TERM:	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15
Salaries & Employee Benefits:	44,812	85,080	548,630	532,520	202,209	85,570
Operating Expenses:	567	3,231	86,272	64,488	10,557	524
Capital Expenses:	-	-	-	-	-	-
Subtotal Direct Expenses:	45,379	88,311	634,902	597,008	212,766	86,094
Indirect Expenses:	5,600	10,596	76,188	71,641	25,531	10,331
Indirect %:	12%	12%	12%	12%	12%	12%
TOTAL FUNDING USES	50,979	98,907	711,090	668,649	238,297	96,425
						32.94%
						Employee Fringe Benefits %:
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	50,979	98,907	711,090	668,649	238,297	96,425
OTHER DPH FUNDING SOURCES						
MH FED - SDMC Regular FFP (50%)						536,333
MH STATE - MH Realignment	11,223					166,035
MH STATE - PSR EPSDT						200,485
MH STATE - Family Mosaic Capitated Medi-Cal		60,656				60,656
MH COUNTY - General Fund	39,756	8,960				684,220
MH STATE - MHSA						238,297
MH WORK ORDER - Dept. Children, Youth & Families		29,291				95,000
MH STATE - SAMHSA		98,907				29,291
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	50,979	98,907	711,090	668,649	238,297	2,010,317
OTHER DPH FUNDING SOURCES						
SA FED - SPT Fed Discretionary, CFDA #93.959			130,969	140,491		1,725,793
SA FED - SPT Adolescent Tx Svcs, CFDA #93.959						136,908
SA FED - SPT Primary Prevention Set-Aside, CFDA #93.959						105,245
SA FED - SPT HIV Set-Aside, CFDA #93.959						25,000
SA FED - SPT Perinatal Set-Aside, CFDA #93.959			303,190			303,190
SA FED - Drug Medi-Cal, CFDA #93.778						187,813
SA STATE - PSR Drug Medi-Cal			182,286			187,813
SA STATE - PSR Women and Children			94,645	528,158		182,286
SA COUNTY - SA General Fund			711,090	668,649		708,717
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES						3,562,765
OTHER DPH FUNDING SOURCES						
TOTAL OTHER DPH FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES	50,979	98,907	711,090	668,649	238,297	5,573,082
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES						
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	50,979	98,907	711,090	668,649	238,297	5,573,082

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

Contractor Name: Bayview Hunters Point Foundation		Appendix/Page #: B-1 Page 1			
Provider Name: Bayview Hunters Point Foundation - OMM		Document Date: 7/1/14			
Provider Number: 383816		Fiscal Year: 2014-2015			
Program Name:	Outpatient Methadone Maintenance	Outpatient Methadone Maintenance - Detox			
Program Code:	38164	38163			
Mode/SFC (MH) or Modality (SA):	NTP-48	NTP-48			
Service Description:	SA-Narcotic Tx Narc Replacement Therapy - All Svcs	SA-Narcotic Tx Narc Replacement Therapy - All Svcs			
Service Description Detail:	Dosing	Outpatient Methadone Maintenance - Detox			
FUNDING TERM:	7/1/14 - 6/30/15	7/1/14 - 6/30/15			
Salaries & Employee Benefits:	452,823	2,092	1,106	3,733	713,500
Operating Expenses:	275,935	1,276	674	2,275	434,787
Capital Expenses:					
Subtotal Direct Expenses:	728,758	408,373	3,368	1,780	6,008
Indirect Expenses:	87,453	49,003	403	214	721
TOTAL FUNDING USES:	816,210	457,376	3,771	1,994	6,730
TOTAL BHS MENTAL HEALTH FUNDING SOURCES					
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES					
TOTAL OTHER DPH FUNDING SOURCES					
TOTAL DPH FUNDING SOURCES	816,210	457,376	3,771	1,994	6,730
TOTAL NON-DPH FUNDING SOURCES					
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	816,210	457,376	3,771	1,994	6,730
DPH UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable):					
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):					
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	400				
DPH Units of Service:	65,612	30,492	1,068	160	449
Unit Type:	Slot Days	Slot Days	Slot Days	Slot Days	Slot Days
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	12.44	15.00	3.53	12.44	15.00
Cost Per Unit - Contract Rate (DPH & NON-DPH FUNDING SOURCES):	12.44	15.00	3.53	12.44	15.00
Published Rate (Medi-Cal Providers Only):	12.44	15.00	3.53	12.44	15.00
Unduplicated Clients (UDC):	198	198	198	5	5
Total UDC:					198

Position Title	7/1/14 - 6/30/15		7/1/14 - 6/30/15		7/1/14 - 6/30/15		7/1/14 - 6/30/15		7/1/14 - 6/30/15		7/1/14 - 6/30/15	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director of Narcotics & Substance Abuse	0.69	54,900	0.69	54,900								
Administrative Assistant	0.90	29,800	0.90	29,800								
Medical Records/Billing Technician	0.76	28,900	0.76	28,900								
Intake/Billing Clerk	0.85	24,200	0.85	24,200								
Nurse Practitioner/Physician	0.50	36,000	0.50	36,000								
LVN/Coordinator	0.59	37,500	0.59	37,500								
Licensed Vocational Nurse	2.00	96,400	2.00	96,400								
Methadone Coordinator	1.00	51,100	1.00	51,100								
Counselors	5.00	169,700	5.00	169,700								
Totals:	12.29	\$528,500	12.29	\$528,500	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	35%	185,000	35%	185,000	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0
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TOTAL SALARIES & BENEFITS		\$713,500		\$713,500		\$0		\$0		\$0		\$0
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DPH 4: Operating Expenses Detail

Program Code: 38164/38163

Program Name: Bayview Hunters Point Foundation - Outpatient Methadone Maintenance

Appendix/Page #: B-1 Page 3
Date: 7/1/14

Expenditure Category	TOTAL	General Fund HMHSCRES227			
Occupancy:					
	Term: 7/1/14 - 6/30/15	Term: 7/1/14 - 6/30/15			
Rent	127,980	127,980			
Utilities(telephone, electricity, water, gas)	38,948	38,948			
Building Repair/Maintenance	14,870	14,870			
Materials & Supplies:					
Office Supplies	13,050	13,050			
Photocopying	-	-			
Printing	303	303			
Program Supplies	-	-			
Computer hardware/software	18,007	18,007			
General Operating:					
Training/Staff Development	506	506			
Insurance	17,198	17,198			
Professional License	14,568	14,568			
Permits	-	-			
Equipment Lease & Maintenance	5,463	5,463			
Staff Travel:					
Local Travel	506	506			
Out-of-Town Travel	-	-			
Field Expenses	-	-			
Consultant/Subcontractor:					
Medical Director: Dr. Alexis Williams @ \$100 per hr - FY14-15	43,753	43,753			
Medical Director: Catherine Olson, MD, \$100 per hr - FY14-15	43,753	43,753			
Other:					
Medical Supplies & Medical Waste Disposal 48750	38,139	38,139			
Lab Testing	21,244	21,244			
Security Services	30,754	30,754			
Vehicle Expenses(lease, gas, regis. & ins.)	1,416	1,416			
Advertising	1,214	1,214			
Client Activities	3,115	3,115			
TOTAL OPERATING EXPENSE	434,787	434,787			

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

Contractor Name: Bayview Hunters Point Foundation		Appendix/Page #: B-2 Page 1
Provider Name: Bayview Hunters Point Foundation - JCD		Date: 7/1/14
Provider Number: 383816		Fiscal Year: 2014-2015
Program Name:	Meithadone Jail Courtesy Dosing	
Program Code:	89163	
Mode/SFC (M-H) or Modality (SA):	NTP-41	
Service Description:	Substance Abuse Tx Prog OP Meth Detox (OMD)	
FUNDING TERM:	7/1/14 - 6/30/15	TOTAL
Salaries & Employee Benefits:	134,920	134,920
Operating Expenses:	85,650	85,650
Capital Expenses:	-	-
Subtotal Direct Expenses:	220,570	220,570
Indirect Expenses:	26,468	26,468
TOTAL FUNDING USES:	247,038	247,038
BHS MENTAL HEALTH FUNDING SOURCES		
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		
SA COUNTY - SA General Fund		
SA FED - SPTI Fed Discretionary, CFDA #93.959	243,387	243,387
SA COUNTY - SA General Fund	3,651	3,651
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	247,038	247,038
TOTAL OTHER DPH FUNDING SOURCES		
TOTAL DPH FUNDING SOURCES	247,038	247,038
TOTAL NON-DPH FUNDING SOURCES		
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	247,038	247,038
BHS UNITS OF SERVICE AND UNIT COST		
Number of Beds Purchased (if applicable):		
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):	400	
SA Only - Licensed Capacity for Med-Cal Provider with Narcotic Tx Program:	FFS	
Cost Reimbursement (CR) or Fee-For-Service (FFS):	19,858	
DPH Units of Service:	Slot Days	
Unit Type:	12.44	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	12.44	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	12.44	
Published Rate (Med-Cal Providers Only):	12.44	
Unduplicated Clients (UDC):	66	66

DPH 4: Operating Expenses Detail
 Program Code: 89163
 Program Name: Bayview Hunters Point Foundation - Jail Courtesy Dosing

