

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

**Second Amendment**

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

RECITALS

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

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

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number **4151-09/10** on **June 21, 2010**;

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 the RFP 23-2009, dated July 31, 2009, Contract Numbers BPHG11000009 and DPHG11000260 between Contractor and City, as amended by the

First Amendment: dated March 20, 2012 Contract Number BPHG11000009 and DPHG13000133 and this second amendment.

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

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

**2a. Section 2. Term of the Agreement remain the same as below:**

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

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

**5. Compensation**

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the 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 **Nine Million Nine Hundred Ninety Nine Thousand Dollars (\$9,999,000)**. 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 **Eighteen Million Four Hundred Seventy One Thousand Four Hundred Seven Dollars (\$18,471,407)**. 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.

**3. Effective Date.** Each of the modifications set forth in Section 2 shall be effective on and after the date of this Amendment.

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


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

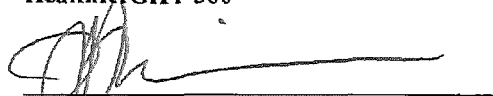
CITY

CONTRACTOR:

Recommended by:

HealthRIGHT 360


  
BARBARA A. GARCIA, MPA.  
Director of Health  
Department of Public Health

  
Name: VITKA ELSEN  
Title: Executive Director  
P. O. Box 29917  
San Francisco, CA 94129

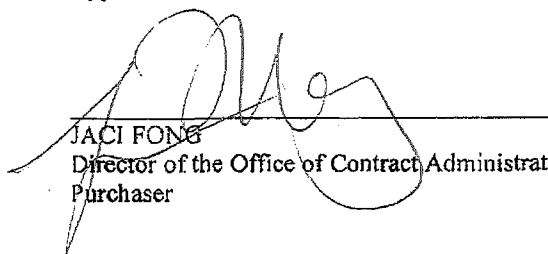
City vendor number: 08817

Approved as to Form:

Dennis J. Herrera  
City Attorney

By:   
KATHY MURPHY  
Deputy City Attorney

Approved:

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

RECEIVED  
PURCHASING DEPARTMENT  
13 AUG 30 AM 11:32

RECEIVED  
PURCHASING DEPT. 1TH  
13 AUG-9 PM 3:34

**ADPICS/FAMIS - FY 13-14**  
**CITY/COUNTY OF SAN FRANCISCO**  
**CONTRACT PURCHASE ORDER INPUT FORM**

Original  
 Modification-Increase  
 Decrease  
 Date Change Only


DOCUMENT NUMBER

DEPARTMENT **DPH 81 / CHN / Jail Health Services**  
 DEPARTMENT CONTROL NO. **CHN-14-06550**  
 DATE **7/30/13** PAGE **1** OF **1**

Complete for Contract Order type Agreements and Contracts  
 AMOUNT OF THIS DBPO \$ **-** TOTAL APPROVED CONTRACT **\$18,471,407**  
 OTHER DEPARTMENT INFORMATION **CMS#6923** CIVIL SERVICE RESOLUTION NO. **4151-09/10 6/21/10**

ORIGINAL CONTRACT NUMBER **BPHG11000009** PERIOD COVERED **7/1/2010**  
**DPHG13000133** TO **12/31/2015**

CONTRACTOR: **Health RIGHT 360** VENDOR NO. **08817** SUFFIX: **01**  
 ADDRESS: **Jail Psychiatric Services** FEIN/SSN No. **94-6129071**  
**P.O. Box 29917** Phone # **552-2114**  
**San Francisco CA 94129-0917**

DELIVER TO: **Services to be provided to clients at Contractor's treatment sites.** SEND INVOICES IN DUPLICATE (Inter-Office)  
**CHN Accounting Office, SFGH Bldg. 20, Ward 25, Rm. 2512 1001 Potrero Ave. SF 94110**

