

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

First Amendment

THIS AMENDMENT (this "Amendment") is made as of July 1, 2015 in San Francisco, California, by and between **Baker Places, Incorporated** ("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 extend the performance period, increase the contract amount, and update standard contractual clauses;

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

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

1a. Agreement. The term "Agreement" shall mean the Agreement dated July 1, 2010 from RFP 23-2009, dated July 31, 2009, Contract Numbers BPHM11000031, between Contractor and City, as amended to a Sole Source by this First amendment.

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

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

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

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

2. Term of the Agreement

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

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

2. Term of the Agreement

Subject to Section 2, the term of this Agreement shall be from July 1, 2010 through December 31, 2017.

2b. Section 5 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 Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Sixty Nine Million Four Hundred Forty Five Thousand Seven Hundred Twenty Two Dollars (\$69,445,722)**. 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 The 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 Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Eighty-Five Million Four Hundred Twenty-Seven Thousand Three Hundred Seventy-Four Dollars (\$85,427,374)**. 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 The Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

2c. 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) 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.

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

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

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

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

c. 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."

d. 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.

e. 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.

f. 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.

g. 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.

h. 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.

Notwithstanding the foregoing, the following insurance requirements are waived or modified in accordance with the terms and conditions stated in Appendix C Insurance.

2d. 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 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.

2e. Protection of Private Information. Section 64 is hereby added to the Agreement, as follows:

64. Protection of Private Information. Contractor has read and agrees to the terms set forth in San Francisco Administrative Code Sections 12M.2, "Nondisclosure of Private Information," and 12M.3, "Enforcement" of Administrative Code Chapter 12M, "Protection of Private Information," which are incorporated herein as if fully set forth. Contractor agrees that any failure of Contractor to comply with the requirements of Section 12M.2 of this Chapter shall be a material breach of the Contract. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract, bring a false claim action against the Contractor pursuant to Chapter 6 or Chapter 21 of the Administrative Code, or debar the Contractor.

2f. Health Care Accountability Ordinance. Section 44 is hereby replaced in its entirety to read as follows:

44. Health Care Accountability Ordinance.

Contractor agrees to comply fully with and be bound by all of the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in San Francisco Administrative Code Chapter 12Q, including the remedies provided, and implementing regulations, as the same may be amended from time to time. The provisions of section 12Q.5.1 of Chapter 12Q are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the HCAO is available on the web at www.sfgov.org/olse. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12Q.

a. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission.

b. Notwithstanding the above, if the Contractor is a small business as defined in Section 12Q.3(e) of the HCAO, it shall have no obligation to comply with part (a) above.

c. Contractor's failure to comply with the HCAO shall constitute a material breach of this agreement. City shall notify Contractor if such a breach has occurred. If, within 30 days after receiving City's written notice of a breach of this Agreement for violating the HCAO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, City shall have the right to pursue the remedies set forth in 12Q.5.1 and 12Q.5(f)(1-6). Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to City.

d. Any Subcontract entered into by Contractor shall require the Subcontractor to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section. Contractor shall notify City's Office of Contract Administration when it enters into such a Subcontract and shall certify to the Office of Contract Administration that it has notified the Subcontractor of the obligations under the HCAO and has imposed the requirements of the HCAO on Subcontractor through the Subcontract. Each Contractor shall be responsible for its Subcontractors' compliance with this Chapter. If a Subcontractor fails to comply, the City may pursue the remedies set forth in this Section against Contractor based on the Subcontractor's failure to comply, provided that City has first provided Contractor with notice and an opportunity to obtain a cure of the violation.

e. Contractor shall not discharge, reduce in compensation, or otherwise discriminate against any employee for notifying City with regard to Contractor's noncompliance or anticipated noncompliance with the requirements of the HCAO, for opposing any practice proscribed by the HCAO, for participating in proceedings related to the HCAO, or for seeking to assert or enforce any rights under the HCAO by any lawful means.

- f. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the HCAO.
- g. Contractor shall maintain employee and payroll records in compliance with the California Labor Code and Industrial Welfare Commission orders, including the number of hours each employee has worked on the City Contract.
- h. Contractor shall keep itself informed of the current requirements of the HCAO.
- i. Contractor shall provide reports to the City in accordance with any reporting standards promulgated by the City under the HCAO, including reports on Subcontractors and Subtenants, as applicable.
- j. Contractor shall provide City with access to records pertaining to compliance with HCAO after receiving a written request from City to do so and being provided at least ten business days to respond.
- k. Contractor shall allow City to inspect Contractor's job sites and have access to Contractor's employees in order to monitor and determine compliance with HCAO.
- l. City may conduct random audits of Contractor to ascertain its compliance with HCAO. Contractor agrees to cooperate with City when it conducts such audits.
- m. If Contractor is exempt from the HCAO when this Agreement is executed because its amount is less than \$25,000 (\$50,000 for nonprofits), but Contractor later enters into an agreement or agreements that cause Contractor's aggregate amount of all agreements with City to reach \$75,000, all the agreements shall be thereafter subject to the HCAO. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between Contractor and the City to be equal to or greater than \$75,000 in the fiscal year.

2g. Add Appendices A-1 through A-6 dated 7/1/2015 to Agreement as amended.

2h. Delete Appendix B-Calculation of Charges and replace in its entirety with Appendix B-Calculation of Charges dated 7/1/2015 to Agreement as amended.

2i. Add CBHS Budget Documents/Appendices B-1 through B-6 dated 7/1/2015 to Agreement as amended.

2j. Delete Appendix D-Additional Terms and replace in its entirety with Appendix D- Additional Terms dated 7/1/2015 to Agreement as amended.

2k. Delete Appendix E-HIPAA Business Associate Agreement and replace in its entirety with Appendix E- HIPAA Business Associate Agreement dated 5/19/2015 to Agreement as amended.

3. Effective Date. Each of the modifications set forth in Section 2 shall be effective on and after July 1, 2015.

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

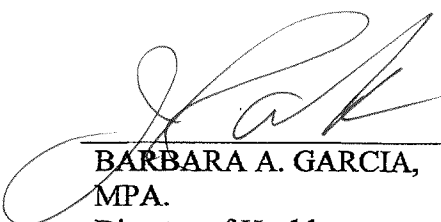
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR

Recommended by:


Baker Places, Incorporated


BARBARA A. GARCIA,
MPA.
Director of Health

/  / Date

Approved as to Form:

DENNIS J. HERRERA
City Attorney

By 
KATHY MURPHY
Deputy City Attorney

/  / Date

Approved:


JONATHAN VERNICK
Executive Director
1000 Brannan Street, Suite 401
San Francisco, CA 94103

 / Date

City vendor number: 02779

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

/ _____ / Date

1. Identifiers

Program Name: Assisted Independent Living Program (AILP)

120 Page Street
San Francisco, CA 94102
415-255-6544 - phone
415-255-7726 – fax

Contractor Name: Baker Places Inc.

1000 Brannan Street, Suite 401
San Francisco, CA 94103
Completed by: Judith E. Stevenson
415-864-4655 ext. 209
415-626-2398 (Fax)

Program Code: 8908OP (Baker Adult Independent Living OP)

2. Nature of Document (check one)

☐ New **Renewal** ☒ **Modification**

3. Goal Statement

AILP, a Supported Housing Program, aims to reduce BHS clients' inpatient and crisis service utilization by successfully providing short- and long-term housing, supported by mental health services and case management, within a social rehabilitation framework. The milieu will consist of a structured environment, which promotes the development of independent, social, survival skill and community support systems.

4. Target Population

The target population is eligible clients in the BHS System of Care, following criteria for admission as specified by BHS. AILP serves adult residents of San Francisco who have a demonstrated need for and have completed transitional residential treatment due to a chronic and profound mental health problem, including those with the co-factor of substance use disorders. Clients who are residing in San Francisco General Hospital, IMD facilities or other institutional systems of care will be prioritized for admission and treatment.

5. Modality(ies)/Interventions

All Outpatient Direct Services are measured in Units of Time. UOS = 1 minute

Modes of Service in this program are defined as:

- Mental Health Services, including individual and group counseling and other intervention services designed to provide reduction of mental disability and restoration, improvement or maintenance of functioning consistent with the goals of learning, development, independent living,

and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation or day treatment intensive. Services may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral.

- Crisis Intervention Services last less than 24 hours, to or on behalf of a client for a condition that requires more timely response than a regularly scheduled visit. Services may include assessment, collateral, therapy.
- Case Management is a service that assists a client to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. Activities may include but are not limited to communication, coordination and referral, monitoring of service delivery to ensure client access to service, monitoring progress, placement services and plan development.

Indirect (Housing) Services are measured in Bed-Days. UOS = 1 bed-day

6. Methodology

- A. This program does not provide outreach within San Francisco generally because all placements must be initiated by DPH Placement Unit. Outreach is conducted internally, to Baker Places' residential treatment programs via assigned staff visits to programs to provide an overview of the program and eligibility criteria.
- B. The intake, placement and movement of clients into and within the Baker Places system of care will be orchestrated by the Baker Places Intake and Placement Unit staff, who will liaison with the BHS Placement Unit. Intake staff will visit SFGH daily for a morning meeting and will, wherever possible, conduct a face-to-face interview with referred clients in the hospital and/or in the ADU's, as a means to maximize the probability of successful linkage with the program.
- C. AILP provides a psychosocial rehabilitation milieu, incorporating interventions and techniques of both mental health and substance abuse treatment strategies, where clients can develop practical social and survival skills with the support of staff and peers.

The program is designed to use the practical realities of group living to foster clients' strengths, self-esteem and sense of responsibility while encouraging them to test new skills and change old patterns. The staff consciously uses the resident peer group and home-like environment as the primary agents of treatment.

Individual and group counseling, daily living skills training, coordination of services and discharge planning with residential staff are provided. This intensive effort helps to facilitate client movement from transitional residential programs to more autonomous and productive functioning in the community.

AILP provides in-house substance abuse education and dual-disorder therapy groups, the availability of urine screening through a laboratory service and specific individual client contracts focused on regular AA and NA attendance in the community following their first phase of treatment.

- D. Since the intent of the program is to provide permanent housing, discharge planning is conducted on a case-by-case basis at the request of clients who wish to move into more independent or individual housing. Unplanned discharges (evictions) are usually the result of clients' leaving the program AMA and/or going AWOL.

The indirect services of this program are the actual housing and related costs such as utilities, furnishings, etc.

- E. The program is staffed by a project director, assistant director, housing coordinator, administrative assistant, 7 case managers and members of the facilities support team.

Case managers provide direct service by visiting clients in their homes and conducting individual and group sessions, and also provide individual and group counseling at the office site. Case managers also conduct admissions and discharges, and assist clients to move into and out of their co-op apartments. The housing coordinator manages the housing sites, leases, landlord relations, and client fees and rents. The facilities team maintains the housing sites.

7. Objectives and Measurements

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY15-16."

8. Continuous Quality Assurance and Improvement

Baker Places, Inc. has created a CQI/Quality Assurance Team that consists of the: Agency Director, Chief Operating Officer, Human Resources Director, the Program Services Director, Chief Medical Officer and the Director of Clinical Services. The Director of Clinical Services is the CQI Coordinator. The team meets quarterly and functions to monitor enhance and improve the quality of service delivery throughout the agency. The CQI Coordinator ensures that the Agency is in compliance with all local, state and Federal policies and guidelines including Community Care Licensing and HIPPA. The team meets quarterly to review reports, summaries and feedback gleaned from all program level CQI and service delivery activity. Minutes of the CQI/Quality Assurance Team Meetings are maintained in the Baker Places, Inc., QA/CQI Administrative Binder.

- A. **Achievement of Contract Performance Objectives and Productivity:** Contract performance is monitored by each Program Director's review of monthly productivity reports indicating units of service and average client census. Program Director's regularly review program and individual staff performance in regular supervision with the Program Services Director and the Director of Clinical Services. A summary of the productivity reviews are discussed at the quarterly CQI/QA meetings to ensure programs are on target.
- B. **Documentation of Quality:** All staff, line and management, are provided with regular individual supervision to monitor service delivery, to review clinical and

administrative decision-making and to discuss treatment planning and charting. Program Directors ensure that all client charts are audited on a monthly basis, and the findings of the audits are submitted to the Program Services Director for review. Any issues are reported out to the CQI/QA committee for appropriate action when indicated.

- C. **Measurement of Cultural Competency of Staff and Services:** Cultural Competency is looked at in a number of ways. Each staff is required to complete 30 hours of training annually and identify which of the trainings enhance their cultural competence. The training requirement is monitored by each staff supervisor and monitored and tracked for the agency by the HR division. Updates of staff training goals and objectives and training efforts designed to improve cultural competence are then provided to the CQI/QA team. One measure of overall service appropriateness and cultural competency occurs in regular review of Incident Reports. Incident Reports are reviewed and looked at in terms of causes, predictors, responses and client outcomes and are specifically judged on where staff addressed issues in an effective and appropriate manner.
- D. **Measurement of Client Satisfaction:** Client satisfaction is measured by inviting clients to complete satisfaction surveys during their treatment cycle. These surveys are reviewed by Program Directors and reported out to the Program Services Director who then reports out to the CQI/QA team. The Client Satisfaction survey results gathered by BHS are also reviewed by the CQI/QA Committee when made available. All Program Directors attend their perspective client governance meetings to response to client input and feedback about program services and staff performance.
- E. **Measurement, Analysis and Use of CANS or ANSA data:** ANSA data is reviewed through identified Super-user participation in monthly phone conferences with BHS Quality Assurance management. In those phone conferences program specific trends and outcomes related to client improvement are reviewed and discussed, in addition, all LPHAs throughout Baker Places, regularly review any observations noted in their ANSA and Treatment plan reviews with the Director of Clinical Services who in turn summarizes those discussions at the CQI/QA meetings. The CQI/QA team identifies appropriate policy and program changes necessary to improve outcomes and to implement input where needed.