Appendix/Page #: B-2 Page 3
 Date: 7/1/14

Expenditure Category	TOTAL	General Fund HMHSCRES27	Term:	Term:	Term:	Term:
	Term: 7/1/14 - 6/30/15	Term: 7/1/14 - 6/30/15	Term: 7/1/14 - 6/30/15	Term:	Term:	Term:
Occupancy:						
Rent	25,090	25,090				
Utilities(telephone, electricity, water, gas)	7,942	7,942				
Building Repair/Maintenance	3,474	3,474				
Materials & Supplies:						
Office Supplies	2,283	2,283				
Photocopying	-	-				
Printing	-	-				
Program Supplies	-	-				
Computer hardware/software	2,830	2,830				
General Operating:						
Training/Staff Development	-	-				
Insurance	2,829	2,829				
Professional License	3,971	3,971				
Permits	-	-				
Equipment Lease & Maintenance	1,390	1,390				
Staff Travel:						
Local Travel	201	201				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor:						
Medical Director, Alexis Williams, MD, \$100 per hr - FY 14-15	15,686	15,686				
	-	-				
	-	-				
Other:						
Medical Supplies	8,340	8,340				
Security Services	4,467	4,467				
Vehicle Expenses (lease, gas, regis., etc.)	6,949	6,949				
Advertising	198	198				
	-	-				

TOTAL OPERATING EXPENSE 85,650 85,650

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

Contractor Name: Bayview Hunters Point Foundation Provider Name: Bayview Hunters Point Foundation - AIDS Provider Number: 383816		Appendix/Page #: B-3 Page 1 Date: 7/1/14 Fiscal Year: 2014-2015	
Program Name:	AIDS Opt-Out HIV	Program Code:	38163/38164
Mode/(SFC (MH) or Modality (SA):	Early Intervention	Service Description:	Supplementary HIV Counseling Services
FUNDING TERM:	7/1/14 - 6/30/15		
Salaries & Employee Benefits:	6,870		6,870
Operating Expenses:	15,451		15,451
Capital Expenses:	-		-
Subtotal Direct Expenses:	22,321		22,321
Indirect Expenses:	2,679		2,679
TOTAL FUNDING USES:	25,000		25,000
BHS MENTAL HEALTH FUNDING SOURCES			
TOTAL BHS MENTAL HEALTH FUNDING SOURCES			
BHS SUBSTANCE ABUSE FUNDING SOURCES			
SA FED - SAPT HIV Set-Aside, CFDA #83.969	25,000		25,000
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			
OTHER DPH FUNDING SOURCES			
TOTAL OTHER DPH FUNDING SOURCES			
TOTAL DPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			
DPH UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable):			
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):			
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:			
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS		
DPH Units of Service:	250	Unit Type:	Number Served
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):	100.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	100.00		
Published Rate (Medi-Cal Providers Only):			
Unduplicated Clients (UDC):	250		250

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

Contractor Name: Bayview Hunters Point Foundation		Appendix/Page #: B-4 Page 1	
Provider Name: Bayview Hunters Point Foundation - YMF		Date: 7/1/14	
Provider Number: 383817		Fiscal Year: 2014-2015	
Program Name:	Youth Moving Forward	Youth Moving Forward	Youth Moving Forward
Program Code:	38171	38171	38171
Mode/SFC (MH) or Modality (SA):	Nonres-33	Nonres-34	SecPrev-19
Service Description:	SA-Resistant ODF	SA-Resistant ODF	SA-Sec Prev Outreach
FUNDING TERM:	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15
Salaries & Employee Benefits:	\$47,390	142,170	102,040
Operating Expenses:	40,450	121,831	10,103
Capital Expenses:			
Subtotal Direct Expenses:	87,840	264,001	112,143
Indirect Expenses:	10,540	31,680	13,458
TOTAL FUNDING USES:	98,380	295,681	125,601
BHS MENTAL HEALTH FUNDING SOURCES			
TOTAL BHS MENTAL HEALTH FUNDING SOURCES			
BHS SUBSTANCE ABUSE FUNDING SOURCES			
SA FED - SAPT Fed Discretionary, CFDA #93.959	60,569	181,706	77,222
SA FED - SAPT Adolescent Tx Svcs, CFDA #93.959	25,954	77,864	33,090
SA COUNTY - SA General Fund	11,857	36,111	15,289
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	98,380	295,681	125,601
TOTAL OTHER DPH FUNDING SOURCES			
TOTAL OTHER DPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			
DPH UNITS, SERVICES AND UNIT COST			
Number of Beds Purchased (if applicable):			
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):	100		
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:			
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	CR
DPH Units of Service:	1,042	3,132	1,256
Unit Type:	Staff Hour	Staff Hour	Staff Hour
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	94.40	94.40	100.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	94.40	94.40	100.00
Published Rate (Medi-Cal Providers Only):			
Unduplicated Clients (UDC):	54	90	25
Total UDC:			90

Expenditure Category	TOTAL	Nonres-33/34 General Fund HMHSOCRES227	SecPrev-19 General Fund HMHSOCRES227	Term: 7/1/14 - 6/30/15	Term: 7/1/14 - 6/30/15	Term:
Occupancy:						
Rent	79,792	75,115	4,677			
Utilities(telephone, electricity, water, gas)	11,401	10,733	668			
Building Repair/Maintenance	11,400	10,732	668			
Materials & Supplies:						
Office Supplies	4,276	4,025	251			
Photocopying	-					
Printing	-					
Program Supplies	-					
Computer hardware/software	6,268	5,901	367			
General Operating:						
Training/Staff Development	2,136	2,011	125			
Insurance	3,420	3,220	200			
Professional License	11,400	10,732	668			
Permits	-					
Equipment Lease & Maintenance	2,565	2,415	150			
Staff Travel:						
Local Travel	6,412	6,036	376			
Out-of-Town Travel	-					
Field Expenses	-					
Consultant/Subcontractor:						
All Cover IT Support Services: FY 13-14, \$398 per month	8,550	8,049	501			
Other:						
Recreational/Project Supplies	7,126	6,708	418			
Food for Client Activities	4,276	4,025	251			
Security Services	1,710	1,610	100			
Advertising	211	199	12			
Vehicle Expenses (Reg., Gas, Ins., Main.)	11,441	10,770	671			
TOTAL OPERATING EXPENSE	172,384	162,281	10,103			

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

Contractor Name: Bayview Hunters Point Foundation		Appendix/Page #: B-5 Page 1	
Provider Name: Bayview Hunters Point Foundation - Prevention		Date: 7/1/14	
Provider Number: 383817		Fiscal Year: 2014-2015	
Program Name:	Youth Services Prevention/ Strengthening Families	Youth Services Prevention/ Strengthening Families	Youth Services Prevention/ Strengthening Families
Program Code:	N/A	N/A	N/A
Mode/SFC (MH) or Modality (SA):	PriPrev-13 SA: Prevention Education	PriPrev-12 SA: Prevention Dissemination	PriPrev-16 SA: Prevention Community Based
Service Description:			
FUNDING TERM:	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15
Salaries & Employee Benefits:	\$85,464	11,586	7,241
Operating Expenses:	6,772	1,199	749
Capital Expenses:			
Subtotal Direct Expenses:	72,236	12,785	7,990
Indirect Expenses:	8,667	1,534	959
TOTAL FUNDING USES:	80,903	14,319	8,949
TOTAL BHS MENTAL HEALTH FUNDING SOURCES			
TOTAL BHS MENTAL HEALTH FUNDING SOURCES			
INDICES AND ABUSE FUNDING SOURCES			
SA FED - SAPT Primary Prevention Set-Aside, CFDA #93.959	80,903	14,319	8,949
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			
TOTAL OTHER DPH FUNDING SOURCES			
TOTAL OTHER DPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			
DPH UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable):			
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):			
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:			
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS
DPH Units of Service:	691	413	300
Unit Type:	Staff Hour	Staff Hour	Staff Hour
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):	117.03	34.67	29.83
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	117.03	34.67	29.83
Published Rate (Medi-Cal Providers Only):			
Unduplicated Clients (UDC):	40	40	40
Total UDC:			40

DPH 4: Operating Expenses Detail

Program Code: N/A

Appendix/Page #: B-5 Page 3

Program Name: Bayview Hunters Point Foundation - Youth Services Prevention/Strengthening F

Date: 7/1/14

Expenditure Category	TOTAL	General Fund HMHSCRES277	Term:	Term:	Term:	Term:
	Term: 7/1/14 - 6/30/15	Term: 7/1/14 - 6/30/15				
Occupancy:						
Rent	4,777	4,777				
Utilities(telephone, electricity, water, gas)	645	645				
Building Repair/Maintenance	611	611				
Materials & Supplies:						
Office Supplies	218	218				
Photocopying	-	-				
Printing	-	-				
Program Supplies	-	-				
Computer hardware/software	489	489				
General Operating:						
Training/Staff Development	-	-				
Insurance	133	133				
Professional License	167	167				
Permits	-	-				
Equipment Lease & Maintenance	88	88				
Staff Travel:						
Local Travel	133	133				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor:						
Other:						
Recreational/Project Supplies	378	378				
Food for Client Activities	882	882				
Security Services	38	38				
Advertising	17	17				
Vehicle Expenses (Reg., Gas, Ins., Main.)	234	234				
	-	-				
TOTAL OPERATING EXPENSE	8,810	8,810				