TERMS OF PAYMENT **Monthly** RETAINAGE REQUIRED, YES/NO: **NO**  
 IF YES, AMOUNT OR %

INSURANCE REQUIRED AMOUNT DATE ATL. EXPIRATION

7400-18  
 PROFSEV-BID

COMMODITY OR SERVICE CODE DETAILED DESCRIPTION OF SERVICES AND PRODUCTS

**FY 13-14 MOD-2 to increase contract amount above \$10M for Board of Supervisors approval.**

Contract Term:	Original Award:	Contingency Approved	Contingency Used	Encumb. Total	Contingency Still Avail.	Blanket Total
07/01/10-12/31/15						
10-11 Prev. Encu.	\$ 3,191,010			\$ 3,191,010		
11-12 Prev. Encu.	\$ 3,191,010			\$ 3,191,010		
12-13 Prev. Encu.	\$ 3,251,958			\$ 3,251,958		
13-14 This Encu.	\$ -			\$ -		
13-14 To Be Encu.	\$ 3,251,958					
14-15 To Be Encu.	\$ 3,251,958					
15-16 To Be Encu.	\$ 1,625,979					
<b>Total contract</b>	<b>\$ 17,763,873</b>	<b>\$ 707,534</b>	<b>\$ -</b>	<b>\$ 6,442,968</b>	<b>\$ 707,534</b>	<b>\$18,471,407</b>

WORKER'S COMP	\$1,000,000	7/1/2014	<input checked="" type="checkbox"/>
COMP. GEN. LIABILITY	\$1,000,000	7/1/2014	<input checked="" type="checkbox"/>
AUTOMOBILE	\$1,000,000	7/1/2014	<input checked="" type="checkbox"/>
UMBRELLA			<input type="checkbox"/>
OTHER INSURANCE- Professional	\$1,000,000	7/1/2014	<input checked="" type="checkbox"/>
OTHER INSURANCE-			<input type="checkbox"/>
ATTACHMENTS - Please identify by title or description			<input type="checkbox"/>
SYSTEM USE			<input type="checkbox"/>

PREPARED BY (Print) **Ada Ling**  
**Senior Administrative Analyst**  
 Phone # **255-3493** Fax # **252-3088**

APPROVED BY (Signature) (Print Name)

APPROVALS

MATERIALS, SUPPLIES, & SERVICES - PURCHASER

REAL PROPERTY LEASES & RENT - DIRECTOR OF PROPERTY

CONTROLLER

Line No.	Document Number	Amount	Index Code	Sub-Object	User Code	Project	Grant	Grant Detail	ADDENDUM ATTACHED

Nos. of Pages



Contractor: HealthRIGHT 360  
Program: Jail Psychiatric Services  
City Fiscal Year: 2010-2015

Appendix A-1  
07/01/10 through 12/31/15  
Funding Source: General Fund

1. **Program Name: Jail Psychiatric Services**  
Program Address: 650 5<sup>th</sup> St., #309  
City, State, Zip Code: San Francisco, CA 94107  
Telephone: (415) 995-1715  
Facsimile: (415) 368-8604

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

New       Modification

3. **Goal Statement**

Administrative (HealthRIGHT 360): To provide fiscal intermediary services to Jail Psychiatric Services.

Program (Jail Psychiatric Services): It is the mission of Jail Psychiatric Services to provide quality, compassionate, culturally competent behavioral health services, using professional and community standards of care, to individuals incarcerated in the San Francisco City and County jail system, and to assist these mentally ill individuals and those with co-occurring disorders in establishing linkages with community-based mental health programs to help them avoid re-offending and future incarceration.

4. **Target Population**

Administrative (HealthRIGHT 360): No direct services are provided to clients. Fiscal intermediary services support staff that manages Jail Psychiatric Services.

Program (Jail Psychiatric Services): All adult detainees and sentenced inmates, male and female, of the San Francisco City and County jail system are eligible for services. Inmates of the San Francisco jail system are the responsibility of the San Francisco County Sheriff's Department and are considered residents of San Francisco for the duration of their incarceration; thus San Francisco residency is presumed.