9. **Required Language (if applicable):** Not applicable.

1. Identifiers

Program Name: Odyssey House

484 Oak Street
San Francisco CA 94115
415.626.5199 (phone)
415.626.2645 (phone)

Contractor Name: Baker Places Inc.

1000 Brannan Street, Suite 401
San Francisco, CA 94103
Completed by: Judith Stevenson
415-864-4655 ext. 209
415-626-2398 (Fax)

Program Code: 3840OP (Odyssey House Outpatient)

2. Nature of Document

Modification

3. Goal Statement

Odyssey House, a Supported Housing and Treatment Program, aims to reduce BHS clients' inpatient and crisis service utilization by successfully providing permanent, staffed housing, mental health services and case management, within a social rehabilitation framework and African-American focus, for adults with serious and persistent mental health disorders. The milieu will consist of a structured environment, which promotes the development of independent, social, survival skill and community support systems.

4. Target Population

The target population is eligible clients in the System of Care, following criteria for admission to care specified by BHS. Odyssey House serves adult residents of San Francisco referred through the mechanism of the BHS System of Care, who have a demonstrated need for transitional residential treatment due to a chronic and profound mental health problem, including those with the co-factors of substance use disorders. Clients who are residing in San Francisco General Hospital, IMD facilities or other institutional systems of care will be prioritized for admission and treatment.

5. Modalities/Interventions

Definition of Billable Services

This program bills services as an Outpatient program, since it is not Transitional Residential Treatment, but is permanent supportive housing.

All Outpatient Direct Services are measured in Units of Time. UOS=1 minute
Indirect (Housing) Services are measured in Bed-Days. UOS = 1 bed-day

See CRDC for details.

6. Methodology

A. Program does not conduct outreach beyond DPH as all referrals must be initiated by DPH/BHS Placement Unit.

B. The intake, placement and movement of clients into and within the Baker Places system of care will be orchestrated by the Baker Places Intake and Placement Unit staff, which will liaison with the BHS Placement Unit. Intake staff will visit SFGH daily for a morning meeting and will, wherever possible, conduct a face-to-face interview with referred clients in the hospital, ADU or transitional program as a means to maximize the probability of successful linkage with the program.

C. Odyssey House provides permanent, staffed housing, offering a psychosocial rehabilitation milieu, incorporating interventions and techniques of both mental health and substance abuse treatment strategies, where clients can develop practical social and survival skills with the support of staff and peers.

The program is designed to use the practical realities of group living to foster clients' strengths, self-esteem and sense of responsibility while encouraging them to test new skills and change old patterns. The staff consciously uses the resident peer group and home-like environment as the primary agents of treatment.

Individual and group counseling, daily living skills training, and referral and coordination of services with community service agencies are provided

Odyssey House provides in-house substance abuse education and therapy groups, the availability of urine screening through a laboratory service and specific individual client contracts focused on regular AA and NA attendance in the community following their first phase of treatment.

D. Discharge planning is not a routine component of this program, as it is hoped that residents will make it a permanent home. When desired by client or indicated for clinical reasons, discharge planning is individualized and makes use of the full network of services available to the departing client.

E. Program is staffed 24/7/365. A director, 5 Counselors, and Overnight Staff all provide direct services to the clients.

7. Objectives and Measurements

“All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY15-16”

8. Continuous Quality Assurance and Improvement

Baker Places, Inc. has created a CQI/Quality Assurance Team that consists of the: Agency Director, Chief Operating Officer, Human Resources Director, the Program Services Director, Chief Medical Officer and the Director of Clinical Services. The Director of Clinical Services is the CQI Coordinator. The team meets quarterly and functions to monitor enhance and improve the quality of service delivery throughout the agency. The CQI Coordinator ensures that the Agency is in compliance with all local,

state and Federal policies and guidelines including Community Care Licensing and HIPPA. The team meets quarterly to review reports, summaries and feedback gleaned from all program level CQI and service delivery activity. Minutes of the CQI/Quality Assurance Team Meetings are maintained in the Baker Places, Inc., QA/CQI Administrative Binder.

- A. **Achievement of Contract Performance Objectives and Productivity:** Contract performance is monitored by each Program Director's review of monthly productivity reports indicating units of service and average client census. Program Director's regularly review program and individual staff performance in regular supervision with the Program Services Director and the Director of Clinical Services. A summary of the productivity reviews are discussed at the quarterly CQI/QA meetings to ensure programs are on target.
- B. **Documentation of Quality:** All staff, line and management, are provided with regular individual supervision to monitor service delivery, to review clinical and administrative decision-making and to discuss treatment planning and charting. Program Directors ensure that all client charts are audited on a monthly basis, and the findings of the audits are submitted to the Program Services Director for review. Any issues are reported out to the CQI/QA committee for appropriate action when indicated.
- C. **Measurement of Cultural Competency of Staff and Services:** Cultural Competency is looked at in a number of ways. Each staff is required to complete 30 hours of training annually and identify which of the trainings enhance their cultural competence. The training requirement is monitored by each staff supervisor and monitored and tracked for the agency by the HR division. Updates of staff training goals and objectives and training efforts designed to improve cultural competence are then provided to the CQI/QA team. One measure of overall service appropriateness and cultural competency occurs in regular review of Incident Reports. Incident Reports are reviewed and looked at in terms of causes, predictors, responses and client outcomes and are specifically judged on where staff addressed issues in an effective and appropriate manner.
- D. **Measurement of Client Satisfaction:** Client satisfaction is measured by inviting clients to complete satisfaction surveys during their treatment cycle. These surveys are reviewed by Program Directors and reported out to the Program Services Director who then reports out to the CQI/QA team. The Client Satisfaction survey results gathered by BHS are also reviewed by the CQI/QA Committee when made available. All Program Directors attend their perspective client governance meetings to response to client input and feedback about program services and staff performance.
- E. **Measurement, Analysis and Use of CANS or ANSA data:** ANSA data is reviewed through identified Super-user participation in monthly phone conferences with BHS Quality Assurance management. In those phone conferences program specific trends and outcomes related to client improvement are reviewed and discussed, in addition, all LPHAs throughout Baker Places, regularly review any observations noted in their ANSA and Treatment plan reviews with the Director of Clinical Services who in turn summarizes those discussions at the CQI/QA meetings. The CQI/QA team identifies appropriate policy and program changes necessary to improve outcomes and to implement input where needed.

9. **Required Language (if applicable):** Not applicable.

1. Identifiers

Program Name: Grove Street House

2157 Grove Street
San Francisco CA 94117
415.387.2275 (phone)
415.387.2677 (fax)

Contractor Name: Baker Places Inc.

1000 Brannan Street, Suite 401
San Francisco, CA 94103
Completed by: Judith Stevenson
415-864-4655 ext 209
415-626-2398 (Fax)

Program Code(s): 89781 (Grove St Crisis Residence Baker),
8978OP (Baker Place Grove St Outpatient)

2. Nature of Document

Modification

3. Goal Statement

Grove Street House, a Crisis Residential Program, aims to reduce BHS clients' utilization of inpatient services by successfully providing an integrated, crisis resolution and stabilization treatment approach within a social milieu that will support clients in all areas of their mental health and substance use.

4. Target Population

The target population is eligible clients in the System of Care, following criteria for admission to care specified by BHS. Grove Street House serves adult residents of San Francisco referred through the mechanism of the BHS System of Care, who have a demonstrated need for crisis residential treatment due to a chronic and profound mental health problem, including those with the co-factors of substance use disorders. Clients who are residing in San Francisco General Hospital, IMD facilities or other institutional systems of care will be prioritized for admission and treatment.

5. Modalities/Interventions

Definition of Billable Services

Crisis Residential Treatment Service: Therapeutic or rehabilitative services, provided in a non-institutional, residential setting, which provides a structured program for beneficiaries as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis who do not present medical complications requiring nursing care. The service supports beneficiaries in their efforts to restore, maintain, and apply interpersonal and independent living skills, and to access community support systems. The service is

available 24 hours a day, seven days a week. Service activities may include assessment, plan development, therapy, rehabilitation, collateral and crisis intervention.

Medication Monitoring: Weekly visits by a Nurse Practitioner provide psychiatric evaluation updates, medication and side effects reviews, medication education, and prescription adjustment when necessary.

Residential Treatment Service UOS = 1 bed-day
Board and Care UOS = 1 bed-day
Medication Monitoring: UOS = 1 minute of service

See CRDC for details.

6. Methodology

A. The program does not conduct outreach, as all referrals are initiated by DPH/BHS Placement Committee, with a priority on hospital referrals.

B. The intake, placement and movement of clients into and within the Baker Places system of care will be orchestrated by the Baker Places Intake and Placement Unit staff, who will liaison with BHS Placement Unit. Intake staff will visit SFGH daily for a morning meeting and will, wherever possible, conduct a face-to-face interview with referred clients in the hospital and/or in the ADU, as a means to maximize the probability of successful linkage with the program.

C. Grove Street House provides a psychosocial rehabilitation milieu, incorporating interventions and techniques of both mental health and substance abuse treatment strategies, where clients can develop practical social and survival skills with the support of staff and peers.

The program is designed to use the practical realities of group living to foster clients' strengths, self-esteem and sense of responsibility while encouraging them to test new skills and change old patterns. The staff consciously uses the resident peer group and home-like environment as the primary agents of treatment.

Individual and group counseling, daily living skills training, coordination of services and discharge planning with residential staff are provided. This intensive effort helps to facilitate client movement from transitional residential programs to more autonomous and productive functioning in the community.

Grove Street House provides in-house substance abuse education and therapy groups, the availability of urine screening through a laboratory service and specific individual client contracts focused on regular AA and NA attendance in the community following their first phase of treatment.

D. Discharge planning begins at Intake, as this is a program with a 30-day length of stay which may be extended to 60 days only upon a PURQC review. Most frequently, a

transitional residential treatment placement is sought in the setting that will be most conducive to the client's continued recovery.

E. Grove Street House is staffed 24/7/365 by a Director, Assistant Director and 12 Counselors. There are always 2 staff on duty overnight. In addition, a licensed Nurse Practitioner is onsite up to 10 hours per week for consultation and medication monitoring.

7. Objectives and Measurements

Individualized Objective #1: The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2015/2016 will be reduced by at least 10% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2015/2016. Program will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

Individualized Objective #2: Of those clients who have been in the program for a continuous 40 days or more, 80% will be discharged to a less restrictive level of care within one day of their Grove Street discharge date. Less restrictive levels of care are programs other than inpatient, long-term care, crisis stabilization or ADU.

“All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY15-16”

8. Continuous Quality Assurance and Improvement

Baker Places, Inc. has created a CQI/Quality Assurance Team that consists of the: Agency Director, Chief Operating Officer, Human Resources Director, the Program Services Director, Chief Medical Officer and the Director of Clinical Services. The Director of Clinical Services is the CQI Coordinator. The team meets quarterly and functions to monitor enhance and improve the quality of service delivery throughout the agency. The CQI Coordinator ensures that the Agency is in compliance with all local, state and Federal policies and guidelines including Community Care Licensing and HIPPA. The team meets quarterly to review reports, summaries and feedback gleaned from all program level CQI and service delivery activity. Minutes of the CQI/Quality Assurance Team Meetings are maintained in the Baker Places, Inc., QA/CQI Administrative Binder.

- A. **Achievement of Contract Performance Objectives and Productivity:** Contract performance is monitored by each Program Director's review of monthly productivity reports indicating units of service and average client census. Program Director's regularly review program and individual staff performance in regular supervision with the Program Services Director and the Director of Clinical Services. A summary of the productivity reviews are discussed at the quarterly CQI/QA meetings to ensure programs are on target.
- B. **Documentation of Quality:** All staff, line and management, are provided with regular individual supervision to monitor service delivery, to review clinical and administrative decision-making and to discuss treatment planning and charting. Program Directors ensure that all client charts are audited on a monthly basis, and

the findings of the audits are submitted to the Program Services Director for review. Any issues are reported out to the CQI/QA committee for appropriate action when indicated.

- C. **Measurement of Cultural Competency of Staff and Services:** Cultural Competency is looked at in a number of ways. Each staff is required to complete 30 hours of training annually and identify which of the trainings enhance their cultural competence. The training requirement is monitored by each staff supervisor and monitored and tracked for the agency by the HR division. Updates of staff training goals and objectives and training efforts designed to improve cultural competence are then provided to the CQI/QA team. One measure of overall service appropriateness and cultural competency occurs in regular review of Incident Reports. Incident Reports are reviewed and looked at in terms of causes, predictors, responses and client outcomes and are specifically judged on where staff addressed issues in an effective and appropriate manner.
- D. **Measurement of Client Satisfaction:** Client satisfaction is measured by inviting clients to complete satisfaction surveys during their treatment cycle. These surveys are reviewed by Program Directors and reported out to the Program Services Director who then reports out to the CQI/QA team. The Client Satisfaction survey results gathered by BHS are also reviewed by the CQI/QA Committee when made available. All Program Directors attend their perspective client governance meetings to response to client input and feedback about program services and staff performance.
- E. **Measurement, Analysis and Use of CANS or ANSA data:** ANSA data is reviewed through identified Super-user participation in monthly phone conferences with BHS Quality Assurance management. In those phone conferences program specific trends and outcomes related to client improvement are reviewed and discussed, in addition, all LPHAs throughout Baker Places, regularly review any observations noted in their ANSA and Treatment plan reviews with the Director of Clinical Services who in turn summarizes those discussions at the CQI/QA meetings. The CQI/QA team identifies appropriate policy and program changes necessary to improve outcomes and to implement input where needed.