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

Contractor Name: Bayview Hunters Point Foundation		Appendix/Page #: B-6 Page 1	
Provider Name: Bayview Hunters Point Foundation - Adult		Date: 7/1/14	
Provider Number: 3851		Fiscal Year: 2014-2015	
Program Name:	Adult Behavioral Health	Adult Behavioral Health	Adult Behavioral Health
Program Code:	38513	38513	38513
Mode/SFC (MH) or Modality (SA):	15/10-57	15/70-79	45/20-29
Service Description:	MH Svcs	Crisis Intervention-OP	Commy Client Svcs
FUNDING TERM:	7/1/14 - 6/30/15	7/1/14 - 6/30/15	7/1/14 - 6/30/15
Salaries & Employee Benefits:	500,611	3,595	27,474
Operating Expenses:	179,946	1,292	9,876
Capital Expenses:			
Subtotal Direct Expenses:	680,557	4,887	37,350
Indirect Expenses:	81,666	587	4,482
TOTAL FUNDING USES:	762,223	5,474	41,832
BASELINE HEALTH CARE FUNDING SOURCES			
MH FED - SDMC Regular FFP (50%)	227,043	1,631	12,460
MH STATE - MH Realignment	112,092	805	6,152
MH COUNTY - General Fund	423,088	3,038	23,220
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	762,223	5,474	41,832
BASELINE SUBSTANCE ABUSE FUNDING SOURCES			
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-
OTHER HEALTH CARE FUNDING SOURCES			
TOTAL OTHER DPH FUNDING SOURCES	-	-	-
TOTAL DPH FUNDING SOURCES	762,223	5,474	41,832
NON-DPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	762,223	5,474	41,832
BASELINE SERVICE PROVIDER COST			
Number of Beds Purchased (if applicable):			
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):			
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:			
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS
DPH Units of Service:	293,163	34,672	39,074
Unit Type:	Staff Minute	Staff Minute	Staff Hour
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	2.60	4.76	2.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.60	4.76	2.00
Published Rate (Medi-Cal Providers Only):	2.67	4.88	2.05
Unduplicated Clients (UDC):	350	75	125
Total UDC:	350	5	45

DPH 3: Salaries & Benefits Detail

Program Code: 38513

Program Name: Bayview Hunters Point Foundation - Adult Behavioral Health

Appendix/Page #: B-6 Page 2
Date: 7/1/14

Position Title	7/1/14 - 8/30/15		7/1/14 - 6/30/15		7/1/14 - 6/30/15		7/1/14 - 6/30/15		7/1/14 - 6/30/15		7/1/14 - 6/30/15	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director of Behavioral Health	0.30	22,500	0.30	22,500								
Director of Narcotic & Substance Abuse	0.09	7,200	0.09	7,200								
Director of Compliance & QA	0.20	10,100	0.20	10,100								
Medical Records Technician	0.75	27,900	0.75	27,900								
Receptionist	0.75	24,100	0.75	24,100								
Medical Director	0.50	75,100	0.50	75,100								
Clinical Supervisor	0.75	45,000	0.75	45,000								
Therapist/Licensed	2.00	103,800	2.00	103,800								
Therapist/Unlicensed	3.00	146,200	3.00	146,200								
Certified Substance Abuse Counselor	1.00	34,000	1.00	34,000								
Psychologist	0.25	7,100	0.25	7,100								
Psychiatrist	0.30	20,300	0.30	20,300								
Director of Clinical Services	0.11	9,100	0.11	9,100								
Totals:	10.00	532,400	10.00	532,400	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	30%	159,000	30%	159,000								
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TOTAL SALARIES & BENEFITS		691,400		\$691,400		\$0		\$0		\$0		\$0
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DPH 4: Operating Expenses Detail

Program Code: 38513

Appendix/Page #: B-6 Page 3
Date: 7/1/14

Program Name: Bayview Hunters Point Foundation - Adult Behavioral Health

Expenditure Category	TOTAL	General Fund HMHMCC730515	Term:	Term:	Term:
	Term: 7/1/14 - 6/30/15	Term: 7/1/14 - 6/30/15			
Occupancy:					
Rent	144,948	144,948			
Utilities(telephone, electricity, water, gas)	27,453	27,453			
Building Repair/Maintenance	3,452	3,452			
Materials & Supplies:					
Office Supplies	6,135	6,135			
Photocopying	-	-			
Printing	407	407			
Program Supplies	686	686			
Computer hardware/software	-	-			
General Operating:					
Training/Staff Development	699	699			
Insurance	30,504	30,504			
Professional License	-	-			
Permits	-	-			
Equipment Lease & Maintenance	6,609	6,609			
Staff Travel:					
Local Travel	712	712			
Out-of-Town Travel	-	-			
Field Expenses	-	-			
Consultant/Subcontractor:					
Intern Stipends 3 interns \$20.00 per hr. 469.35 hrs.	8,555	8,555			
All Cover IT Support Services \$150.00 Hr x 62.69 Hrs.	9,547	9,547			
Other:					
Vehicle Expense/Gas/Mainten/Registration	2,185	2,185			
Client Related Expenses	305	305			
Advertising	76	76			
Client Services/Peer/Stipends	4,794	4,794			
Security Services	1,458	1,458			
	-	-			
	-	-			

TOTAL OPERATING EXPENSE

248,525

248,525

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

Contractor Name: Bayview Hunters Point Foundation		Appendix/Page #: B-7 Page 1		
Provider Name: Bayview Hunters Point Foundation - Children		Date: 7/1/14		
Provider Number: 3851		Fiscal Year: 2014-2015		
Program Name:	Children's Behavioral Health Services	Children's Behavioral Health Services		
Program Code:	38516	38516		
Mode/SFC (MH) or Modality (SA):	15/10-57	15/01-09		
Service Description:	MH Svcs	Case Mgt Brokerage		
FUNDING TERM:	7/1/14 - 6/30/15	7/1/14 - 6/30/15		
Salaries & Employee Benefits:	340,063	20,474	10,362	386,590
Operating Expenses:	31,425	1,218	958	35,725
Capital Expenses:				
Subtotal Direct Expenses:	371,488	2,742	22,366	422,315
Indirect Expenses:	44,578	329	2,685	50,678
TOTAL FUNDING USES:	416,066	3,071	25,051	472,993
BHS MENTAL HEALTH FUNDING SOURCES				
MH FED - SDMC Regular FFP (50%)	201,922	1,446	11,798	222,761
MH STATE - PSR EPSDT	181,729	1,302	10,618	200,485
MH COUNTY - General Fund	32,415	323	2,635	49,747
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	416,066	3,071	25,051	472,993
BHS SUBSTANCE ABUSE FUNDING SOURCES				
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES				
OTHER DPH FUNDING SOURCES				
TOTAL OTHER DPH FUNDING SOURCES				
TOTAL DPH FUNDING SOURCES	416,066	3,071	25,051	472,993
NON-DPH FUNDING SOURCES				
TOTAL NON-DPH FUNDING SOURCES				
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	416,066	3,071	25,051	472,993
BSR - BEDS OF SERVICE AND UNIT COST				
Number of Beds Purchased (if applicable):				
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):				
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:				
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS
DPH Units of Service:	160,025	3,388	12,526	121
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Hour
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):	2.60	4.76	2.00	104.58
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.60	4.76	2.00	104.58
Published Rate (Medi-Cal Providers Only):	2.67	4.88	2.05	114.61
Unduplicated Clients (UDC):	88	25	50	25
Total UDC:				88

DPH 4: Operating Expenses Detail

Program Code: 38A13

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

Appendix/Page #: B-7 Page 3
Date: 7/1/14

Expenditure Category	TOTAL	General Fund HMMHCP751594	Term:	Term:	Term:	Term:
	Term: 7/1/14 - 6/30/15	Term: 7/1/13 - 6/30/14				
Occupancy:						
Rent	17,799	17,799				
Utilities(telephone, electricity, water, gas)	4,715	4,715				
Building Repair/Maintenance	2,051	2,051				
Materials & Supplies:						
Office Supplies	1,326	1,326				
Photocopying	-	-				
Printing	104	104				
Program Supplies	820	820				
Computer hardware/software	-	-				
General Operating:						
Training/Staff Development	123	123				
Insurance	4,060	4,060				
Professional License	148	148				
Permits	-	-				
Equipment Lease & Maintenance	984	984				
Staff Travel:						
Local Travel	185	185				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor:						
All Cover IT Support Services \$100 per hour 42 hrs.	1,722	1,722				
	-	-				
	-	-				
Other:						
Vehicle Expense/Gas/Maintenance/Registration	433	433				
Client Related Expenses	492	492				
Advertising	246	246				
Books/Publications	66	66				
Medical Supplies	33	33				
Security Services	270	270				
Client Services/Peer/Stipends	148	148				
TOTAL OPERATING EXPENSE	35,725	35,725				