The target population for the Jail Aftercare Services component of the program will be referrals from the above-identified population. All inmates who have been identified as having psychiatric impairment and requiring aftercare services may be referred by their primary therapists or a representative from the criminal justice system (e.g., lawyer, probation officer, the court).

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

Units of Service/Definition	Units of Service	Number of Clients
Period: Annual Data for 07/01/10-12/31/15 To provide one month of Fiscal Intermediary Services to support Jail Psychiatric Services.	12	N/A
Assessment/Evaluation	6,177	5,300
Individual Treatment contacts	31,500	-incl-
Collateral Services contacts	3,500	-incl-
Case Management units	12,200	-incl-
Discharge Planning units	2,000	1,100

Approximately 25% of the total units of service will be in the form of crisis intervention. Approximately 45% of the total units of service will be in the form of short term/group therapy. Approximately 30% of the total units of service will be in the form of discharge planning/aftercare. Approximately 15-20% of all clients seen will receive psychotropic medications.

**6. Methodology**

- A. When clients come into custody, they are handed a booklet that tells them how to access medical care and includes mental health and substance abuse services.
- B. Clients are referred each day by Jail Health Services, the Sheriff's Department, Superior Courts, family, friends, community mental health agencies, and private practitioners. Referrals from outside the jail may be made by calling the Jail Psychiatric Services' Administrative Office (415/995-1704), or through the medical services located in the jail. Self-referrals are accepted and may be made by directly contacting JPS staff in the jail or through Jail Health Services Inmate Care Requests or the Sheriff's Department. Evaluations are done to assess the client's mental, emotional, or behavioral status, and to make recommendations for treatment.

In addition to the referral sources mentioned above, the judges of the Superior Courts daily issue orders (4011.6 PC) requesting that JPS conduct an examination for treatment of defendants appearing before them. A formal report with treatment recommendations is filed with the court prior to the next scheduled court date.

- C. Jail Psychiatric Services staff are in the jails from 8 a.m. until 6 p.m. Monday through Wednesday and 8 a.m. until 10 p.m. Thursday through Sunday. Pager coverage is 24 hours per day seven days a week.

During initial sessions, an assessment is made as to the severity of the problem and the patient's amenability to treatment while in jail. Should the mutual decision be made that



continuing sessions would be appropriate; clients are then seen in individual and/or group therapy.

**Ongoing Treatment.** A treatment plan is formulated for each client in treatment outlining the treatment modality. A client's treatment and housing plan is based on amenability, level of distress, and behavioral dysfunction. All psychiatric treatment provided in the jail is voluntary. Clients who have a serious psychiatric disorder, but do not wish treatment and do not meet 5150 WIC criteria for involuntary treatment, will be monitored for any changes in their mental status.

**Medication Evaluation.** Clients who require an evaluation for psychiatric medication are referred to one of the psychiatrists. The psychiatrist interviews the client to ascertain the need for medication. All clients who receive medications give informed consent, which is documented in the client's chart. The prescribing of medication is part of the formal treatment plan. All treatment plans that include medication are reviewed and approved by a psychiatrist (MD). All clients who receive medication are concurrently seen in ongoing individual therapy.

**Referral for Acute Care.** For the most seriously disturbed clients, an evaluation is made according to the legal standards of the Welfare and Institutions Code (Section 5150), and Section 4011.6 of the Penal Code to determine the advisability of hospitalization. In emergency and acute treatment cases in which hospitalization is necessary, clients are transferred to San Francisco General Hospital's Ward 7L (Security Ward) within twenty-four hours of determination of need. Once a client's condition is stabilized and the hospital staff deems it appropriate, clients are returned to the jail to continue with their legal proceedings. At this time, clients return to the care of Jail Psychiatric Services for ongoing treatment while in jail.

Systems, policies, and procedures are in place for notifying the hospital of an admission, transportation from the jail to the hospital, notification to the courts and the Sheriff's Department, and discharge (back to jail) planning.