9. Required Language (if applicable): Not applicable.

1. Identifiers

4a. Program Name: Baker Street House and Day Treatment

730 Baker Street

San Francisco CA 94115

415.567.1498 (phone)

415.567.1365 (fax)

Program Code: 38391 (Baker Street House Residential),
3839 DT (Baker Street House Day Tx)

4b. Program Name: Robertson Place and Day Treatment

921 Lincoln Way

San Francisco CA 94122

415.664.4876 (phone)

415.664.7741 (fax)

Program Code: 38851 (Baker Robertson Place Residence),
3885DT (Baker Robertson Day Treatment)

4c. Program Name: Jo Ruffin Place and Day Treatment

333 7th Street

San Francisco CA 94103

415.252.1853 (phone)

415.252.1851 (fax)

Program Code: 89911 (Jo Ruffin Place-Baker Residence),
89912 (Jo Ruffin Place-Baker Day Treatment)

4d. Program Name: San Jose Place and Day Treatment

673 San Jose Ave

San Francisco CA 94110

415.282.3789 (phone)

415.695.0829

Program Code: 89911 (Jo Ruffin Place-Baker Residence),
89912 (Jo Ruffin Place-Baker Day Treatment)

Contractor Name: Baker Places Inc.

1000 Brannan Street, Suite 401

San Francisco, CA 94103

Completed by: Judith Stevenson

415-864-4655 ext 209

415-626-2398

2. Nature of Document

Modification

3. Goal Statement

The Baker Places Transitional Residential Treatment Programs (TRTP) aim to reduce BHS clients' utilization of crisis and inpatient services by successfully providing an integrated, psychosocial rehabilitation and recovery approach within a social milieu that will support clients in all areas of their mental health and substance use. Robertson Place, Jo Ruffin Place, and San Jose Place provide day treatment as part of the overall approach to assisting clients in developing and maintaining skills for survival, personal self-care and symptom management.

4. Target Population

The target population is eligible clients in the System of Care, following criteria for admission to care specified by BHS. The TRTPs serve adult residents of San Francisco referred and approved by the BHS Placement Team, who have a demonstrated need for transitional residential treatment due to chronic and profound mental health problems, including those with the co-factors of substance use disorders. Clients who are residing in San Francisco General Hospital, IMD facilities or other institutional systems of care are prioritized for admission and treatment.

5. Modalities/Interventions

Definition of Billable Services:

Adult Residential Treatment Service: Rehabilitative services, provided in a non-institutional, residential setting, which provides a therapeutic community including a range of activities and services for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program. The service is available 24 hours a day, seven days a week. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral and, as necessary, evaluation of the need for medications and plan development related to the prescribing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness.

Day Rehabilitation: A structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of beneficiaries and is available at least 3 hours and less than 24 hours each day the program is open. Service activities may include but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.

Residential Treatment Services UOS = 1 bed-day

Board and Care UOS = 1 bed-day

Habilitative Day Treatment (Full Day) UOS = 1 day of at least 4 hours of service

See CRDC for details.

6. Methodology

A. These programs do not conduct outreach, as all referrals are initiated and approved by DPH/BHS Placement Unit.

B. The intake, placement and movement of clients into and within the Baker Places system of care will be orchestrated by the Baker Places Intake and Placement Unit staff, who will liaison with BHS Placement Unit. Intake staff will visit SFGH daily for a morning meeting and will, wherever possible, conduct a face-to-face interview with referred clients in the hospital and/or in the ADU's, jail or other institutional setting, as a means to maximize the probability of successful linkage with the program. The TRTPs provide a psychosocial rehabilitation milieu, incorporating interventions and techniques of both mental health and substance abuse treatment strategies, where clients can develop practical social and survival skills with the support of staff and peers.

C. The programs are designed to use the practical realities of group living to foster clients' strengths, self-esteem and sense of responsibility while encouraging them to test new skills and change old patterns. The staff consciously uses the resident peer group and home-like environment as the primary agents of treatment.

Individual and group counseling, daily living skills training, coordination of services and discharge planning with residential staff are provided. This intensive effort helps to facilitate client movement from transitional residential programs to more autonomous and productive functioning in the community.

The TRTPs provide in-house substance abuse groups, the availability of urine screening through a laboratory service and specific individual client contracts that focus on regular AA and NA attendance in the community. Clients may be referred to Vocational Services for assessment of job skills, training and employment or volunteer opportunities.

D. Discharge planning consists of an evaluation with the client about the most appropriate next steps for housing and/or continued treatment. Community options as well as personal and family options are explored, and the client is provided with referrals and opportunities to visit potential continued care options. Clients are assisted and encouraged to make back-up plans as well as their first preferences, and realistic timelines are developed to ensure that discharge proceeds smoothly.

E. These programs are staffed with Directors and Assistant Directors, as well as sufficient staff to provide 24/7/365 coverage and overlap. Most often, there are 2-3 staff available during day and evening hours.

7. Objectives and Measurements

“All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY15-16”

8. Continuous Quality Assurance and Improvement

Baker Places, Inc. has created a CQI/Quality Assurance Team that consists of the: Agency Director, Chief Operating Officer, Human Resources Director, the Program Services Director, Chief Medical Officer and the Director of Clinical Services. The Director of Clinical Services is the CQI Coordinator. The team meets quarterly and functions to monitor enhance and improve the quality of service delivery throughout the agency. The CQI Coordinator ensures that the Agency is in compliance with all local, state and Federal policies and guidelines including Community Care Licensing and HIPPA. The team meets quarterly to review reports, summaries and feedback gleaned from all program level CQI and service delivery activity. Minutes of the CQI/Quality Assurance Team Meetings are maintained in the Baker Places, Inc., QA/CQI Administrative Binder.

- A. **Achievement of Contract Performance Objectives and Productivity:** Contract performance is monitored by each Program Director’s review of monthly productivity reports indicating units of service and average client census. Program Director’s regularly review program and individual staff performance in regular supervision with the Program Services Director and the Director of Clinical Services. A summary of the productivity reviews are discussed at the quarterly CQI/QA meetings to ensure programs are on target.
- B. **Documentation of Quality:** All staff, line and management, are provided with regular individual supervision to monitor service delivery, to review clinical and administrative decision-making and to discuss treatment planning and charting. Program Directors ensure that all client charts are audited on a monthly basis, and the findings of the audits are submitted to the Program Services Director for review. Any issues are reported out to the CQI/QA committee for appropriate action when indicated.
- C. **Measurement of Cultural Competency of Staff and Services:** Cultural Competency is looked at in a number of ways. Each staff is required to complete 30 hours of training annually and identify which of the trainings enhance their cultural competence. The training requirement is monitored by each staff supervisor and monitored and tracked for the agency by the HR division. Updates of staff training goals and objectives and training efforts designed to improve cultural competence are then provided to the CQI/QA team. One measure of overall service appropriateness and cultural competency occurs in regular review of Incident Reports. Incident Reports are reviewed and looked at in terms of causes, predictors, responses and client outcomes and are specifically judged on where staff addressed issues in an effective and appropriate manner.
- D. **Measurement of Client Satisfaction:** Client satisfaction is measured by inviting clients to complete satisfaction surveys during their treatment cycle. These surveys are reviewed by Program Directors and reported out to the Program

Services Director who then reports out to the CQI/QA team. The Client Satisfaction survey results gathered by BHS are also reviewed by the CQI/QA Committee when made available. All Program Directors attend their perspective client governance meetings to response to client input and feedback about program services and staff performance.

- E. **Measurement, Analysis and Use of CANS or ANSA data:** ANSA data is reviewed through identified Super-user participation in monthly phone conferences with BHS Quality Assurance management. In those phone conferences program specific trends and outcomes related to client improvement are reviewed and discussed, in addition, all LPHAs throughout Baker Places, regularly review any observations noted in their ANSA and Treatment plan reviews with the Director of Clinical Services who in turn summarizes those discussions at the CQI/QA meetings. The CQI/QA team identifies appropriate policy and program changes necessary to improve outcomes and to implement input where needed.

9. Required Language (if applicable): Not applicable.

1. Identifiers

Program Name: Acceptance Place

1326 4th Avenue
San Francisco, CA 94122
(415) 665-2080
(415) 665-4782 Fax
Program Code: 38752 (Baker Acceptance Place)

Contractor Name: Baker Places Inc.

1000 Brannan Street, Suite 401
San Francisco, CA 94103
Completed by: Judith Stevenson
415-864-4655 ext 209
415-626-2398 (Fax)

2. Nature of Document

Modification

3. Goal Statement

Acceptance Place aims to reduce the impact of chemical dependency in the population of gay and bisexual men, by successfully implementing a 90-day, structured, residential treatment program based on a psychosocial rehabilitation model.

4. Target Population

The target population is San Francisco residents who are abusing, addicted to or at risk of addiction to alcohol and other drugs, who are male adults, 18 years of age or older and are gay or bisexual.

5. Modality/Interventions

Modality of Services
The program provides residential treatment services.

Description of Billable Services

The unit of service is a 24-hour bed-day. One unit of service equals a participant occupation of a bed for a 24-hour period. This includes a minimum of 20 hours of alcohol and other drug recovery services per week.
See CRDC for details.

6. Methodology

- A. The program conducts outreach to the LGBT community through the network of substance abuse programs and community services programs targeting the client base. Acceptance Place also works closely with Baker Places' programs to assist in determining appropriate referrals from the internal continuum of care.
- B. Acceptance Place is a 10-bed residential treatment program with strategies developed for and focused on working with gay and bisexual men who wish to recover from addiction to alcohol

and other drugs. Based on a harm-reduction philosophy, Acceptance Place encourages sobriety as a goal, while understanding that relapse is an event that informs treatment planning and is not, by itself cause for discharge from the program. Average length of stay is 60 days; maximum length of stay is 90 days.

The admission process begins with an initial interview during which the intake counselor elicits a general history of past substance abuse and treatment attempts, assesses psychosocial stresses, and gives an overall view of services provided. The program staff use individualized recovery planning in a peer-group community to provide a comprehensive, multi-dimensional, client centered approach to addiction recovery. Clear expectations about the nature of the program and commitment required are communicated upon admission, and are embodied in a contract signed upon entry.

A detailed assessment, conducted at admission will include:

- **Addiction Assessment:** History of alcohol and other drug abuse, primary drugs of choice, frequency of abuse, and treatment history (i.e., methadone)
- **Psychosocial Assessment:** In-depth psychosocial and vocational assessment will collect information on: family dynamics, financial support, job skills and history, arrest record, housing status, HIV awareness, attitudes towards substance abuse, etc.
- **Cultural and Special Needs:** Includes language capabilities, immigration status and experience, etc.

In addition to assessing clients, this phase will stabilize client withdrawal symptoms and begin to educate clients about their disorders and symptoms through the development of an individual treatment plan. Clients with higher-risk medical conditions (i.e., AIDS, diabetes, etc.) and psychiatric conditions will be monitored more closely to assure stability, monitor medications, and manage symptoms from withdrawal.

- C. The social rehabilitation model of recovery relies on the community as a major catalyst for change; and all residents are expected to participate in program groups, community decisions, management of the household, and outside recovery groups or meetings. Under the general supervision of the staff, the residents are responsible for the ongoing operations of their recovery home, including chores, maintenance, and household community dynamics

Residential staff will be assigned to clients as Primary Counselors immediately upon program entry. Each client and his Counselor will develop an individual treatment plan that details a set of specific objectives that also serve as benchmarks or phases that clients move through as they progress through the program. Plans are reviewed as clients complete treatment objectives and move into new phases.

Schedule: A full range of groups will comprise the core structured day activities. Interventions will be goal-oriented and pragmatic and address the full range of issues associated with addiction. Groups include: Community Meetings, 12-Step Meetings, Addiction Education, Adult Daily Living Skills, Crisis Cycle Group, HIV Prevention Groups, Activity Groups, Relapse Prevention, Issues Groups specific to people of color, people with HIV/AIDS, and Transgender clients. An Issues Group for HIV/AIDS, for example, may include information related to partner notification, nutrition, medication management, dementia, and risk reduction behavior.

Relapse Intervention Activities: Clients who relapse will be supported to develop revised treatment plans that: a) identify the causes of relapse and b) develop specific strategies to interrupt the relapse process. In the event that a client is referred out for acute detoxification, every effort will be made to return them to the program following detoxification.

Peer Support and Mentoring: This will introduce clients to group activities through a peer mentor approach that pairs new clients with senior clients or clients from other Baker Places programs. Senior clients will help develop and review treatment plans, accompany new clients to outside referrals, and provide one-one support and education regarding dual-diagnosis, HIV/AIDS risks, and community resources.

During the first two weeks, clients are expected to:

Get medical clearance, TB test;

Secure benefits, entitlements (GA, SSI, food stamps);

Develop daytime activity plan;

Meet with counselor and begin work on individual recovery plan;

Become acquainted with household routine, complete chores, attend all meetings;

Remain in house, except when to accomplish the above.

During the first month, clients are expected to:

Implement structured daytime projects or activities as determined by client and counselor appropriate to the client's state of health;

Design a recreation and medication plan;

Develop external community support system/network (recovery meetings, etc.)

Develop re-entry plan, present to residents and staff.

During the second and third months, clients are expected to:

Complete supportive housing and transition plans;

Role model household and community behavior to others;

Continue all external activities (including employment or volunteer work);

Begin continuing after-care support planning and activities.

Linkages: Case management services as a brokerage function that identifies, advocates, refers and links clients to a range of off-site support services including aftercare services will be offered. Each Residential Counselor will dedicate a portion of his/her time to these case management activities.

As part of their individual treatment plan, clients will develop a service linkage plan that addresses four areas critical to each client's long-term recovery. Plans will identify service linkages in five broad and overlapping areas:

Health: Primary care and specialized health including HIV/AIDS care, dental care, and medication assistance/management, MediCal eligibility, etc.

Housing: Type (transitional residential treatment, supported congregate living, SRO) and level of support (case management) needed, homeless assistance, etc.