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

Contractor Name: Bayview Hunters Point Foundation		Appendix/Page #: B-8 Page 1
Provider Name: Bayview Hunters Point Foundation - Anchor		Date: 7/1/14
Provider Number: 38A1		Fiscal Year: 2014-2015
Program Name: Anchor Program	Program Code: 38A13	
Mode/SFC (MH) or Modality (SA):	15/10-57	
Service Description:	MH Svcs	
FUNDING TERM:	7/1/14 - 6/30/15	TOTAL
Salaries & Employee Benefits:	44,812	44,812
Operating Expenses:	567	567
Capital Expenses:		
Subtotal Direct Expenses:	45,379	45,379
Indirect Expenses:	5,600	5,600
TOTAL FUNDING USES:	50,979	50,979
BASIC HEALTH CARE FUNDING SOURCES		
MH STATE - MH Realignment	Index Code HMH-MCC730515	11,223
MH COUNTY - General Fund	HMH-MCC730515	38,756
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		50,979
BHS SUBSTANCE ABUSE FUNDING SOURCES		
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		
OTHER DPH FUNDING SOURCES		
TOTAL OTHER DPH FUNDING SOURCES		
TOTAL DPH FUNDING SOURCES	50,979	50,979
NON-DPH FUNDING SOURCES		
TOTAL NON-DPH FUNDING SOURCES		
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	50,979	50,979
SALES TAX, STATE AND LOCAL COST		
Number of Beds Purchased (if applicable):		
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):		
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:		
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	
DPH Units of Service:	16,993	
Unit Type:	Staff Minute	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	3.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	3.00	
Published Rate (Medi-Cal Providers Only):		
Unduplicated Clients (UDC):	5	5
Total UDC:		5

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

Contractor Name: Bayview Hunters Point Foundation
 Provider Name: Bayview Hunters Point Foundation - FMP
 Provider Number: 8957

Appendix/Page #: B-9 Page 1
 Date: 7/1/14
 Fiscal Year: 2014-2015

Program Name:	Family Mosaic Wraparound	Family Mosaic Wraparound	Family Mosaic Wraparound	FUNDING TERM:	TOTAL
Program Code:	8957	8957	8957	7/1/14 - 6/30/15	
Mode/SFC (MH) or Modality (SA):	60/70	60/70	60/70	7/1/14 - 6/30/15	
Service Description:	CS-Client Rising Support Exp	CS-Client Rising Support Exp	CS-Client Rising Support Exp	7/1/14 - 6/30/15	
FUNDING USES					
Salaries & Employee Benefits:	50,927	8,000	26,153		85,080
Operating Expenses:	3,231				3,231
Capital Expenses:					
Subtotal Direct Expenses:	54,158	8,000	26,153		88,311
Indirect Expenses:	6,498	960	3,138		10,596
TOTAL FUNDING USES:	60,656	8,960	29,291		98,907
MENTAL HEALTH FUNDING SOURCES					
MH STATE - Family Mosaic Capitated Medi-Cal	60,656				60,656
MH COUNTY - General Fund		8,960			8,960
MH STATE - SAMHSA			29,291		29,291
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	60,656	8,960	29,291		98,907
PHYSICIAN ABUSE FUNDING SOURCES					
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES					
OTHER FUNDING SOURCES					
TOTAL OTHER DPH FUNDING SOURCES					
TOTAL DPH FUNDING SOURCES	60,656	8,960	29,291		98,907
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES					
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	60,656	8,960	29,291		98,907
PHYSICIAN SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable):					
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):					
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR	CR		
DPH Units of Service:	9,613	1,420	4,642		
Staff Hour or Client Day, depending on contract:	Staff Hour or Client Day, depending on contract.	Staff Hour or Client Day, depending on contract.	Staff Hour or Client Day, depending on contract.		
Unit Type:					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):	6.31	6.31	6.31		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	6.31	6.31	6.31		
Published Rate (Medi-Cal Providers Only):					
Unduplicated Clients (UDC):	57				57

DPH 4: Operating Expenses Detail

Program Code: 8957

Program Name: Bayview Hunters Point Foundation - Family Mosaic Wraparound

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Date: 7/1/14

Expenditure Category	TOTAL 7/1/14 - 6/30/15	General Fund HMHMCP751594 7/1/14 - 6/30/15	Family Mosaic Capitated Med-Cal HMHMCP8828CH 7/1/14 - 6/30/15	SAMHSA HMHMRCGRANTS HMM007-1502 7/1/14 - 6/30/15	Term:
Occupancy:					Term:
Rent	-				
Utilities(telephone, electricity, water, gas)	-				
Building Repair/Maintenance	-				
Materials & Supplies:					
Office Supplies					
Photocopying	-				
Printing	-				
Program Supplies	-				
Computer hardware/software	-				
General Operating:					
Training/Staff Development	-				
Insurance	-				
Professional License	-				
Permits	-				
Equipment Lease & Maintenance					
Staff Travel:					
Local Travel					
Out-of-Town Travel	-				
Field Expenses	-				
Consultant/Subcontractor:					
Other:					
Wrap Around Services	3,231		3,231		
	-				
	-				
TOTAL OPERATING EXPENSE	3,231		3,231		

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

Contractor Name: Bayview Hunters Point Foundation		Appendix/Page #: B-10 Page 1
Provider Name: Bayview Hunters Point Foundation - JH		Date: 7/1/14
Provider Number: 380145		Fiscal Year: 2014-2015
Program Name: Jelani House		
Program Code: 01452 & 01455		
Mode/SFC (MH) or Modality (SA): Res-51		
Service Description: Services received during Term (over 30 days)		
FUNDING TERM: 7/1/14 - 6/30/15		TOTAL
FUNDING USES:		
Salaries & Employee Benefits:	548,630	548,630
Operating Expenses:	86,272	86,272
Capital Expenses:	-	-
Subtotal Direct Expenses:	634,902	634,902
Indirect Expenses:	76,188	76,188
TOTAL FUNDING USES:	711,090	711,090
BUSINESS MENTAL HEALTH FUNDING SOURCES:		
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		
DPH SUBSTANCE ABUSE FUNDING SOURCES		
SA FED - SPT Perinatal Set-Aside, CFDA #93.959	303,190	303,190
SA STATE - PSR Women and Children	182,286	182,286
SA COUNTY - SA General Fund	94,645	94,645
SA FED - SPT Fed Discretionary, CFDA #93.959	130,969	130,969
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	711,090	711,090
OTHER FUNDING SOURCES		
TOTAL OTHER DPH FUNDING SOURCES		
TOTAL DPH FUNDING SOURCES		711,090
TOTAL NON-DPH FUNDING SOURCES		
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		711,090
DPH UNITS OF SERVICE AND UNIT COST		
Number of Beds Purchased (if applicable):	8	
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):		
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:		
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	
DPH Units of Service:	2,469	
Unit Type:	Bed Days	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):	288.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	288.00	
Published Rate (Medi-Cal Providers Only):		
Unduplicated Clients (UDC):	15	Total UDC: 15

DPH 3: Salaries & Benefits Detail

Program Code: 01452 & 01455

Program Name: Bayview Hunters Point Foundation - Jelani House

Appendix/Page #: B-10 Page 2
Date: 7/1/14

Position Title	7/1/14 - 6/30/15		7/1/14 - 6/30/15		7/1/14 - 6/30/15		7/1/14 - 6/30/15		7/1/14 - 6/30/15		7/1/14 - 6/30/15		7/1/14 - 6/30/15	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.50	38,500	0.50	38,500	0.50	38,500								
Operations Coordinator	0.50	24,000	0.50	24,000	0.50	24,000								
Childcare Supervisor	0.27	11,220	0.27	11,220	0.27	11,220								
Intake Specialist	0.50	20,500	0.50	20,500	0.50	20,500								
Facility Coordinator	0.50	21,500	0.50	21,500	0.50	21,500								
Temporary Clinical Support	0.50	21,000	0.50	21,000	0.50	21,000								
Early Childhood Care Prov.	1.59	40,000	1.59	40,000	1.59	40,000								
Integrated Tx Specialist	1.00	44,000	1.00	44,000	1.00	44,000								
Senior Counselors	3.00	87,600	3.00	87,600	3.00	87,600								
Residential Counselors	2.40	65,400	2.40	65,400	2.40	65,400								
Residential Monitor	1.20	30,000	1.20	30,000	1.20	30,000								
Totals:	11.96	\$403,720	11.96	\$403,720	11.96	\$403,720	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	36%	144,910	36%	\$144,910
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TOTAL SALARIES & BENEFITS	\$548,630	\$0	\$0	\$0	\$0
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DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

Contractor Name: Bayview Hunters Point Foundation
 Provider Name: Bayview Hunters Point Foundation - JFP
 Provider Number: 380145

Appendix/Page #: B-11 Page 1
 Date: 7/1/14
 Fiscal Year: 2014-2015

Program Name:	Jelani Family Program			
Program Code:	38502 & 38505			
Mode/(SFC (MH) or Modality (SA):	Res-51			
Service Description:	Services received long Term (over 30 days)			
FUNDING TERM:	7/1/14 - 6/30/15			TOTAL
Salaries & Employee Benefits:	532,520	-	-	532,520
Operating Expenses:	64,488	-	-	64,488
Capital Expenses:	-	-	-	-
Subtotal Direct Expenses:	597,008	-	-	597,008
Indirect Expenses:	71,641	-	-	71,641
TOTAL FUNDING USES:	668,649	-	-	668,649
BUSINESS HEALTH FUNDING SOURCES				
TOTAL BHS MENTAL HEALTH FUNDING SOURCES				
BHS SUBSTANCE ABUSE FUNDING SOURCES	Index Code			
SA COUNTY - SA General Fund	HMHSORES227	528,158	-	528,158
SA FED - SAPT Fed Discretionary, CFDA #93.959	HMHSORES227	140,491	-	140,491
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES				
OTHER DPH FUNDING SOURCES				
TOTAL OTHER DPH FUNDING SOURCES				
TOTAL DPH FUNDING SOURCES				
TOTAL NON-DPH FUNDING SOURCES				
TOTAL FUNDING SOURCES (DPH AND NON-DPH)				
BUSINESS OF SERVICE AND UNIT COST				
Number of Beds Purchased (if applicable):	8			
SA Only - Non-Res 33 - ODF # of Group Sessions (Classes):				
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:				
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS			
DPH Units of Service:	2,322			
Unit Type:	Bed Days			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):	288.00			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	288.00			
Published Rate (Medi-Cal Providers Only):				
Unduplicated Clients (UDC):	20			
Total UDC:				20

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

Contractor Name: Bayview Hunters Point Foundation		Appendix/Page #: B-12 Page 1	
Provider Name: Bayview Hunters Point Foundation - BTHC		Date: 7/1/14	
Provider Number: 3851		Fiscal Year: 2014-2015	
Program Name:	Balboa Teen Health Center	Balboa Teen Health Center	
Program Code:	38518	38518	
Mode/SFC (MH) or Modality (SA):	45/10-19	45/20-29	
Service Description:	MH Promotion	Crnity Client Svcs	
FUNDING TERM:	7/1/14 - 6/30/15	7/1/14 - 6/30/15	TOTAL
FUNDING USES			
Salaries & Employee Benefits:	76,288	125,921	202,209
Operating Expenses:	4,460	6,097	10,557
Capital Expenses:			
Subtotal Direct Expenses:	80,748	132,018	212,766
Indirect Expenses:	9,690	15,841	25,531
TOTAL FUNDING USES:	90,438	147,859	238,297
BASIC HEALTH CARE FUNDING SOURCES			
MH STATE - MHSA (PEI)			
	90,438	147,859	238,297
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	90,438	147,859	238,297
BHS SUBSTANCE ABUSE FUNDING SOURCES			
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			
OTHER DPH FUNDING SOURCES			
TOTAL OTHER DPH FUNDING SOURCES			
TOTAL DPH FUNDING SOURCES	90,438	147,859	238,297
NON-DPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	90,438	147,859	238,297
BHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable):			
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):			
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:			
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR	
DPH Units of Service:	789	1,265	
Unit Type:	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):	114.60	116.89	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	114.60	116.89	
Published Rate (Medi-Cal Providers Only):			
Unduplicated Clients (UDC):	1,200	150	1,200

DPH 4: Operating Expenses Detail

Program Code: 38518

Program Name: Bayview Hunters Point Foundation - Balboa Teen Health Center

Appendix/Page #: B-12 Page 3

Date: 7/1/14

Expenditure Category	TOTAL	MHSA (PEI) HMHMPROP63 PMHS63-1510	Term:	Term:	Term:
Occupancy:	7/1/14 - 6/30/15	7/1/14 - 6/30/15	Term:	Term:	Term:
Rent	-				
Utilities (telephone, electricity, water, gas)	-				
Building Repair/Maintenance	-				
Materials & Supplies:					
Office Supplies	-				
Photocopying	-				
Printing	-				
Program Supplies	603	603			
Computer hardware/software	-				
General Operating:					
Training/Staff Development	1,413	1,413			
Insurance	1,025	1,025			
Professional License	-				
Permits	-				
Equipment Lease & Maintenance	-				
Staff Travel:					
Local Travel	-				
Out-of-Town Travel	-				
Field Expenses	-				
Consultant/Subcontractor:					
	-				
Other:					
Participant Incentives/Food for Groups	4,783	4,783			
YAB Member Stipends	2,733	2,733			
	-				
	-				

TOTAL OPERATING EXPENSE

10,557

10,557

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

Contractor Name: Bayview Hunters Point Foundation
 Provider Name: Bayview Hunters Point Foundation - Dimensions
 Provider Number: Pending

Appendix/Page #: B-13 Page 1
 Date: 7/1/14
 Fiscal Year: 2014-2015

Program Name:	Dimensions	LGBT	Outpatient
Program Code:	N/A		
Mode/SFC (MH) or Modality (SA):	45/20-29		
Service Description:	Community Client Svcs		
FUNDING TERM:	7/1/14 - 6/30/15		
TOTAL			
Salaries & Employee Benefits:	85,570		
Operating Expenses:	524		85,570
Capital Expenses:			524
Subtotal Direct Expenses:	86,094		
Indirect Expenses:	10,331		86,094
TOTAL FUNDING USES:	96,425		10,331
			96,425
Indx. Code			
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDMCLWO	95,000	95,000
MH COUNTY - WO CODB General Fund	HMHMCP751594	1,425	1,425
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	96,425		96,425
BHS SUBSTANCE ABUSE FUNDING SOURCES			
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			
OTHER FUNDING SOURCES			
TOTAL OTHER DPH FUNDING SOURCES			
TOTAL DPH FUNDING SOURCES	96,425		96,425
NON-DPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	96,425		96,425
DPH UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable):			
SA Only - Non-Res 33 - ODF # of Group Sessions (Classes):			
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:			
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR		
DPH Units of Service:	950		
Unit Type:	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):	101.50		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	101.50		
Published Rate (Medi-Cal Providers Only):			
Un-duplicated Clients (UDC):	50		
Total UDC:			50

DPH 4: Operating Expenses Detail

Program Code: N/A

Program Name: Bayview Hunters Point Foundation - Dimensions LGBT Outpatient

Appendix/Page #: B-13 Page 3
Date: 7/1/14

Expenditure Category	TOTAL	DCYF Workorder HMHMCHDMCLWO	Term:	Term:	Term:
Occupancy:	7/1/14 - 6/30/15	7/1/14 - 6/30/15	Term:	Term:	Term:
Rent	-				
Utilities(telephone, electricity, water, gas)	-				
Building Repair/Maintenance	-				
Materials & Supplies:					
Office Supplies	-				
Photocopying	-				
Printing	-				
Program Supplies	-				
Computer hardware/software	-				
General Operating:					
Training/Staff Development	-				
Insurance	-				
Professional License	-				
Permits	-				
Equipment Lease & Maintenance	-				
Staff Travel:					
Local Travel	-				
Out-of-Town Travel	-				
Field Expenses	-				
Consultant/Subcontractor:					
	-				
	-				
Other:					
Participant Incentives	524	524			
	-				
	-				
TOTAL OPERATING EXPENSE	524	524			

Appendix E

BUSINESS ASSOCIATE ADDENDUM

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

RECITALS

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

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

1. Definitions

- a. **Breach** shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402].
- b. **Breach Notification Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.
- c. **Business Associate** shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- d. **Covered Entity** shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- e. **Data Aggregation** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- f. **Designated Record Set** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- g. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media.
- h. **Electronic Health Record** shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
- i. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

- j. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
 - k. **Protected Health Information or PHI** means any information, whether oral or recorded in any form or medium: (i) that relates to the part, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. Sections 160.103, 164.501].
 - l. **Protected Information** shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.
 - m. **Security Incident** shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.
 - n. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
 - o. **Unsecured PHI** shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.
2. **Obligations of Business Associate**
- a. **Permitted Uses.** BA shall use Protected Information only for the purpose of performing BA's obligations under the Contract and as permitted or required under the Contract and Addendum, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.504(e)(2) and 164.504(e)(4)(i)].
 - b. **Permitted Disclosures.** BA shall disclose Protected Information only for the purpose of performing BA's obligations under the Contract and as permitted or required under the Contract and Addendum, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (ii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Addendum and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, suspected breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2. m. of the Addendum, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)].
 - c. **Prohibited Uses and Disclosures.** BA shall not use or disclose PHI other than as permitted or required by the Contract and Addendum, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for

payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.

- d. **Appropriate Safeguards.** BA shall implement appropriate safeguards to prevent the use or disclosure of Protected Information other than as permitted by the Contract or Addendum, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.308, 164.310, and 164.312. [45 C.F.R. Section 164.504(e)(2)(ii)(B); 45 C.F.R. Section 164.308(b)]. BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316. [42 U.S.C. Section 17931]
- e. **Business Associate's Subcontractors and Agents.** BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such Protected Information and implement the safeguards required by paragraph 2.d. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2)(ii)(D); 45 C.F.R. Section 164.308(b)]. BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation (see 45 C.F.R. Sections 164.530(f) and 164.530(e)(1)).
- f. **Accounting of Disclosures.** Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least six(6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. If a patient submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five(5) calendar days.
- g. **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services

(the “Secretary”) for purposes of determining BA’s compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

- h. **Minimum Necessary.** BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)] BA understands and agrees that the definition of “minimum necessary” is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes “minimum necessary.”
 - i. **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
 - j. **Notification of Possible Breach.** BA shall notify CE within twenty-four (24) hours of any suspected or actual breach of Protected Information; any use or disclosure of Protected Information not permitted by the Contract or Addendum; any security incident (i.e., any attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system) related to Protected Information, and any actual or suspected use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual who unsecured Protected Information has been, or is reasonably believed by the business associate to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. (This provision should be negotiated.) [42 U.S.C. Section 17921; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]
 - k. **Breach Pattern or Practice by Business Associate’s Subcontractors and Agents.** Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(ii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent’s obligations under the Contract or Addendum or other arrangement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the Contract or other arrangement if feasible. BA shall provide written notice to CE of any pattern of activity or practice of a subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent’s obligations under the Contract or Addendum or other arrangement within five (5) days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.
3. **Termination**
- a. **Material Breach.** A breach by BA of any provision of this Addendum, as determined by CE, shall constitute a material breach of the Contract and shall provide grounds for immediate termination of the Contract, any provision in the Contract to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].