D. Service Plans are highly individualized with a framework for more intensive to less intensive contact dependent on resident needs. Clients with HIV, who complete residential treatment and who are referred to Baker's Supported Living Program (BSLP) will be assigned a Case Manager who will coordinate and monitor the aftercare progress of individual clients they transition back into the community. Counselors will help clients access entitlement programs, prepare application renewals and assist with appeals to San Francisco Department of Human Services

(General Assistance), the Social Security Administration (SSI), and San Francisco Redevelopment Agency (rental assistance). All clients will develop a housing plan and will be assisted in that transition at successful completion of the program.

Clients will be referred to more appropriate settings, including Baker Places' detoxification program and/or SFGH, if one or more of following conditions are present: (1) withdrawal symptoms that require medical supervision, (2) physical conditions that require medical supervision, (3) clients assessed to actively be a threat to themselves or others. Efforts will be made to place clients needing and desiring "drug-free" housing into supported housing that is affordable, drug-free and provides the peer and community supports needed to re-enter the community.

E. Program is staffed 24/7/365 by a Program Director, Assistant Director and 6 Counselors.

7. Objectives and Measurements

"All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY15-16"

8. Continuous Quality Assurance and Improvement

Baker Places, Inc. has created a CQI/Quality Assurance Team that consists of the: Agency Director, Chief Operating Officer, Human Resources Director, the Program Services Director, Chief Medical Officer and the Director of Clinical Services. The Director of Clinical Services is the CQI Coordinator. The team meets quarterly and functions to monitor enhance and improve the quality of service delivery throughout the agency. The CQI Coordinator ensures that the Agency is in compliance with all local, state and Federal policies and guidelines including Community Care Licensing and HIPPA. The team meets quarterly to review reports, summaries and feedback gleaned from all program level CQI and service delivery activity. Minutes of the CQI/Quality Assurance Team Meetings are maintained in the Baker Places, Inc., QA/CQI Administrative Binder.

- A. **Achievement of Contract Performance Objectives and Productivity:** Contract performance is monitored by each Program Director's review of monthly productivity reports indicating units of service and average client census. Program Director's regularly review program and individual staff performance in regular supervision with the Program Services Director and the Director of Clinical Services. A summary of the productivity reviews are discussed at the quarterly CQI/QA meetings to ensure programs are on target.
- B. **Documentation of Quality:** All staff, line and management, are provided with regular individual supervision to monitor service delivery, to review clinical and administrative decision-making and to discuss treatment planning and charting. Program Directors ensure that all client charts are audited on a monthly basis, and the findings of the audits are submitted to the Program Services Director for review. Any issues are reported out to the CQI/QA committee for appropriate action when indicated.
- C. **Measurement of Cultural Competency of Staff and Services:** Cultural Competency is looked at in a number of ways. Each staff is required to complete 30 hours of training annually and identify which of the trainings enhance their cultural competence. The training requirement is monitored by each staff supervisor and monitored and tracked for

the agency by the HR division. Updates of staff training goals and objectives and training efforts designed to improve cultural competence are then provided to the CQI/QA team. One measure of overall service appropriateness and cultural competency occurs in regular review of Incident Reports. Incident Reports are reviewed and looked at in terms of causes, predictors, responses and client outcomes and are specifically judged on where staff addressed issues in an effective and appropriate manner.

- D. **Measurement of Client Satisfaction:** Client satisfaction is measured by inviting clients to complete satisfaction surveys during their treatment cycle. These surveys are reviewed by Program Directors and reported out to the Program Services Director who then reports out to the CQI/QA team. The Client Satisfaction survey results gathered by BHS are also reviewed by the CQI/QA Committee when made available. All Program Directors attend their perspective client governance meetings to response to client input and feedback about program services and staff performance.
- E. **Measurement, Analysis and Use of CANS or ANSA data:** ANSA data is reviewed through identified Super-user participation in monthly phone conferences with BHS Quality Assurance management. In those phone conferences program specific trends and outcomes related to client improvement are reviewed and discussed, in addition, all LPHAs throughout Baker Places, regularly review any observations noted in their ANSA and Treatment plan reviews with the Director of Clinical Services who in turn summarizes those discussions at the CQI/QA meetings. The CQI/QA team identifies appropriate policy and program changes necessary to improve outcomes and to implement input where needed.

9. **Required Language (if applicable):** Not applicable.

1. Identifiers

Program Name: Joe Healy Detox Project

120 Page Street
San Francisco, CA 94102
415-553-4490 (phone)
415-553-4493 (fax)
Program Code: 38442 (Baker Joe Healy Medical Detox)

Contractor Name: Baker Places Inc.

1000 Brannan Street, Suite 401
San Francisco, CA 94103
Completed by: Judith Stevenson
415-864-4655 ext 209
415-626-2398 (Fax)

2. Nature of Document

Modification

3. Goal Statement

The goal of this project is to reduce the volume and impact of substance abuse and attendant homelessness and street deaths in San Francisco by successfully implementing a medically-managed, residential detoxification, treatment and educational program with a length-of-stay of up to 21 days.

4. Target Population

This program targets San Francisco resident adults, 18 years of age or older, including men, women and transgender and homeless individuals who are abusing, addicted to and intoxicated from alcohol and other drugs.

5. Modalities/Interventions

Modality of Services / Intervention

This program provides medically managed detoxification in a residential setting.

Description of Billable Service

The unit of service is a 24-hour bed-day. One unit of service equals a participant occupation of a bed for a 24-hour period. This includes a minimum of 20 hours of alcohol and other drug recovery services per week.

See CRDC for details.

6. METHODOLOGY

- A.** The program conducts outreach by maintaining daily contact with referral sources in the San Francisco Department of Public Health Community Programs and San Francisco General Hospital and Clinics. Since all referrals must be screened and authorized through the DPH systems of care, no further advertising or promotion is undertaken. Daily census and number of vacancies are reported daily.
- B.** Detoxification services are provided to adults over the age of 18 years, who have been medically cleared to rule out eligibility and/or need for hospitalization or invasive procedures (i.e. hydration, abscess drainage, infusion) and contagious diseases (e.g. tuberculosis). Eligible participants will have been screened for clear sensorium and lack of delirium tremens. A measure of motivation or, at minimum, compliance, is assumed, as is the ability to understand and follow instructions and to take oral medications.

The initial health clearance screening is provided by CHN physicians at Tom Waddell Health Clinic, the MacMillan Stabilization Project, San Francisco General Hospital or another local clinic, and will include medical history, physical exam, phlebotomy, and necessary laboratory evaluations. Signs and symptoms of withdrawal are assessed and each individual will be assigned to appropriate protocols for detoxification with medical support as necessary.

C. A medication evaluation is provided by the project's physician specialist or nurse practitioner before medication is offered or prescribed. Client medications may be prescribed or ordered by licensed medical practitioners, and are appropriately labeled, are supplied to the participant by trained staff performing within the scope of their licenses, and are securely stored on the premises according to licensing regulations. At the program site, services and interventions are protocol-driven, provided by an interdisciplinary team of licensed vocational nurses and substance abuse counselors, under the supervision of medical and substance abuse professionals.

This program is housed in a licensed, 28-bed, three-story facility, located adjacent to downtown and the Civic Center. The first floor contains intake offices; program activities take place on the second and third floors which are reached via an ADA-compliant elevator. The second-floor of the facility also contains two wheelchair-accessible suites (bedrooms and bathrooms) accommodating four clients. Priority on the second floor is given to women and disabled clients, and specialized programming is available to meet their needs. Each program floor includes sleeping quarters, counseling and social rooms, kitchen and dining area, staff offices and toilet and shower facilities. The physical plant is clean, well-lit, secure and comfortable. Meals are provided as designed by dietary professionals; to insure optimal meeting of nutritional needs and attention to digestive or other dietary problems and to accommodate needs for diabetics, those on soft or liquid diets, and vegetarians. Breakfast is relatively informal and prepared by staff and residents on site, with lunch and dinner prepared offsite by a certified chef and cooking team, and delivered to the residence daily.

The program provides each resident a packet of personal hygiene supplies, assists them to shower, and provides flannel pajamas and slippers for a short stay in bed. For the first 24 hours and thereafter as long as necessary, all residents are observed by a healthcare worker at half-hour or hourly intervals. Vital signs will be checked and withdrawal symptoms and response to medications noted.

Detoxification from alcohol, opiates, sedatives and hypnotic drugs is supervised by the interdisciplinary staff. Mixed withdrawal treatment is provided, for poly-or cross-addicted individuals. The detoxification process is assisted through controlled protocols and individual evaluations of each person accepted for service. In cases where acute medical conditions develop, direct linkage and transportation to hospital-based emergency care is provided.

The detox program is double-staffed 24-hours daily, every day of the year, with nursing and counseling personnel. The planned length of stay for an individual will range from 7 to 21 days. Each individual who so desires is referred to another setting within the countywide continuum of care at completion of detoxification and stabilization.

Progression: An initial assessment (staff are being trained in the use of the ASI) will identify the severity, duration and history of participants' substance abuse and prior treatment engagements, if any. A treatment plan is developed collaboratively with the participant and will be tracked daily and modified as necessary through the course of detoxification.

Linkages: Baker Places' social rehabilitation continuum includes housing, mental health counseling and education, support, information and referral. Baker Places' partnership with the CHN provides medical and psychiatric evaluations, monitoring and treatment of symptoms of withdrawal, as a unique intervention to interrupt the cycle of addiction for homeless substance abusers while saving lives and promoting improved health and well-being. Staff assists residents develop continuing care plans that link them to ongoing substance abuse, vocational, primary health and other residential and support services prior to completion of the program.

7. Objectives

“All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY15-16”

8. Continuous Quality Assurance and Improvement

Baker Places, Inc. has created a CQI/Quality Assurance Team that consists of the: Agency Director, Chief Operating Officer, Human Resources Director, the Program Services Director, Chief Medical Officer and the Director of Clinical Services. The Director of Clinical Services is the CQI Coordinator. The team meets quarterly and functions to monitor enhance and improve the quality of service delivery throughout the agency. The CQI Coordinator ensures that the Agency is in compliance with all local, state and Federal policies and guidelines including Community Care Licensing and HIPPA. The team meets quarterly to review reports, summaries and feedback gleaned from all program level CQI and service delivery activity. Minutes of the CQI/Quality Assurance Team Meetings are maintained in the Baker Places, Inc., QA/CQI Administrative Binder.

- A. **Achievement of Contract Performance Objectives and Productivity:** Contract performance is monitored by each Program Director's review of monthly productivity reports indicating units of service and average client census. Program Director's

regularly review program and individual staff performance in regular supervision with the Program Services Director and the Director of Clinical Services. A summary of the productivity reviews are discussed at the quarterly CQI/QA meetings to ensure programs are on target.

- B. **Documentation of Quality:** All staff, line and management, are provided with regular individual supervision to monitor service delivery, to review clinical and administrative decision-making and to discuss treatment planning and charting. Program Directors ensure that all client charts are audited on a monthly basis, and the findings of the audits are submitted to the Program Services Director for review. Any issues are reported out to the CQI/QA committee for appropriate action when indicated.
- C. **Measurement of Cultural Competency of Staff and Services:** Cultural Competency is looked at in a number of ways. Each staff is required to complete 30 hours of training annually and identify which of the trainings enhance their cultural competence. The training requirement is monitored by each staff supervisor and monitored and tracked for the agency by the HR division. Updates of staff training goals and objectives and training efforts designed to improve cultural competence are then provided to the CQI/QA team. One measure of overall service appropriateness and cultural competency occurs in regular review of Incident Reports. Incident Reports are reviewed and looked at in terms of causes, predictors, responses and client outcomes and are specifically judged on where staff addressed issues in an effective and appropriate manner.
- D. **Measurement of Client Satisfaction:** Client satisfaction is measured by inviting clients to complete satisfaction surveys during their treatment cycle. These surveys are reviewed by Program Directors and reported out to the Program Services Director who then reports out to the CQI/QA team. The Client Satisfaction survey results gathered by BHS are also reviewed by the CQI/QA Committee when made available. All Program Directors attend their perspective client governance meetings to response to client input and feedback about program services and staff performance.
- E. **Measurement, Analysis and Use of Cal-OMS data:** Cal-OHMS data is reviewed through identified Super-user participation in monthly phone conferences with BHS Quality Assurance management. In those phone conferences program specific trends and outcomes related to client improvement are reviewed and discussed, in addition, all LPHAs throughout Baker Places, regularly review any observations noted in their Cal-OMS and Treatment Plan reviews with the Director of Clinical Services who in turn summarizes those discussions at the CQI/QA meetings. The CQI/QA team identifies appropriate policy and program changes necessary to improve outcomes and to implement input where needed.

9. **Required Language (if applicable):** Not applicable.

**Appendix B
Calculation of Charges**

1. Method of Payment

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

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

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

2. Program Budgets and Final Invoice

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

Budget Summary
Appendix B-1 AILP
Appendix B-2 Odyssey House
Appendix B-3 Grove Street House
Appendix B-4a Baker Street House
Appendix B-4b Robertson Place
Appendix B-4c Jo Ruffin Place
Appendix B-4d San Jose Place
Appendix B-5 Acceptance Place
Appendix B -6 Joe Healy Medical Detox

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 **Eighty-Five Million Four Hundred Twenty-Seven Thousand Three Hundred Seventy-Four Dollars (\$85,427,374)** for the period of **July 1, 2010 through December 31, 2017**.

CONTRACTOR understands that, of this maximum dollar obligation, **\$2,772,127** 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, not withstanding 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.