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

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

4. Amendment to Comply with Law.

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

5. Reimbursement for Fines or Penalties

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

Appendix F

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

Appendix F
PAGE A

Control Number

Contractor: Bayview Hunters Point Foundation For Community Improvement
Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124
Tel. No.: (415) 468-5100
Fax No.: (415) 468-5104



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

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S02 JL 14
Ct. Blanket No.: BPHM
Ct. PO No.: POHM
Fund Source: General Fund
Invoice Period: July 2014
Final Invoice: (Check if Yes)
ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-4a Youth Moving Forward PC# - 38171												
SecPrev-19 SA-Sec-Prev Outreach	1,256	25			0.00	0.00	0%	0%	1,256.00	25.00	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 75,040.00	\$ -	\$ -	0.00%	\$ 75,040.00
Fringe Benefits	\$ 27,000.00	\$ -	\$ -	0.00%	\$ 27,000.00
Total Personnel Expenses	\$ 102,040.00	\$ -	\$ -	0.00%	\$ 102,040.00
Operating Expenses:					
Occupancy	\$ 6,013.00	\$ -	\$ -	0.00%	\$ 6,013.00
Materials and Supplies	\$ 618.00	\$ -	\$ -	0.00%	\$ 618.00
General Operating	\$ 1,143.00	\$ -	\$ -	0.00%	\$ 1,143.00
Staff Travel	\$ 376.00	\$ -	\$ -	0.00%	\$ 376.00
Consultant/ Subcontractor	\$ 501.00	\$ -	\$ -	0.00%	\$ 501.00
Other: Recreational/ Project Supplies, Food for	\$ 1,452.00	\$ -	\$ -	0.00%	\$ 1,452.00
Client Activities, Security Svcs, Advertising and	\$ -	\$ -	\$ -	0.00%	\$ -
Vehicle Expenses (Reg., Gas, Ins., Main)	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 10,103.00	\$ -	\$ -	0.00%	\$ 10,103.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 112,143.00	\$ -	\$ -	0.00%	\$ 112,143.00
Indirect Expenses	\$ 13,458.00	\$ -	\$ -	0.00%	\$ 13,458.00
TOTAL EXPENSES	\$ 125,601.00	\$ -	\$ -	0.00%	\$ 125,601.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:
Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

Contractor: Bayview Hunters Point Foundation For Community Improvement

Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124

Tel. No.: (415) 468-5100

Fax No.: (415) 468-5104

CBHS

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

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S13 JL 14

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD User Cd

Fund Source: GF, SAPT Perinatal, SAPT Fed Disc. PSR

Invoice Period: July 2014

Final Invoice: (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-10 Jelani House Pr# - 01452 & 01455												
Res-51 SA-Res Recov Long Term (over 30 Days)	2,469	15			-	-	0%	0%	2,469	15	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 403,720.00	\$ -	\$ -	0.00%	\$ 403,720.00
Fringe Benefits	\$ 144,910.00	\$ -	\$ -	0.00%	\$ 144,910.00
Total Personnel Expenses	\$ 548,630.00	\$ -	\$ -	0.00%	\$ 548,630.00
Operating Expenses:					
Occupancy	\$ 57,442.00	\$ -	\$ -	0.00%	\$ 57,442.00
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 27,450.00	\$ -	\$ -	0.00%	\$ 27,450.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/ Subcontractor	\$ 1,380.00	\$ -	\$ -	0.00%	\$ 1,380.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 86,272.00	\$ -	\$ -	0.00%	\$ 86,272.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 634,902.00	\$ -	\$ -	0.00%	\$ 634,902.00
Indirect Expenses	\$ 76,188.00	\$ -	\$ -	0.00%	\$ 76,188.00
TOTAL EXPENSES	\$ 711,090.00	\$ -	\$ -	0.00%	\$ 711,090.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:
Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

Contractor: **Bayview Hunters Point Foundation For Community Improvement**

Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124

Tel. No.: (415) 468-5100

Fax No.: (415) 468-5104



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

PHP Division: Community Behavioral Health Services

INVOICE NUMBER:

S14 - JL 14

Ct. Blanket No.: BPHM

TBD

Ct. PO No.: POHM

User Cd

Fund Source:

GF, SAPT Fed Discretionary

Invoice Period:

July 2014

Final Invoice:

(Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-11 Jelani Family Program PC#- 38502 & 38505												
Res-51 SA-Res Recov Long Term (over 30 Days)	2,322	20			-	-	0%	0%	2,322	20	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 389,320.00	\$ -	\$ -	0.00%	\$ 389,320.00
Fringe Benefits	\$ 143,200.00	\$ -	\$ -	0.00%	\$ 143,200.00
Total Personnel Expenses	\$ 532,520.00	\$ -	\$ -	0.00%	\$ 532,520.00
Operating Expenses:					
Occupancy	\$ 42,688.00	\$ -	\$ -	0.00%	\$ 42,688.00
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 12,730.00	\$ -	\$ -	0.00%	\$ 12,730.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/ Subcontractor	\$ 4,740.00	\$ -	\$ -	0.00%	\$ 4,740.00
Other: Childcare Supplies, Food, Household	\$ 4,330.00	\$ -	\$ -	0.00%	\$ 4,330.00
Supplies, Vehicle Expenses, Resident related expenses	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 64,488.00	\$ -	\$ -	0.00%	\$ 64,488.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 597,008.00	\$ -	\$ -	0.00%	\$ 597,008.00
Indirect Expenses	\$ 71,641.00	\$ -	\$ -	0.00%	\$ 71,641.00
TOTAL EXPENSES	\$ 668,649.00	\$ -	\$ -	0.00%	\$ 668,649.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:
Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

Contractor: Bayview Hunters Point Foundation For Cmnmty Improvement

Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124

Tel. No.: (415) 468-5100

Fax No.: (415) 468-5104



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

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M02 JL 14

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD User Cd

Fund Source: General Fund

Invoice Period: July 2014

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-9 Family Mosaic Wraparound PC# - 8957 - HMMCP751594												
60/ 70 - 39 CS-Client Hsng Support Exp	1,420				-	-	0%	#DIV/0!	1,420	-	100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ -	\$ -	\$ -	0.00%	\$ -
Fringe Benefits	\$ 8,000.00	\$ -	\$ -	0.00%	\$ 8,000.00
Total Personnel Expenses	\$ 8,000.00	\$ -	\$ -	0.00%	\$ 8,000.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Other: DMS Flex	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 8,000.00	\$ -	\$ -	0.00%	\$ 8,000.00
Indirect Expenses	\$ 960.00	\$ -	\$ -	0.00%	\$ 960.00
TOTAL EXPENSES	\$ 8,960.00	\$ -	\$ -	0.00%	\$ 8,960.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES: _____

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

Signature: _____
 Printed Name: _____
 Title: _____

Date: _____
 Phone: _____

Send to:
 Community Programs Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory _____
 Date

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

Appendix F
PAGE A

Control Number

Contractor: Bayview Hunters Point Foundation For Community Improvement

Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124

Tel. No.: (415) 468-5100

Fax No.: (415) 468-5104

CBHS

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

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M04 JL 14

Ct.Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: MHSA-Prop63-PMHS63-1510

Invoice Period: July 2014

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-12 Balboa Teen Health Center PC# - 38518												
45/ 10 - 19 MH Promotion	789	1,200			-	-	0%	0%	789	1,200	100%	100%
45/ 20 - 29 Cmmnty Clients Svcs	1,265	150			-	-	0%	0%	1,265	150	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 157,209.00	\$ -	\$ -	0.00%	\$ 157,209.00
Fringe Benefits	\$ 45,000.00	\$ -	\$ -	0.00%	\$ 45,000.00
Total Personnel Expenses	\$ 202,209.00	\$ -	\$ -	0.00%	\$ 202,209.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 603.00	\$ -	\$ -	0.00%	\$ 603.00
General Operating	\$ 2,438.00	\$ -	\$ -	0.00%	\$ 2,438.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Participant Incentives, Food for Groups	\$ 7,516.00	\$ -	\$ -	0.00%	\$ 7,516.00
YAB Member Stipends	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 10,557.00	\$ -	\$ -	0.00%	\$ 10,557.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 212,766.00	\$ -	\$ -	0.00%	\$ 212,766.00
Indirect Expenses	\$ 25,531.00	\$ -	\$ -	0.00%	\$ 25,531.00
TOTAL EXPENSES	\$ 238,297.00	\$ -	\$ -	0.00%	\$ 238,297.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:
Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

Contractor: Bayview Hunters Point Foundation For Community Improvement

Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124

Tel. No.: (415) 468-5100

Fax No.: (415) 468-5104

CBHS

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

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M05 JL 14

Cl.Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD User Cd

Fund Source: GF, Realignment - HMMCC730515

Invoice Period: July 2014

Final Invoice: _____ (Check If Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-8 Anchor Program PC# - 38A13												
15/ 10 - 57 MH Svcs	16,993	5					0%	0%	16,993	5	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 35,535.00	\$ -	\$ -	0.00%	\$ 35,535.00
Fringe Benefits	\$ 9,277.00	\$ -	\$ -	0.00%	\$ 9,277.00
Total Personnel Expenses	\$ 44,812.00	\$ -	\$ -	0.00%	\$ 44,812.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 467.00	\$ -	\$ -	0.00%	\$ 467.00
General Operating	\$ 100.00	\$ -	\$ -	0.00%	\$ 100.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Project Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
Advertising	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 567.00	\$ -	\$ -	0.00%	\$ 567.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 45,379.00	\$ -	\$ -	0.00%	\$ 45,379.00
Indirect Expenses	\$ 5,600.00	\$ -	\$ -	0.00%	\$ 5,600.00
TOTAL EXPENSES	\$ 50,979.00	\$ -	\$ -	0.00%	\$ 50,979.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:
Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

Contractor: Bayview Hunters Point Foundation For Cmmnty Improvement

Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124

**Tel. No.: (415) 468-5100
Fax No.: (415) 468-5104**

CBHS

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

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M08 JL 14

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD User Cd

Fund Source: DCYF Work Order-HMHMCHDMCLWO

Invoice Period: July 2014

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-13 Dimensions LGBT Outpatient												
45/ 20 - 29 Crimnty Client Svcs	950	50			-	-	0%	0%	950	50	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 67,570.00	\$ -	\$ -	0.00%	\$ 67,570.00
Fringe Benefits	\$ 18,000.00	\$ -	\$ -	0.00%	\$ 18,000.00
Total Personnel Expenses	\$ 85,570.00	\$ -	\$ -	0.00%	\$ 85,570.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Participant Incentives	\$ 524.00	\$ -	\$ -	0.00%	\$ 524.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 524.00	\$ -	\$ -	0.00%	\$ 524.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 86,094.00	\$ -	\$ -	0.00%	\$ 86,094.00
Indirect Expenses	\$ 10,331.00	\$ -	\$ -	0.00%	\$ 10,331.00
TOTAL EXPENSES	\$ 96,425.00	\$ -	\$ -	0.00%	\$ 96,425.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:
HSA Work Order - HMHMCHDMCLWO - \$95,000.00
GF - WO CODB - HMHMCP751594 - \$1,425.00

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:
Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

Contractor: Bayview Hunters Point Foundation For Cmmnty Improvement

Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124

Tel. No.: (415) 468-5100
Fax No.: (415) 468-5104



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

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M10 JL 14

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD User Cd _____

Fund Source: Family Mosaic Capitated Medi-Cal

Invoice Period: July 2014

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-9 Family Mosaic Wraparound PC# - 8957 - HMMCP882BCH												
60/60 - 69 Case Mgt Support	9,613						0%	#DIV/0!	9,613		100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 39,725.00	\$ -	\$ -	0.00%	\$ 39,725.00
Fringe Benefits	\$ 11,202.00	\$ -	\$ -	0.00%	\$ 11,202.00
Total Personnel Expenses	\$ 50,927.00	\$ -	\$ -	0.00%	\$ 50,927.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Other: FMP Wrap Around Services	\$ 3,231.00	\$ -	\$ -	0.00%	\$ 3,231.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 3,231.00	\$ -	\$ -	0.00%	\$ 3,231.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 54,158.00	\$ -	\$ -	0.00%	\$ 54,158.00
Indirect Expenses	\$ 6,498.00	\$ -	\$ -	0.00%	\$ 6,498.00
TOTAL EXPENSES	\$ 60,656.00	\$ -	\$ -	0.00%	\$ 60,656.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES: _____

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

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:
Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

CBHS

Contractor: Bayview Hunters Point Foundation for Community Improvement

Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124

Tel No.: (415) 468-5100

Fax No.: (415) 468-5104

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

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: SD1 JL 14

CL Blanket No.: BPHM TBD

CLPO No.: POHM TBD User Cd

Fund Source: General Fund

Invoice Period: July 2014

Final Invoice: (Check if Yes)

ACE Control Number:

HMHSCORE227	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
Unduplicated Clients for Exhibit:					

DELIVERABLES Program Name/Pop. Unit Model/Mode # - Site Func (array)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-1 Outpatient Methadone Maintenance PCP - 26184												
NTP-46 SA-Narotic Tx Nur Replacement Therapy-All Sites-Dosing	85,612				\$ 12.44	\$ -	0.000		0.00%		85,612.000	\$ 818,218.28
NTP-46 SA-Narotic Tx Nur Replacement Therapy-All Sites-Ind Counseling	30,492				\$ 15.00	\$ -	0.000		0.00%		30,492.000	\$ 467,380.00
NTP-46 SA-Narotic Tx Nur Replacement Therapy-All Sites-Grp Counseling	1,068				\$ 3.53	\$ -	0.000		0.00%		1,068.000	\$ 3,776.04
B-1 Outpatient Methadone Maintenance Detox PCP - 26183												
NTP-46 SA-Narotic Tx Nur Replacement Therapy-All Sites-Detox Dosing	180				\$ 12.44	\$ -	0.000		0.00%		180.000	\$ 1,900.40
NTP-46 SA-Narotic Tx Nur Replacement Therapy-All Sites-Detox Counseling	449				\$ 15.90	\$ -	0.000		0.00%		449.000	\$ 7,185.00
B-2 Jail Methadone Courtship Dosing PCP - 26183												
NTP-41 SA-Narotic Tx Prog OP Meth Detox (OMD)	19,858				\$ 12.44	\$ -	0.000		0.00%		19,858.000	\$ 247,883.52
B-4 Youth Moving Forward PCP - 26171												
Non-res-35 SA-Nonresidential ODF Group	1,042				\$ 94.40	\$ -	0.000		0.00%		1,042.000	\$ 98,364.80
Non-res-34 SA-Nonresidential ODF Indiv	3,132				\$ 94.40	\$ -	0.000		0.00%		3,132.000	\$ 296,880.80
B-5 Youth Eyes Prevention Strengthen Families												
PriPrev-18 SA-PriPrevention - Education	691				\$ 117.00	\$ -	0.000		0.00%		691.000	\$ 80,867.78
PriPrev-12 SA-PriPrevention Info - Dissemination	413				\$ 34.87	\$ -	0.000		0.00%		413.000	\$ 14,318.71
PriPrev-13 SA-PriPrevention - Problem Id's Referrals	6				\$ 179.00	\$ -	0.000		0.00%		6.000	\$ 1,074.00
PriPrev-13 SA-PriPrevention - Family Based	300				\$ 29.83	\$ -	0.000		0.00%		300.000	\$ 8,946.00
TOTAL	123,223		0.000				0.000		0.00%		123,223.000	\$ 2,832,357.28
Budget Amount					\$ 2,832,426.00				Expenses To Date	% of Budget	Remaining Budget	
									\$ -	0.00%	\$ 2,832,426.00	

SUBTOTAL AMOUNT DUE \$ -
 Less: Initial Payment Recovery
 [---] Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:

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

Signature: _____ Date: _____
 Title: _____

Send to:
 Community Programs Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date

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

Appendix F
PAGE A

Control Number

[]

Contractor: Bayview Hunters Point Foundation for Community Improvement

Address: 160 Executive Park Blvd, Suite 2000, San Francisco, CA 94124

Tel No.: (415) 468-5100

Fax No.: (415) 468-5104

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

PHP Division: Community Behavioral Health Services

CBHS

INVOICE NUMBER: S06 JL 14

CL Blanket No.: BPHM TBD

CLPO No.: POHM TBD

Fund Source: SAPT HIV Ser-Aids # 93-959

Invoice Period: July 2014

Final Invoice: [] (Check if Yes)

ACE Control Number: []

UNHSCORES227 Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reg: Unit Modality/Code # - Svc Func (if any)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-3 AIDS Opt-Out HIV Early Intervention PCS - 35163/ 35164 Anc-65 SA Ancillary Svcs HIV Early Intervention	250				\$100.00	\$	0.000		0.00%		250.000	
TOTAL	250		0.000				0.000		0.00%		250.000	
	Budget Amount				\$	25,000.00	Expenses To Date		% of Budget		Remaining Budget	
					\$		\$		0.00%		\$ 25,000.00	

\$ 25,000.00

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

NOTES:

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

Signature: _____ Date: _____
Title: _____

Send to:
Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory Date

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

Appendix F
 PAGE A

Control Number

INVOICE NUMBER: M01 JL 14

Contractor: Bayview Hunters Point Foundation For Community Improvement

CL Blanket No.: BPHM TBD

Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124

CL PO No.: POHM TBD User Cd

Tel No.: (415) 468-5100

Fax No.: (415) 468-5104

CBHS

Fund Source: GF, SDMC Regular FFP, EPSDT State Match

Invoice Period: July 2014

Final Invoice: (Check if Yes)