<u>Term</u>	<u>Amount</u>
07/01/2010-06/30/2011	\$10,413,054
07/01/2011-06/30/2012	\$11,464,901
07/01/2012-06/30/2013	\$10,575,491
07/01/2013-06/30/2014	\$10,743,604
07/01/2014-06/30/2015	\$10,904,758
07/01/2015-06/30/2016	\$10,904,758
07/01/2016-06/30/2017	\$11,883,469
07/01/2017-12/31/2017	<u>\$5,765,212</u>
Sub. Total July 1, 2010 through December 31, 2017	\$77,202,868
Contingency Available	<u>\$2,772,127</u>
Total of July 1, 2010 through December 31, 2017	\$85,427,374

(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.

Contractor further understands that \$2,207,090 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM06500002 is included in this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM06500002 for the Fiscal Year 2010-11.

Contractor further understands that \$2,959,437 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM07000074 is included in this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM07000074 for the Fiscal Year 2010-11.

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

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

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

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

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH): 00339			Prepared By/Phone #: Judith Stevenson, 415-864-4655			Fiscal Year: 2015-16	
DHCS Legal Entity Name (MH)/Contractor Name (SA): Baker Places Inc						Summary	1 of 2
Contract CMS# (CDTA Use Only)						Document Date:	7/1/2015
Contract Appendix Number:	B-1	B-2	B-3	B-4a	B-4b	B-4c	PAGE TOTAL
Appendix A / Program Name:	AILP	Odyssey House	Grove Street	Baker Street	Robertson Place	Jo Ruffin Place	
Provider Number:	8908	3840	8978	3839	3885	8991	
Program Codes:	8908OP	3840OP	89781, 8978OP	38391, 3839DT	38851, 3885DT	89911, 89912	
FUNDING TERM:		7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	
FUNDING USES							
Salaries & Employee Benefits:	687,250	368,689	883,124	572,152	583,613	738,452	3,833,280
Operating Expenses:	581,346	109,761	203,699	259,663	181,004	251,929	1,587,402
Capital Expenses:	-	-	-	-	-	-	-
Subtotal Direct Expenses:	1,268,596	478,450	1,086,823	831,815	764,617	990,381	5,420,682
Indirect Expenses:	162,430	57,414	135,437	104,818	94,417	122,692	677,208
Indirect %:	12.80%	12.00%	12.46%	12.60%	12.35%	0	12.49%
TOTAL FUNDING USES	1,431,026	535,864	1,222,260	936,633	859,034	1,113,073	6,097,890
CBHS MENTAL HEALTH FUNDING SOURCES							
MH FED - SDMC Regular FFP (50%)	323,171.00	92,890.00	394,522.00	329,438.00	249,954.00	378,070	1,768,045.00
MH Realignment	290,608.00	158,204.00	310,440.00	294,299.00	248,510.00	320,927	1,622,988.00
MH COUNTY - General Fund	637,627.00	239,570.00	473,565.00	256,423.00	310,855.00	367,926	2,285,966.00
							-
							-
							-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	1,251,406	490,664	1,178,527	880,160	809,319	1,066,923	5,676,999
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
SA COUNTY - General Fund							-
							-
							-
							-
							-
							-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES							
							-
							-
							-
							-
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	1,251,406	490,664	1,178,527	880,160	809,319	1,066,923	5,676,999
NON-DPH FUNDING SOURCES							
							-
NON DPH - Patient/Client Fees	179,620	45,200	43,733	56,473	49,715	46,150	420,891
TOTAL NON-DPH FUNDING SOURCES	179,620	45,200	43,733	56,473	49,715	46,150	420,891
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	1,431,026	535,864	1,222,260	936,633	859,034	1,113,073	6,097,890

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH): 00339		Prepared By/Phone #: Judith Stevenson, 415-864-4655		Fiscal Year: 2015-16		
DHCS Legal Entity Name (MH)/Contractor Name (SA): Baker Places Inc				Summary 2 of 2		
Contract CMS# (CDTA Use Only)				Document Date: 7/1/2015		
Contract Appendix Number:	B-4d	B-5	B-6			
Appendix A / Program Name:	San Jose Place	Acceptance Place	Joe Healy Med Detox			
Provider Number:	38BS	383875	383844			
Program Code(s)	38BS1, 38BS2	38752	38442			
FUNDING TERM:		7/1/15-6/30/16	7/1/15-6/30/16			TOTAL
FUNDING USES						
Salaries & Employee Benefits:	643,415	449,436	2,422,147			7,348,278
Operating Expenses:	149,997	159,383	884,540			2,781,322
Capital Expenses:	0	0	0			0
Subtotal Direct Expenses:	793,412	608,819	3,306,687	0	0	10,129,600
Indirect Expenses:	97,703	73,058	427,491			1,275,460
Indirect %:	12.31%	12.00%	12.93%			12.59%
TOTAL FUNDING USES	891,115	681,877	3,734,178	0	0	11,405,060
					Employee Fringe Benefits %:	25.53%
CBHS MENTAL HEALTH FUNDING SOURCES						
MH FED - SDMC Regular FFP (50%)	241,405					2,009,450
MH Realignment	244,894					1,867,882
MH COUNTY - General Fund	365,616					2,651,582
						0
						0
						0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	851,915	0	0	0	0	6,528,914
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
SA COUNTY - General Fund		641,666	3,734,178			4,375,844
						0
						0
						0
						0
						0
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	0	641,666	3,734,178	0	0	4,375,844
OTHER DPH FUNDING SOURCES						
						0
						0
						0
						0
TOTAL OTHER DPH FUNDING SOURCES	0	0	0	0	0	0
TOTAL DPH FUNDING SOURCES	851,915	641,666	3,734,178	0	0	10,904,758
NON-DPH FUNDING SOURCES						
						0
NON DPH - Patient/Client Fees	39,200	40,211				500,302
TOTAL NON-DPH FUNDING SOURCES	39,200	40,211	0	0	0	500,302
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	891,115	681,877	3,734,178	0	0	11,405,060

DPH 6: Contract-Wide Indirect Detail

Contractor Name Baker Places Inc.

Indirect page: 1 of 1

Document Date: 07/01/15

Fiscal Year: 2015-16

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
Executive Director	0.60	103,838.00
Administrative Director		76,880.00
Fiscal Director	0.40	61,920.00
Human Resources Director	0.80	92,880.00
Accounting Manager	0.60	42,500.00
Data/Claims Manager	0.80	43,490.00
Facilities Manager	0.60	36,499.00
Accounting & Payroll Staff	6.00	211,481.00
HR Staff	1.30	55,440.00
Office Manager	0.60	28,277.00
EMPLOYEE FRINGE BENEFITS		210,897.00
TOTAL SALARIES & BENEFITS		964,102.00

2. OPERATING COSTS

Expenditure Category	Amount
30 - Legal Fees	32,080.00
40 - Professional Fees, Other	48,946.00
10 - Supplies	13,871.00
30 - Telephone & Telecommunications	8,316.00
40 - Postage, Shipping, Delivery	883.00
50 - Mailing Services	729.00
60 - Equipment, Furniture Rental	9,773.00
65 - Equipment Maintenance	2,299.00
70 - Printing & Copying	4,128.00
80 - Dues, Subscriptions	248.00
10 - Rent & Other Occupancy	117,713.00
11 - Parking	10,870.00
15 - Facilities Maintenance	13,000.00
20 - Utilities	33,378.00
40 - License/Permit Fees	452.00
20 - Insurance, Non-employee	9,126.00
30 - Membership Dues	226.00
40 - Staff Development, Training	1,720.00
60 - Outside Computer Services	2,838.00
70 - Advertising Expenses	762.00
TOTAL OPERATING COSTS	311,358.00

TOTAL INDIRECT COSTS	1,275,460.00
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CBHS Budget Documents

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Baker Places Inc.					Contract Appendix #: B-#1/Page 1				
Provider Name: Baker Assisted Independent Living Program (AILP)					Document Date: 7/1/2015				
Provider Number: 8908					Fiscal Year: 2015-16				
Program Name: Assisted Independent Living Program (AILP)					AILP				
Program Code (formerly Reporting Unit): 8908OP					8908OP				
Mode/SFC (MH) or Modality (SA): 15/01-09					15/10-57				
Service Description: Case Mgmt Brokerage					15/70-79				
FUNDING TERM: 7/1/15-6/30/16					7/1/15-6/30/16				
FUNDING USES									
Salaries & Employee Benefits:					6,544				
Operating Expenses:					1,589				
Capital Expenses (greater than \$5,000):					0				
Subtotal Direct Expenses:					8,133				
Indirect Expenses:					977				
TOTAL FUNDING USES:					9,110				
CBHS MENTAL HEALTH FUNDING SOURCES					Index Code				
MH FED - SDMC Regular FFP (50%)					HMHMCC730515				
MH Realignment					HMHMCC730515				
MH COUNTY - General Fund					HMHMCC730515				
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES					9,110				
CBHS SUBSTANCE ABUSE FUNDING SOURCES									
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					0				
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES									
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					0				
TOTAL DPH FUNDING SOURCES					9,110				
NON-DPH FUNDING SOURCES									
NON DPH - Patient/Client Fees					89,810				
TOTAL NON-DPH FUNDING SOURCES					89,810				
TOTAL FUNDING SOURCES (DPH AND NON-DPH)					9,110				
CBHS UNITS OF SERVICE AND UNIT COST									
Number of Beds Purchased (if applicable)									
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)									
Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program									
Cost Reimbursement (CR) or Fee-For-Service (FFS):					CR				
Units of Service:					2,500				
Unit Type:					Staff Minute				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)					3.64				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):					3.64				
Published Rate (Medi-Cal Providers Only):					3.75				
Unduplicated Clients (UDC):					130				
SMA					3.00				

SMA

3.00

3.88

5.36

CBHS Budget Documents

DPH 3: Salaries & Benefits Detail

Program Code: 8908OP
 Program Name: Baker AILP
 Document Date: 7/1/15

Appendix #: B-1/Page 2

	TOTAL		Cost Reimbursement - General Fund HMHMCC730515		FFS - General Fund HMHMCC730515							
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical/Division Director	0.20	40,000	0.20	20,000	0.20	20,000						
Project Director	0.60	46,000	0.60	23,000	0.60	23,000						
Administrative Director	0.75	37,733	0.75	18,867	0.75	18,867						
Case Managers	7.00	288,400	7.00	144,200	7.00	144,200						
Intake Specialist	0.50	19,482	0.50	9,741	0.50	9,741						
Housing Coordinator	0.60	26,429	0.60	13,215	0.60	13,215						
Facilities Management	1.80	60,972	1.80	30,486	1.80	30,486						
Clerk/Receptionist	0.60	17,900	0.60	8,950	0.60	8,950						
Totals:	12.05	\$536,916	12.05	268,458	12.05	\$268,458	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	28%	\$150,334	28%	\$75,167	28%	\$75,167						
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TOTAL SALARIES & BENEFITS	\$687,250	\$343,625	\$343,625	\$0	\$0	\$0
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DPH 4: Operating Expenses Detail

Program Code: 8908OP

Appendix #: B-1/Page 3

Program Name: Assisted Independent Living Program (AILP)

Document Date: 7/1/15

Expenditure Category	TOTAL	Cost Reimbursement - General Fund HMHMCC730515	Client Fees	FFS - General Fund HMHMCC730515	Client Fees	
Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: _____
Occupancy:						
Rental of Property	96,729	48,365		48,364		
Utilities(Elec, Water, Gas, Phone, Scavenger)	43,789	21,894		21,895		
Building Maintenance Supplies and Repair	25,252	12,626		12,626		
Materials & Supplies:		-				
Office Supplies, Postage	6,600	3,300		3,300		
Printing and Reproduction	500	250		250		
General Operating:		-				
Insurance	7,887	3,943		3,944		
Staff Training	1,500	750		750		
Staff Travel-From Site to Client Homes & to Meetings, Trainings, Supervision	3,920	1,960		1,960		
Rental of Equipment	6,097	3,049		3,048		
Other:	-					
Co-op Rents and Utilities	366,178	93,279	89,810	93,279	89,810	
Client-Related Expense (Program, Transport, Education, Food, Events)	22,894	11,447		11,447		

TOTAL OPERATING EXPENSE

\$	581,346	\$	200,863	\$	89,810	\$	200,863	\$	89,810
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\$ 581,346

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

DCHS Legal Entity Name (MH)/Contractor Name (SA): Baker Places Inc.									Contract Appendix #: B-#2/Page 1
Provider Name: Baker Places Odyssey House									Document Date: 7/1/2015
Provider Number: 3840									Fiscal Year: 2015-16
Program Name:	Odyssey House	Odyssey House	Odyssey House	Odyssey House	Odyssey House	Odyssey House	Odyssey House	Odyssey House	Odyssey House
Program Code (formerly Reporting Unit):	3840OP	3840OP	3840OP	3840OP	3840OP	3840OP	3840OP	3840OP	3840OP
Mode/SFC (MH) or Modality (SA):	15/01-09	15/10-57	15/70-79	60/78	15/01-09	15/10-57	15/70-79	60/78	
Service Description:	Case Mgmt. Brokerage	MH Svcs - Ind	Crisis Intervention	Non-MC Client Support Expenditures	Case Mgmt. Brokerage	MH Svcs - Ind	Crisis Intervention	Non-MC Client Support Expenditures	TOTAL
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
FUNDING USES									
Salaries & Employee Benefits:	1,500.00	143,868.00	600.00	38,377.00	1,500.00	143,868.00	599.00	38,377.00	368,689
Operating Expenses:	1,100.00	14,359.00	100.00	39,321.00	1,100.00	14,359.00	100.00	39,322.00	109,761
Capital Expenses (greater than \$5,000):									0
Subtotal Direct Expenses:	2,600.00	158,227.00	700.00	77,698.00	2,600.00	158,227.00	699.00	77,699.00	478,450
Indirect Expenses:	312.00	18,987.00	84.00	9,324.00	312.00	18,987.00	84.00	9,323.00	57,414
TOTAL FUNDING USES:	2,912.00	177,214.00	784.00	87,022.00	2,912.00	177,214.00	783.00	87,022.00	535,864
CBHS MENTAL HEALTH FUNDING SOURCES									
Index Code									
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	240.00	45,918.00	287.00	0.00	240.00	45,918.00	287.00	0.00
MH Realignment	HMHMCC730515	241.00	78,574.00	287.00	0.00	241.00	78,574.00	287.00	0.00
MH COUNTY - General Fund	HMHMCC730515	2,431.00	52,722.00	210.00	64,422.00	2,431.00	52,722.00	210.00	64,422.00
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		2,912.00	177,214.00	784.00	64,422.00	2,912.00	177,214.00	784.00	64,422.00
CBHS SUBSTANCE ABUSE FUNDING SOURCES									
									-
									-
									-
									-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		0.00	0.00	0.00	0.00				-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES									
									-
									-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		0.00	0.00	0.00	0.00				-
TOTAL DPH FUNDING SOURCES		2,912.00	177,214.00	784.00	64,422.00	2,912.00	177,214.00	784.00	64,422.00
NON-DPH FUNDING SOURCES									
NON DPH - Patient/Client Fees					22,600.00			22,600.00	45,200
TOTAL NON-DPH FUNDING SOURCES		0.00	0.00	0.00					45,200
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		2,912.00	177,214.00	784.00	87,022.00	2,912.00	177,214.00	784.00	87,022.00
CBHS UNITS OF SERVICE AND UNIT COST									
Number of Beds Purchased (if applicable)									
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)									
Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program									
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR	CR	CR	FFS	FFS	FFS	FFS	
Units of Service:	1,000	48,330	300	1,825	1,000	48,330	300	1,825	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Bed-Day	Staff Minute	Staff Minute	Staff Minute	Bed-Day	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.91	3.67	2.61	35.30	2.91	3.67	2.61	35.30	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.91	3.67	2.61	47.68	2.91	3.67	2.61	47.68	
Published Rate (Medi-Cal Providers Only):	4.5	4.5	6		4.5	4.5	6		Total UDC:
Unduplicated Clients (UDC):	11	11	11	11	11	11	11	11	11
SMA	3.00	3.88	5.36						

Appendix #: B-2/Page 2

\$0

DPH 4: Operating Expenses Detail

Program Code: 3840OP
 Program Name: Baker Places Odyssey House
 Document Date: 7/1/15

Appendix #: B-2/Page 3

Expenditure Category	TOTAL	Cost Reimbursement - General Fund HMHMCC730515	Client Fees	FFS - General Fund HMHMCC7305 15	Client Fees	
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	Term: _____
Occupancy:						
Rental of Property	13,787	6,793	100	6,794	100	
Utilities(Elec, Water, Gas, Phone, Scavenger)	23,000	11,500		11,500		
Building Maintenance Supplies and Repair	9,000	4,500		4,500		
Materials & Supplies				-		
Office Supplies, Postage	8,060	4,030		4,030		
Printing and Reproduction	200	100		100		
				-		
General Operating:				-		
Insurance	3,758	1,879		1,879		
Staff Training	500	250		250		
Staff Travel-From Site to Meetings, Trainings, Supervision	200	100		100		
Dues, Fees, Licenses	3,144	1,572		1,572		
Rental of Equipment	3,112	1,556		1,556		
Other:						
Client-Related Expense (Food, Transportation,	45,000		22,500		22,500	
Education, Transport, Personal Hygiene)						

TOTAL OPERATING EXPENSE \$ 109,761 \$ 32,280 \$ 22,600 \$32,281 \$22,600 \$0

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

DCHS Legal Entity Name (MH)/Contractor Name (SA): Baker Places Inc.						Contract Appendix #: B-3/Page 1	
Provider Name: Baker Places Grove Street House						Document Date: 7/1/2015	
Provider Number: 8978						Fiscal Year: 2015-16	
Program Name:	Grove Street House	Grove Street House	Grove Street House	Grove Street House	Grove Street House	Grove Street House	
Program Code (formerly Reporting Unit):	89781	89781	8978OP	89781	89781	8978OP	
Mode/SFC (MH) or Modality (SA)	05/40-49	60/40-49	15/60-69	05/40-49	60/40-49	15/60-69	
	Adult Crisis Residential	Life Support-Bd&Care	Medication Support	Adult Crisis Residential	Life Support-Bd&Care	Medication Support	
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/14-6/30/15
TOTAL							
FUNDING USES							
Salaries & Employee Benefits:	415,777.00	0.00	25,785.00	415,777.00	0.00	25,785.00	883,124.00
Operating Expenses:	66,088.00	19,527.00	16,234.00	66,088.00	19,527.00	16,235.00	203,699.00
Capital Expenses (greater than \$5,000):	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Direct Expenses:	481,865.00	19,527.00	42,019.00	481,865.00	19,527.00	42,020.00	1,086,823.00
Indirect Expenses:	60,298.00	2,340.00	5,080.00	60,299.00	2,339.00	5,081.00	135,437.00
TOTAL FUNDING USES:	542,163.00	21,867.00	47,099.00	542,164.00	21,866.00	47,101.00	1,222,260.00
CBHS MENTAL HEALTH FUNDING SOURCES							
Index Code							0.00
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	182,251.00	0.00	15,009.00	182,252.00	0.00	394,522.00
MH Realignment	HMHMCC730515	141,833.00	0.00	13,387.00	141,832.00	0.00	310,440.00
MH COUNTY - General Fund	HMHMCC730515	218,079.00	0.00	18,703.00	218,080.00	0.00	473,565.00
							0.00
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		542,163.00	0.00	47,099.00	542,164.00	0.00	1,178,527.00
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
							0.00
							0.00
							0.00
							0.00
							0.00
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		0.00	0.00	0.00	0.00		0.00
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES							
							0.00
							0.00
							0.00
							0.00
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		0.00	0.00	0.00	0.00	0.00	0.00
TOTAL DPH FUNDING SOURCES		542,163.00	0.00	47,099.00	542,164.00	0.00	1,178,527.00
NON-DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees			21,867.00		21,866.00		43,733.00
TOTAL NON-DPH FUNDING SOURCES		0.00	21,867.00	0.00	21,866.00	0.00	43,733.00
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		542,163.00	21,867.00	47,099.00	542,164.00	21,866.00	1,222,260.00
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)	10						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
House Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR	CR	FFS	FFS	FFS	
Units of Service:	1,643	1,643	9,000	1,643	1,643	9,000	
Unit Type:	Client Day	Client Full Day	Staff Minute	Client Day	Client Full Day	Staff Minute	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	330.08	0.00	5.23	330.08	0.00	5.23	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	330.08	13.31	5.23	330.08	13.31	5.23	
Published Rate (Medi-Cal Providers Only):	375		6.50	375		6.50	
Unduplicated Clients (UDC):	75	75	75	75	75	75	Total UDC: 75

CBHS Budget Documents

7/1/14-6/30/15

Program Code(s): 89781 & 89781OP
 Program Name: Baker Places Grove Street House
 Document Date: 7/1/15

Appendix #: B-3/Page 2

	TOTAL		Cost Reimbursement - General Fund HMHMCC730515		FFS - General Fund HMHMCC730515			
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical/Division Director	0.20	30,923	0.20	15,462	0.20	15,462		
Program Managers	2.00	121,335	2.00	60,668	2.00	60,668		
Residential Counselors	12.00	475,971	12.00	237,986	12.00	237,986		
Relief Counselors	1.00	25,000	1.00	12,500	1.00	12,500		
Intake Coordinator	0.60	11,712	0.60	5,856	0.60	5,856		
Nurse Practitioner	0.23	25,000	0.23	12,500	0.23	12,500		
Totals:	16.03	\$689,941	16.03	\$344,971	16.03	\$344,971	0.00	\$0

Employee Fringe Benefits:	28%	\$193,183	28%	\$96,592	28%	\$96,592		
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SALARIES & BENEFITS	\$883,124	\$441,562	\$441,562	\$0
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DPH 4: Operating Expenses DetailProgram Code(s): 89781 & 89780PAppendix #: B-3/Page 3Program Name: Baker Places Grove Street HouseDocument Date: 7/1/15

Expenditure Category	TOTAL	Cost Reimbursement - General Fund HMHMCC730515	Client Fees	FFS - General Fund HMHMCC730515	Client Fees
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
Occupancy:					
Rental of Property	86,680.00	43,340.00		43,340.00	
Utilities(Elec, Water, Gas, Phone, Scavenger)	24,918.00	12,459.00		12,459.00	
Building Maintenance Supplies and Repair	8,133.00	4,066.00		4,067.00	
Materials & Supplies:					
Office Supplies, Postage	8,500.00	4,250.00		4,250.00	
Printing and Reproduction	500.00	250.00		250.00	
General Operating:					
Insurance	8,900.00	4,450.00		4,450.00	
Staff Training	2,500.00	1,250.00		1,250.00	
Staff Travel-From Site to Meetings, Trainings, Supervision	1,800.00	900.00		900.00	
Dues, Fees, Licenses	5,000.00	2,500.00		2,500.00	
Rental of Equipment	3,165.00	1,583.00		1,582.00	
Other:					
Client-Related Expense (Food, Household, Program, Education, Transport, Personal Hygiene)	53,603.00	7,274	19,527.00	7,275.00	19,527.00
TOTAL OPERATING EXPENSE	\$ 203,699	\$ 82,322	\$ 19,527	\$ 82,323	\$ 19,527

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

DCHS Legal Entity Name (MH)/Contractor Name (SA): Baker Places Inc.							Contract Appendix #: B-#4a/Page1
Provider Name: Baker Places Baker Street House							Document Date: 7/1/2015
Provider Number: 3839							Fiscal Year: 2015-16
Program Name:	Baker Street House	Baker Street House	Baker Street House	Baker Street House	Baker Street House	Baker Street House	
Program Code (formerly Reporting Unit):	38391	38391	3839DT	38391	38391	3839DT	
Mode/SFC (MH) or Modality (SA)	05/65-79	60/40-49	10/95-99	05/65-79	60/40-49	10/95-99	
Service Description:	Adult Residential	Life Support-Bd&Care	Day Rehab Full day	Adult Residential	Life Support-Bd&Care	Day Rehab Full day	TOTAL
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/14-6/30/15
FUNDING USES							
Salaries & Employee Benefits:	193,813		92,263	193,812		92,264	572,152
Operating Expenses:	71,045	25,211	33,575	71,045	25,211	33,576	259,663
Capital Expenses (greater than \$5,000):							0
Subtotal Direct Expenses:	264,858	25,211	125,838	264,857	25,211	125,840	831,815
Indirect Expenses:	34,282	3,025	15,101	34,284	3,026	15,100	104,818
TOTAL FUNDING USES:	299,140	28,236	140,939	299,141	28,237	140,940	936,633
CBHS MENTAL HEALTH FUNDING SOURCES							
	Index Code						0
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	103,471		61,248	103,471	61,248	329,438
MH Realignment	HMHMCC730515	108,614		38,535	108,615	38,535	294,299
MH COUNTY - General Fund	HMHMCC730515	87,055		41,156	87,055	41,157	256,423
							0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		299,140	0	140,939	299,141	0	140,940
							0
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
							0
							0
							0
							0
							0
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		0	0	0			0
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES							
							0
							0
							0
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		0	0	0			0
TOTAL DPH FUNDING SOURCES		299,140	0	140,939	299,141	0	140,940
							880,160
NON-DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees			28,236		28,237		56,473
TOTAL NON-DPH FUNDING SOURCES		0	28,236		28,237		56,473
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		299,140	28,236	140,939	299,141	28,237	140,940
							936,633
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)	13						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
House Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR	CR	FFS	FFS	FFS	
Units of Service:	2,135	2,135	1,433	2,135	2,135	1,433	
Unit Type:	Client Day	Client Full Day	Client Full Day	Client Day	Client Full Day	Client Full Day	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	140.11	0.00	98.33	140.11	0.00	98.33	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	140.11	13.23	98.33	140.11	13.23	98.33	
Published Rate (Medi-Cal Providers Only):	240		215.00	240		215.00	
Unduplicated Clients (UDC):	74	74	74	74	74	74	Total UDC: 74

DPH 3: Salaries & Benefits Detail

Program Code(s): 38391 & 3839DT
 Program Name: Baker Places Baker Street House
 Document Date: 7/1/15

Appendix #: B-4a/Page 2

	TOTAL		Cost Reimbursement - General Fund HMHMCC730515		FFS - General Fund HMHMCC730515			
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Directors	0.20	30,000	0.20	15,000	0.20	15,000		
Program Managers	2.00	131,260	2.00	65,630	2.00	65,630		
Residential Counselors	7.00	239,000	7.00	119,500	7.00	119,500		
Intake Coordinator	0.60	11,712	0.60	5,856	0.60	5,856		
Relief Staff	1.00	40,180	1.00	20,090	1.00	20,090		
Totals:	10.80	\$452,152	10.80	\$226,076	10.80	\$226,076	0.00	\$0

Employee Fringe Benefits:	27%	\$120,000	27%	\$60,000	27%	\$60,000		
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TOTAL SALARIES & BENEFITS**\$572,152****\$286,076****\$286,076****\$0**

DPH 4: Operating Expenses Detail

Program Code(s): 38391 & 3839DT

Appendix #: B-4a/Page 3

Program Name: Baker Places Baker Street House

Document Date: 7/1/15

Expenditure Category	TOTAL	Cost Reimbursement - General Fund HMHMCC730515	Client Fees	FFS - General Fund HMHMCC730515	Client Fees
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
Occupancy:					
Rental of Property	125,000	62,405	95	62,405	95
Utilities(Elec, Water, Gas, Phone, Scavenger)	24,987	12,494		12,493	
Building Maintenance Supplies and Repair	18,000	9,000		9,000	
Materials & Supplies:					
Office Supplies, Postage	6,700	3,350		3,350	
Printing and Reproduction	500	250		250	
General Operating					
Insurance	5,897	2,948		2,949	
Staff Training	1,500	750		750	
Staff Travel-From Site to Meetings, Trainings, Supervision	1,000	500		500	
Dues, Fees, Licenses	6,500	3,250		3,250	
Rental of Equipment	3,246	1,623		1,623	
Other:					
Client-Related Expense (Food, Transportation, Education, Transport, Personal Hygiene)	66,333	8,050	25,116	8,051	25,116