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

ACE Control Number: _____

PHP Division: Community Behavioral Health Services

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

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func. (if any)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-7 Children's Behavioral Health Services PC# - 38516 - HMMHCF761694												
15/ 10 - 57 MH Svcs	180,025				\$ 2.90	\$ -	0.000		0.00%		160,025.000	416,065.00
15/ 60 - 69 Medication Support	3,388				\$ 4.76	\$ -	0.000		0.00%		3,388.000	16,126.88
15/ 70 - 79 Crisis Intervention-OP	758				\$ 4.05	\$ -	0.000		0.00%		758.000	3,069.90
15/ 01 - 09 Case Mgt Brokerage	12,626				\$ 2.00	\$ -	0.000		0.00%		12,626.000	25,052.00
45/ 20 - 29 Cmnty Client Svcs	121				\$ 104.58	\$ -	0.000		0.00%		121.000	12,654.18
TOTAL	176,818		0.000				0.000		0.00%		176,818.000	472,967.96

Budget Amount	\$ 472,993.00		Expenses To Date	\$ -	% of Budget	0.00%	Remaining Budget	\$ 472,993.00
---------------	---------------	--	------------------	------	-------------	-------	------------------	---------------

NOTES:

Less: Initial Payment Recovery (For DPH Use) 26 \$

Other Adjustments _____

NET REIMBURSEMENT \$ _____

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

Signature: _____ Date: _____

Title: _____

Send to:

Community Programs Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date

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

Control Number

Appendix F
 PAGE A

Contractor: Bayview Hunters Point Foundation for Community Improvement

Address: 150 Executive Park Blvd., Suite 2800, San Francisco, CA 94134

Tel. No.: (415) 468-6100

Fax No.: (415) 468-6104

CBHS

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

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M06(B) JL 14

Cl.Blanket No.: BPHM TBD

Cl PO No.: POHM TBD User Cd

Fund Source: GF, SDMC Regular FFP, MH Realignment

Invoice Period: July 2014

Final Invoice: (Check if Yes)

ACE Control Number: _____

HMHMCC730515	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
Unduplicated Clients for Exhibit:					

*Unduplicated Counts for AIDS Use Only

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-6 Adult Behavioral Health PC# - 38513 - HMHMCC730515												
15/ 10 - 57 MH Svcs	293,183				\$ 2.60	\$ -	0.000		0.00%		293,183.000	
15/ 60 - 69 Medication Support	34,672				\$ 4.76	\$ -	0.000		0.00%		34,672.000	
15/ 70 - 79 Crisis Intervention-OP	1,388				\$ 3.86	\$ -	0.000		0.00%		1,386.000	
15/ 01 - 09 Case Mgt Brokerage	39,074				\$ 2.00	\$ -	0.000		0.00%		39,074.000	
48/ 20 - 29 Cmnty Client Svcs	400				\$ 104.58	\$ -	0.000		0.00%		400.000	
TOTAL	368,695		0.000				0.000		0.00%		368,695.000	
Budget Amount					\$ 1,052,716.00		Expenses To Date		% of Budget		Remaining Budget	
							\$ -		0.00%		\$ 1,052,716.00	

\$ 762,223.80
 \$ 165,036.72
 \$ 5,474.70
 \$ 76,148.00
 \$ 41,832.00
 \$ 1,052,717.22

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

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to:
 Community Programs Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/28/2014

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

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

PRODUCER Merrivether & Williams Insurance License No.: OCO1378 550 Montgomery St., Suite 550 San Francisco CA 94111		CONTACT NAME: Amie Villao PHONE (A.C. No. Ex): (415) 986-3999 FAX (A.C. No.): (415) 986-4421 E-MAIL ADDRESS:	
INSURED Bayview Hunters Point Foundation for Community Improvement Jelani House, Inc. 150 Executive Park, Suite 2800 San Francisco CA 94134		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Scottsdale Insurance Co.	NAIC #
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER: CL14102806189** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBS (R/R) (W/V)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		OP80065026	11/1/2014	11/1/2015	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
	DED RETENTIONS					WC STATUTORY LIMITS OTHER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
A	PROFESSIONAL LIABILITY CLAIMS-MADE		OP80065026 RETRO: 10/23/1999	11/1/2014	11/1/2015	PER CLAIM 1,000,000 AGGREGATE 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The City and County of San Francisco, its officers, agents and employees are Additional Insured but only insofar as to the operations under contract are covered that such policies are primary insurance to any other insurance. See attached General Liability Additional Insured Endorsement CG 202611 and Professional Liability Additional Insured Endorsements CLS-59s

CERTIFICATE HOLDER The City and County of San Francisco Community Behavioral Services 1380 Howard Street San Francisco, CA 94103	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Migra Hfg</i>
---	---

POLICY NUMBER: OPS0065026

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE**

Name of Additional Insured Person(s) or Organization(s)

The City and County of San Francisco, its officers, agents and employees
Community of Behavioral Services
1380 Howard Street
San Francisco, CA 94103

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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

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



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO.

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS0065026	11/1/2014	Bayview Hunters Point Foundation for Community Improvement Jelani House, Inc.	Negley Associates 29518

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED (VICARIOUS)—DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

**PROFESSIONAL LIABILITY COVERAGE PART
PROFESSIONAL LIABILITY COVERAGE FORM**

SCHEDULE

Name of Person or Organization:

City and County of San Francisco, its officers, agents and employees
Community of Behavioral Services
1380 Howard Street
San Francisco, CA 94103

In consideration of the premium charged, the coverage afforded under the Coverage Part/Form is extended to the Person or Organization designated above as an Additional Insured but only for any vicarious liability imposed upon the Additional Insured for the negligence of the Named Insured. There is no coverage for the Person or Organization listed above for its sole negligence or any other negligence unless it is the negligence of the Named Insured and such negligence arises directly from the Named Insured's activities performed for the Additional Insured.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**NonProfits' United Vehicle Insurance Pool
Automobile Liability Coverage
ADDITIONAL COVERED PARTY ENDORSEMENT**

This endorsement modifies insurance provided under the following:
BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

The "Who is an Insured" section of your Automobile Liability Insurance is changed by adding the following:

Who is Covered includes any person or organization from whom you have leased an auto, from which you have received funding for your operations, or for who you provide services. These persons or organization are protected, if they require to be named, and you agree to name them, as an additional insured, if indicated on the attached Certificate of Coverage, but only with respect to liability arising out of the ownership, use, maintenance, loading or unloading of a covered auto.

Cancellation:

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named on the certificate, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

Premium Payments:

Those persons or organizations are not responsible for paying premiums for your coverage.

Insured and Policy Number: As shown on the Certificate of Insurance attached.

Effective Date: July 1, 2015 to July 1, 2016 (or otherwise indicated)

Authorized Representative:



ENDORSEMENT AGREEMENT
WAIVER OF SUBROGATION

REP 31
9018013-15
RENEWAL
NA
2-54-23-40
PAGE 1



HOME OFFICE
SAN FRANCISCO

EFFECTIVE JULY 7, 2015 AT 12.01 A.M.
AND EXPIRING JULY 1, 2016 AT 12.01 A.M.

ALL EFFECTIVE DATES ARE
AT 12:01 AM PACIFIC
STANDARD TIME OR THE
TIME INDICATED AT
PACIFIC STANDARD TIME

BAYVIEW HUNTR'S PT FND FR CM IMP

150 EXECUTIVE PARK BLVD STE 2800
SAN FRANCISCO, CA 94134

ANYTHING IN THIS POLICY TO THE CONTRARY NOTWITHSTANDING,
IT IS AGREED THAT THE STATE COMPENSATION INSURANCE FUND
WAIVES ANY RIGHT OF SUBROGATION AGAINST,

SF COMMUNITY BEHAVIORAL HEALTH SERVICES

WHICH MIGHT ARISE BY REASON OF ANY PAYMENT UNDER THIS
POLICY IN CONNECTION WITH WORK PERFORMED BY,

BAYVIEW HUNTR'S PT FND FR CM IMP

IT IS FURTHER AGREED THAT THE INSURED SHALL MAINTAIN
PAYROLL RECORDS ACCURATELY SEGREGATING THE REMUNERATION
OF EMPLOYEES WHILE ENGAGED IN WORK FOR THE ABOVE
EMPLOYER.

IT IS FURTHER AGREED THAT PREMIUM ON THE EARNINGS OF SUCH
EMPLOYEES SHALL BE INCREASED BY 03%.

NOTHING IN THIS ENDORSEMENT CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE
OR EXTEND ANY OF THE TERMS, CONDITIONS, AGREEMENTS, OR LIMITATIONS OF THIS
POLICY OTHER THAN AS STATED. NOTHING ELSEWHERE IN THIS POLICY SHALL BE
HELD TO VARY, ALTER, WAIVE OR LIMIT THE TERMS, CONDITIONS, AGREEMENTS OR
LIMITATIONS OF THIS ENDORSEMENT.

COUNTERSIGNED AND ISSUED AT SAN FRANCISCO:

JULY 9, 2015

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AUTHORIZED REPRESENTATIVE


PRESIDENT AND CEO