TOTAL OPERATING EXPENSE**259,663****104,620****25,211****104,621****25,211**

CBHS Budget Documents

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

DCHS Legal Entity Name (MH)/Contractor Name (SA): Baker Places Inc.							Contract Appendix #: B-#4b/Page 1
Provider Name: Baker Robertson Place							Document Date: 7/1/2015
Provider Number: 3885							Fiscal Year: 2015-16
Program Name:	Robertson Place	Robertson Place	Robertson Place	Robertson Place	Robertson Place	Robertson Place	
Program Code (formerly Reporting Unit):	38851	38851	3885DT	38851	38851	3885DT	
Mode/SFC (MH) or Modality (SA)	05/65-79	60/40-49	10/95-99	05/65-79	60/40-49	10/95-99	
Service Description:	Adult Residential	Life Support-Bd&Care	Day Rehab Full day	Adult Residential	Life Support-Bd&Care	Day Rehab Full day	0
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	TOTAL 7/1/14-6/30/15
FUNDING USES							
Salaries & Employee Benefits:	198,139		93,667	198,140	0	93,667	583,613
Operating Expenses:	40,400	22,194	27,908	40,400	22,194	27,908	181,004
Capital Expenses (greater than \$5,000):							0
Subtotal Direct Expenses:	238,539	22,194	121,575	238,540	22,194	121,575	764,617
Indirect Expenses:	30,524	2,663	14,020	30,525	2,664	14,021	94,417
TOTAL FUNDING USES:	269,063	24,857	135,595	269,065	24,858	135,596	859,034
CBHS MENTAL HEALTH FUNDING SOURCES							
	Index Code						0
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	62,398		62,578	62,399	62,579	249,954
MH Realignment	HMHMCC730515	84,955		39,300	84,955	39,300	248,510
MH COUNTY - General Fund	HMHMCC730515	121,710		33,717	121,711	33,717	310,855
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		269,063	0	135,595	269,065	0	809,319
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
							0
							0
							0
							0
							0
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		0	0	0		0	0
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES							
							0
							0
							0
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		0	0	0		0	0
TOTAL DPH FUNDING SOURCES		269,063	0	135,595	269,065	135,596	809,319
NON-DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees			24,857		24,858		49,715
TOTAL NON-DPH FUNDING SOURCES		0	24857	0	24858	0	49715
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		269063	24857	135595	269065	135596	859034
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)	12						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR	CR	FFS	FFS	FFS	
Units of Service:	1,971	1,971	1,200	1,971	1,971	1,200	
Unit Type:	Client Day	Client Full Day	Client Full Day	Client Day	Client Full Day	Client Full Day	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	136.51	0.00	113.00	136.51	0.00	113.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	136.51	12.61	113.00	136.51	12.61	113.00	
Published Rate (Medi-Cal Providers Only):	250		215.00	250		215.00	Total UDC:
Unduplicated Clients (UDC):	96	96	96	96	96	96	96

DPH 3: Salaries & Benefits Detail

Program Codes: 38851 & 3885DT
 Program Name: Baker Robertson Place
 Document Date: 7/1/15

Appendix #: B-4b/Page 2

	TOTAL		Cost Reimbursement - General Fund HMHMCC730515		FFS - General Fund HMHMCC730515			
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical/Division Director	0.20	30,000	0.20	15,000	0.20	15,000		
Program Managers	2.00	110,438	2.00	55,219	2.00	55,219		
Residential Counselors	7.50	282,388	7.50	141,194	7.50	141,194		
Intake Coordinator	0.60	11,712	0.60	5,856	0.60	5,856		
Relief Staff	1.00	25,000	1.00	12,500	1.00	12,500		
Totals:	11.30	\$ 459,538	11.30	\$ 229,769	11.30	\$ 229,769	\$ -	\$ -

Employee Fringe Benefits:	27%	\$ 124,075	27%	\$ 62,037	27%	\$ 62,038	\$ -
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TOTAL SALARIES & BENEFITS

\$ 583,613

\$ 291,806

\$ 291,807

\$ -

DPH 4: Operating Expenses Detail

Program Code(s): 38851 & 3885DT
 Program Name: Baker Robertson Place
 Document Date: 7/1/15

Appendix #: B-4b/Page 3

Expenditure Category	TOTAL	Cost Reimbursement - General Fund HMHMCC730515	Client Fees	FFS - General Fund HMHMCC730515	Client Fees
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
Occupancy:					
Rental of Property	46,988	23,494		23,494	
Utilities(Elec, Water, Gas, Phone, Scavenger)	24,508	12,254		12,254	
Building Maintenance Supplies and Repair	10,900	5,450		5,450	
Materials & Supplies:		-		-	
Office Supplies, Postage	8,800	4,400		4,400	
Printing and Reproduction	500	250		250	
		-		-	
General Operating:		-		-	
Insurance	6,723	3,362		3,361	
Staff Training	2,300	1,150		1,150	
Staff Travel - From Site to Meetings, Trainings, Supervision	1,535	768		767	
Dues, Fees, Licenses	8,244	4,122		4,122	
Rental of Equipment	5,682	2,841		2,841	
		-		-	
Other:		-		-	
Client-Related Expense (Food, Transportation, Education, Transport, Personal Hygiene)	64,824	10,217	22,194	10,219	22,194
		-		-	
TOTAL OPERATING EXPENSE	181,004	68,308	22,194	68,308	22,194

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

DCHS Legal Entity Name (MH)/Contractor Name (SA): Baker Places Inc.						Contract Appendix #: B-#4c/Page 1	
Provider Name: Baker Jo Ruffin Place						Document Date: 7/1/2015	
Provider Number: 8991						Fiscal Year: 2015-16	
Program Name:	Jo Ruffin Place						
Program Code (formerly Reporting Unit):	89911	89911	89912	89911	89911	89912	
Mode/SFC (MH) or Modality (SA)	05/65-79	60/40-49	10/95-99	05/65-79	60/40-49	10/95-99	
Service Description:	Adult Residential	Life Support-Bd&Care	Day Rehab Full day	Adult Residential	Life Support-Bd&Care	Day Rehab Full day	TOTAL
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
FUNDING USES							
Salaries & Employee Benefits:	244,183	0	125,043	244,184	0	125,042	738,452
Operating Expenses:	79,021	20,602	26,341	79,021	20,603	26,341	251,929
Capital Expenses (greater than \$5,000):							0
Subtotal Direct Expenses:	323,204	20,602	151,384	323,205	20,603	151,383	990,381
Indirect Expenses:	40,708	2,473	18,166	40,707	2,472	18,166	122,692
TOTAL FUNDING USES:	363,912	23,075	169,550	363,912	23,075	169,549	1,113,073
CBHS MENTAL HEALTH FUNDING SOURCES							
	Index Code						0
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	111,898	0	77,137	111,898	0	378,070
MH Realignment	HMHMCC730515	112,666	0	47,798	112,666	0	320,927
MH COUNTY - General Fund	HMHMCC730515	139,348	0	44,615	139,348	0	367,926
							0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		363,912	0	169,550	363,912	0	1,066,923
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
							0
							0
							0
							0
							0
							0
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		0	0	0			0
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES							
							0
							0
							0
							0
							0
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		0	0	0			0
TOTAL DPH FUNDING SOURCES		363,912	0	169,550	363,912	0	1,066,923
NON-DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees			23,075		23,075		46,150
TOTAL NON-DPH FUNDING SOURCES		0	23,075	0	23,075		46,150
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		363,912	23,075	169,550	363,912	23,075	1,113,073
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)	13						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR	CR	FFS	FFS	FFS	
Units of Service:	2,135	2,135	1,381	2,135	2,135	1,381	
Unit Type:	Client Day	Client Full Day	Client Full Day	Client Day	Client Full Day	Client Full Day	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	170.45	0.00	122.77	170.45	0.00	122.77	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	170.45	10.81	122.77	170.45	10.81	122.77	
Published Rate (Medi-Cal Providers Only):	250		215.00	250		215.00	Total UDC:
Unduplicated Clients (UDC):	100	100	100	100	100	100	100

DPH 3: Salaries & Benefits Detail

Program Code(s): 89911 and 89912

Program Name: Baker Jo Ruffin Place

Document Date: 7/1/15

Appendix #: B-4c/Page 2

	TOTAL		Cost Reimbursement - General Fund HMHMCC730515		FFS - General Fund HMHMCC730515			
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical/Division Director	0.20	30,000	0.20	15,000	0.20	15,000		
Program Managers	2.00	112,435	2.00	56,217	2.00	56,218		
Residential Counselors	12.00	377,313	12.00	188,657	12.00	188,656		
Intake Coordinator	0.60	11,713	0.60	5,856	0.60	5,857		
Relief Staff	2.00	50,000	2.00	25,000	2.00	25,000		
Totals:	16.80	\$ 581,461	16.80	\$290,730	16.80	\$290,731	0.00	\$0

Employee Fringe Benefits:	27%	\$156,991	27%	\$78,496	27%	\$78,495		
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TOTAL SALARIES & BENEFITS**\$738,452****\$369,226****\$369,226**

DPH 4: Operating Expenses Detail

Program Code(s): 89911 & 89912
 Program Name: Baker Jo Ruffin Place
 Document Date: 7/1/15

Appendix #: B-4c/Page 3

Expenditure Category	TOTAL	Cost Reimbursement - General Fund HMHMCC730515	Client Fees	FFS - General Fund HMHMCC730515	Client Fees
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
Occupancy:					
Rental of Property	96,898	48,449		48,449	
Utilities(Elec, Water, Gas, Phone, Scavenger)	40,600	20,300		20,300	
Building Maintenance Supplies and Repair	9,940	4,970		4,970	
Materials & Supplies:		-		-	
Office Supplies, Postage	8,200	4,100		4,100	
Printing and Reproduction	500	250		250	
		-		-	
General Operating:		-		-	
Insurance	8,742	4,371		4,371	
Staff Training	1,500	750		750	
Staff Travel - From Site to Meetings, Trainings, Supervision	700	350		350	
Dues, Fees, Licenses	7,279	3,640		3,639	
Rental of Equipment	7,250	3,625		3,625	
		-		-	
Other:		-		-	
Client-Related Expense (Food, Transportation, Education, Transport, Personal Hygiene)	70,320	14,557	20,602	14,558	20,603
		-		-	
TOTAL OPERATING EXPENSE	251,929	105,362	20,602	105,362	20,603

\$251,929

CBHS Budget Documents

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

DCHS Legal Entity Name (MH)/Contractor Name (SA): Baker Places Inc.						Contract Appendix #: B-#4d/Page 1	
Provider Name: Baker San Jose Place						Document Date: 7/1/2015	
Provider Number: 38BS						Fiscal Year: 2015-16	
Program Name: San Jose Place		38BS1	38BS2	38BS1	38BS1	38BS2	
Program Code (formerly Reporting Unit):		38BS1	38BS2	38BS1	38BS1	38BS2	
Mode/SFC (MH) or Modality (SA)		05/65-79	60/40-49	10/95-99	05/65-79	60/40-49	10/95-99
Service Description:		Adult Residential	Life Support- Bd&Care	Day Rehab Full day	Adult Residential	Life Support- Bd&Care	Day Rehab Full day
FUNDING TERM:		7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/14-6/30/15
FUNDING USES							
Salaries & Employee Benefits:		211,723	-	109,984	211,724	-	109,984
Operating Expenses:		37,651	17,500	19,846	37,654	17,500	19,846
Capital Expenses (greater than \$5,000):							
Subtotal Direct Expenses:		249,374	17,500	129,830	249,378	17,500	129,830
Indirect Expenses:		31,172	2,100	15,579	31,172	2,100	15,580
TOTAL FUNDING USES:		280,546	19,600	145,409	280,550	19,600	145,410
CBHS MENTAL HEALTH FUNDING SOURCES							
Index Code							
MH FED - SDMC Regular FFP (50%)		HMHMCC730515	64,238	-	56,464	64,239	-
MH Realignment		HMHMCC730515	86,640	-	35,806	86,641	-
MH COUNTY - General Fund		HMHMCC730515	129,668	-	53,139	129,670	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			280,546	-	145,409	280,550	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES							
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES			-	-	-	-	-
TOTAL DPH FUNDING SOURCES			280,546	-	145,409	280,550	-
NON-DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees				19,600		19,600	
TOTAL NON-DPH FUNDING SOURCES			-	19,600	-	19,600	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			280,546	19,600	145,409	280,550	19,600
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)			11				
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):			CR	CR	CR	FFS	FFS
Units of Service:			1,807	1,807	1,100	1,807	1,807
Unit Type:			Client Day	Client Full Day	Client Full Day	Client Day	Client Full Day
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)			155.26	0.00	132.19	155.26	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):			155.26	10.85	132.19	155.26	10.85
Published Rate (Medi-Cal Providers Only):			250		215.00	250	215.00
Unduplicated Clients (UDC):			90	90	90	90	90
							Total UDC:

DPH 3: Salaries & Benefits Detail

Program Code(s): 38BS1 & 38BS2
 Program Name: Baker San Jose Place
 Document Date: 7/1/15

Appendix #: B-4d/Page 2

	TOTAL		Cost Reimbursement - General Fund HMHMCC730515		FFS - General Fund HMHMCC730515			
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical/Division Director	0.20	30,000	0.20	15,000	0.20	15,000		
Program Managers	2.00	142,840	2.00	71,420	2.00	71,420		
Residential Counselors	7.75	272,074	7.75	136,037	7.75	136,037		
Intake Coordinator	0.60	11,712	0.60	5,856	0.60	5,856		
Relief Staff	2.00	50,000	2.00	25,000	2.00	25,000		
Totals:	12.55	\$ 506,626	12.55	253,313	12.55	\$ 253,313	0.00	\$0

Employee Fringe Benefits:	27%	\$ 136,789	27%	\$ 68,394	27%	\$ 68,395		
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TOTAL SALARIES & BENEFITS

\$643,415.00

\$321,707.00

\$321,708.00

\$0

\$643,415

DPH 4: Operating Expenses Detail

Program Code(s): 38BS1 & 38BS2
Program Name: Baker San Jose Place
Document Date: 7/1/15

Appendix #:

B-4d/Page 3

Expenditure Category	TOTAL	Cost Reimbursement - General Fund HMHMCC730515	Client Fees	FFS - General Fund HMHMCC730515	Client Fees
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
Occupancy:					
Rental of Property	42,320	21,160		21,160	
Utilities(Elec, Water, Gas, Phone, Scavenger)	22,305	11,153		11,152	
Building Maintenance Supplies and Repair	6,014	3,007		3,007	
Materials & Supplies:		-		-	
Office Supplies, Postage	7,500	3,750		3,750	
Printing and Reproduction	500	250		250	
		-		-	
General Operating:		-		-	
Insurance	6,188	3,094		3,094	
Staff Training	1,000	500		500	
Travel - From Site to Meetings, Trainings, Supervision	1,100	550		550	
Dues, Fees, Licenses	5,000	2,500		2,500	
Rental of Equipment	4,660	2,330		2,330	
		-		-	
Other:		-		-	
Client-Related Expense (Food, Transportation, Education, Transport, Personal Hygiene)	53,410	9,203	17,500	9,207	17,500
		-		-	
TOTAL OPERATING EXPENSE	\$ 149,997	\$ 57,497	\$ 17,500	\$ 57,500	\$ 17,500

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

DCHS Legal Entity Name (MH)/Contractor Name (SA): Baker Places Inc.		Contract Appendix #: B- 5 Page 1	
Provider Name: Baker Acceptance Place		Document Date: 7/1/2015	
Provider Number: 383875		Fiscal Year: 2015-16	
Program Name:	Acceptance Place		
Program Code (formerly Reporting Unit):	38752		
Mode/SFC (MH) or Modality (SA)	Res-51		
Service Description:	SA RES RECOV Long Term (over 30 days)		
FUNDING TERM:	7/1/15-6/30/16		TOTAL 7/1/14-6/30/15
FUNDING USES			
Salaries & Employee Benefits:	449,436		449,436
Operating Expenses:	159,383		159,383
Capital Expenses (greater than \$5,000):			-
Subtotal Direct Expenses:	608,819	-	608,819
Indirect Expenses:	73,058		73,058
TOTAL FUNDING USES:	681,877	-	681,877
CBHS MENTAL HEALTH FUNDING SOURCES			
			-
			-
			-
			-
			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
SA COUNTY - General Fund	HMHSCCRES227	641,666	641,666
			-
			-
			-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	641,666	-	641,666
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES			
			-
			-
			-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	-	-	-
TOTAL DPH FUNDING SOURCES	641,666	-	641,666
NON-DPH FUNDING SOURCES			
NON DPH - Patient/Client Fees		40,211	40,211
			-
TOTAL NON-DPH FUNDING SOURCES	40,211	-	40,211
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	681,877	-	681,877
CBHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable)	10		
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)			
A Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS		
Units of Service:	3,315		
Unit Type:	Bed Days		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	193.56		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	205.69		
Published Rate (Medi-Cal Providers Only):	250.00		
Unduplicated Clients (UDC):	60		Total UDC: 60

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Employee Fringe Benefits:	25%	89,887.00	25%	89,887.00					
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\$0

DPH 4: Operating Expenses Detail

Program Code(s): 38752

Program Name:

Document Date: 7/1/15

Appendix #: B-5 Page 3

Expenditure Category	TOTAL	General Fund HMHSCCRES227	Client Fees		
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	Term: _____	Term: _____
Occupancy:					
Rental of Property	70,239	70,239			
Utilities(Elec, Water, Gas, Phone, Scavenger)	22,000	22,000			
Building Maintenance Supplies and Repair	5,335	5,335			
Materials & Supplies:					
Office Supplies, Postage	4,000	4,000			
Printing and Reproduction	500	500			
General Operating:					
Insurance	4,583	4,583			
Staff Training	2,000	2,000			
Staff Travel	1,700	1,700			
Dues, Fees, Licenses	2,500	2,500			
Rental of Equipment	2,350	2,350			
Other:					
Client-Related Expense (Food, Transportation, Activities, Education, Events, Medical)	44,176	3,965	\$ 40,211		
TOTAL OPERATING EXPENSE	\$159,383	\$119,172	\$40,211	\$0	\$0

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

DCHS Legal Entity Name (MH)/Contractor Name (SA): Baker Places Inc.		Contract Appendix #: B- 6 Page 1	
Provider Name: Baker Places Joe Healy Detox		Document Date: 7/1/2015	
Provider Number: 383844		Fiscal Year: 2015-16	
Program Name:	Joe Healy Detox		
Program Code (formerly Reporting Unit):	38442		
Mode/SFC (MH) or Modality (SA):	Res-50		
Service Description:	SA-Res Free Standing Res Detox		
FUNDING TERM:	7/1/15-6/30/16		TOTAL 7/1/14-6/30/15
FUNDING USES			
Salaries & Employee Benefits:	\$2,422,147		2,422,147
Operating Expenses:	\$884,540		884,540
Capital Expenses (greater than \$5,000):			-
Subtotal Direct Expenses:	\$3,306,687	-	3,306,687
Indirect Expenses:	427,491		427,491
TOTAL FUNDING USES:	3,734,178	-	3,734,178
CBHS MENTAL HEALTH FUNDING SOURCES			
			-
			-
			-
			-
			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
SA COUNTY - General Fund	HMHSCCRES227	3,734,178	3,734,178
			-
			-
			-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		3,734,178	3,734,178
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES			
			-
			-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-
TOTAL DPH FUNDING SOURCES		3,734,178	3,734,178
NON-DPH FUNDING SOURCES			
			-
TOTAL NON-DPH FUNDING SOURCES		-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		3,734,178	3,734,178
CBHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable)	28		
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		
Units of Service:	8,502		
Unit Type:	Bed Days		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	439.23		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	439.23		
Published Rate (Medi-Cal Providers Only):	475.00		
Unduplicated Clients (UDC):	520		Total UDC: 520

DPH 3: Salaries & Benefits Detail

Program Code(s): 38442

Provider Name: _____

Document Date: 7/1/15

Appendix #: B-6 Page 2

	TOTAL		General Fund HMHSCRES227							
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Director	0.20	36,250	0.20	36,250						
Project Director	1.00	85,000	1.00	85,000						
Assistant Director	2.00	94,500	2.00	94,500						
Medical Director	0.50	93,250	0.50	93,250						
Nurse Practioner	0.75	72,500	0.75	72,500						
Nursing Supervisor	1.00	100,000	1.00	100,000						
S/A Counselors	12.00	435,885	12.00	435,885						
Driver/Counselor	1.00	39,000	1.00	39,000						
Nursing Staff	11.50	610,293	11.50	610,293						
Facility Staff (Reception, Maintenance)	1.50	48,251	1.50	48,251						
Relief Staff (no fringe)	7.00	355,038	7.00	355,038						
Totals:	38.45	\$1,969,967	38.45	\$1,969,967	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	23%	\$452,180	23%	\$452,180						
----------------------------------	-----	-----------	-----	-----------	--	--	--	--	--	--

TOTAL SALARIES & BENEFITS

\$2,422,147

\$2,422,147

\$0

\$0

\$0

DPH 4: Operating Expenses Detail

Program Code(s): 38442

Program Name: _____

Document Date: 7/1/15

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Expenditure Category	TOTAL	General Fund HMHSCCRES227			
	7/1/15-6/30/16	7/1/15-6/30/16	Term: _____	Term: _____	Term: _____
Occupancy:					
Rental of Property	258,181	258,181			
Utilities(Elec, Water, Gas, Phone, Scavenger)	108,000	108,000			
Building Maintenance Supplies and Repair	61,796	61,796			
Materials & Supplies:					
Office Supplies, Postage	25,277	25,277			
Printing and Reproduction	500	500			
Household Supplies	65,930	65,930			
General Operating:					
Insurance	59,575	59,575			
Staff Training	1,500	1,500			
Staff Travel - From Site to Meetings, Trainings, Supervision	1,000	1,000			
Rental of Equipment	9,500	9,500			
Other:					
Client Meals	154,553	154,553			
Client Transportation	9,688	9,688			
Medication	29,252	29,252			
Client Education & Activities	5,553	5,553			
Nurse Registry	94,235	94,235			
TOTAL OPERATING EXPENSE	884,540	884,540	\$0	\$0	\$0

**Appendix D
Additional Terms**

1. PROTECTED HEALTH INFORMATION AND BAA

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is required to comply with the HIPAA Privacy Rule governing the access, transmission, and storage of health information.

The parties acknowledge that CONTRACTOR is one of the following:

- ☒ CONTRACTOR will render services under this contract that include possession or knowledge of identifiable Protected Health Information (PHI), such as health status, health care history, or payment for health care history obtained from CITY. Specifically, CONTRACTOR will:

- Create PHI
- Receive PHI
- Maintain PHI
- Transmit PHI and/or
- Access PHI

The Business Associate Agreement (BAA) in Appendix E is required. Please note that BAA requires attachments to be completed.

- ☐ CONTRACTOR will not have knowledge of, create, receive, maintain, transmit, or have access to any Protected Health Information (PHI), such as health status, health care history, or payment for health care history obtained from CITY.

The Business Associate Agreement is not required.

2. THIRD PARTY BENEFICIARIES

No third parties are intended by the parties hereto to be third party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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

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

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

RECITALS

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

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

1. Definitions.

- a. **Breach** means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section



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San Francisco Department of Public Health
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17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

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



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

and 164.501. For the purposes of this Agreement, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

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

2. Obligations of Business Associate.

- a. **Permitted Uses.** BA may use, access, and/or disclose PHI only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the Contract [MOU] and Agreement, or as required by law. Further, BA shall not use PHI in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2). and 164.504(e)(4)(i)].
- b. **Permitted Disclosures.** BA shall disclose Protected Information only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the Contract [MOU] and Agreement, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Agreement and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2. k. of the Agreement, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains



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San Francisco Department of Public Health
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satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

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



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- (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.
- g. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.
- h. **Amendment of Protected Information.** Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].
- i. **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- j. **Minimum Necessary.** BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary" to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.
- k. **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- l. **Notification of Breach.** BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the Agreement; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been,



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or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]

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

3. Termination.

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



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- d. **Civil and Criminal Penalties.** BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure or Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).
- e. **Disclaimer.** CE makes no warranty or representation that compliance by BA with this Agreement, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

4. Amendment to Comply with Law.

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

5. Reimbursement for Fines or Penalties.

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

Attachments (links)

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



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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



BAKEPLA-01

BONMI1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/18/2014

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 License # 0564249

Hoffman Insurance Brokers
1460B O'Brien Drive
Menlo Park, CA 94025

CONTACT

NAME

PHONE (AG No. Ext.) 1 (650) 842-5200

FAX (AG No.) 1 (650) 842-5201

E-MAIL

ADDRESS

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Nonprofits Insurance Alliance of California

011845

INSURER B: Cypress Insurance Company

INSURER C: Travelers Casualty and Surety Company of America

31184

INSURER D:

INSURER E:

INSURER F:

INSURED

Baker Places, Inc.
1000 Brannan Street #401
San Francisco, CA 94103

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

PROD. LTR.	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	201408825NPO	10/15/2014	10/15/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROP AGG \$ 3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> Hired AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	201408825NPO	10/15/2014	10/15/2015	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> RETENTION \$ 10,000		201408825UMB	10/15/2014	10/15/2015	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NY) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	3300066827141	04/01/2014	04/01/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
C	Crime		106007511	10/15/2014	10/15/2015	Cov. A-Blanket Limit 3,000,000
C	Employee Dishonesty		106007511	10/15/2014	10/15/2015	Deductible 15,000

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

City and County of San Francisco, its officers, agents, employees & agents are named as additional insured under General Liability & Auto Liability, but only insofar as the operations under contract are concerned. This coverage shall apply to all written contracts, projects and services rendered by the insured to the City and County of San Francisco during the term of this policy. Insurance is primary.

CERTIFICATE HOLDER

CANCELLATION

City and County of San Francisco
Office of Contract Management & Compliance
1380 Howard Street, Room 442
San Francisco, CA 94103

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Policy #201408825NPO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE ONLY

In consideration of the premium charged, it is understood and agreed that the following is added as an additional insured:

The City and County of San Francisco
its officers, agents and employees
San Francisco Department of Public Health
101 Grove Street
San Francisco, CA 94102

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

But only as respects a legally enforceable contractual agreement with the Named Insured and only for liability arising out of the Named Insured's negligence and only for occurrences of coverages not otherwise excluded in the policy to which this endorsement applies.

It is further understood and agreed that irrespective of the number of entities named as insureds under this policy, in no event shall the company's limits of liability exceed the occurrence or aggregate limits as applicable by policy definition or endorsement.

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)
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<p>Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.</p>
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<p>The City and County of San Francisco its officers, agents and employees San Francisco Department of Public Health 101 Grove Street San Francisco, CA 94102</p>

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

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.