- D. Jail Aftercare Services (JAS) provides post-release planning, medications, and community placement services, and has established alternative sentencing options for psychiatrically impaired clients. Prior to release, JAS will assist the clients in arranging for appropriate financial aid, housing, and psychiatric treatment in the community. JAS staff work to enhance their clients' successful transition back into the community.

The client's primary therapist, attorney, or probation officer usually makes a referral for this service. Once a referral is made, the client is evaluated for appropriateness for placement in terms of amenability to treatment, mental status, and legal situation. After consultation with the client, the client's attorney, the district attorney, the court, the probation/parole department, and Community Behavioral Health Services, a decision is made about the appropriateness and type of placement. All involved criminal justice agencies and the community agencies must

agree before a client can be placed. When necessary, a personal interview between the client and the prospective placement facility is arranged, via a court order, prior to final approval.

Jail Aftercare Services' therapist will interview a client, formulate a written plan, contact attorneys and probation officers, and appear in court as necessary. If the client is eligible for services, the therapist will make appointments, arrange services (e.g., housing, entitlements, medication, mental health and/or substance abuse treatment), contact other agencies, and accompany the client through the transition process as indicated. Clients will be followed in the community until linkage is made with the community agency, until the legal situation is resolved, or as decided by court or treating facility arrangement. JPS works with CBHS to assist them in working with clients involved with the criminal justice system. If the client is a misdemeanor and incompetent to stand trial, JAS will work with the client until the client is restored to competency or until the maximum time allowed for the sentenced is served.

In November of 2002, Jail Aftercare Services, in conjunction with the courts and other criminal justice programs, began Behavioral Health Court. This is a system in which the client, the bench, and Community Behavioral Health work together to coordinate patient care, decriminalize the mentally ill and improve their quality of life.

Discharge Planning. The discharge office reviews the release list to filter out those inmates with special needs such as substance abuse, homelessness, chronic illness, or mental illness. The case manager coordinates with treatment providers in the community and makes appointments as necessary to ensure continued care post-release.

E. Please see Appendix B & B-1

## 7. Objectives and Measurements

### Administrative Objectives:

Administrative Objective (HealthRIGHT 360): By the end of each contract term, HealthRIGHT 360 will provide financial management, pay personnel and operational expenses, and ensure timely and accurate invoices.

Administrative Outcome (HealthRIGHT 360): By the end of each contract term, HealthRIGHT 360 will provide closeout report to the DPH and the Program Director – Jail Psychiatric Services.

### Program Objectives:

#### A. Performance/Outcome Objectives

##### Psychiatric Housing

90% of clients referred to stabilization team will be seen within 7 days of their mental status evaluation as measured by the JHS medical record (peer chart review).

**Patient Satisfaction**

90% of Patient Satisfaction Survey respondents will state that JPS saw them within a reasonable amount of time for their mental health concerns.

**Client Medication**

100% of patients who refuse to take their psychiatric medication will meet, within 48 hours, with a clinician about their decision as measured by the JHS medical record (peer chart review).

**Reentry Planning**

90% of patients who have community treatment providers will have their community provider contacted by JPS staff while their client is in custody, as measured by the JHS medical record (peer chart review).

**B. Other Measurable Objectives**

- To screen inmates previously identified as mentally ill within twenty-four hours of incarceration in the intake facility.
- To screen for patient suicidality throughout their incarceration.
- To provide suicide prevention training to Medical and Sheriff's Department staff.
- To provide crisis intervention, brief supportive therapy, ongoing individual and group therapy, and (voluntary) medications to inmates with psychiatric impairment or dual diagnosis.
- To insure the hospitalization of inmates with an acute mental illness pursuant to section 5150 of the Welfare and Institutions Code.
- To assist the Superior Courts with 4011.6 PC evaluations of inmates and with obtaining appropriate treatment..
- To assist appropriate inmates in post-release planning for community psychiatric and social services. To work with the courts, including Behavioral Health Court, to develop alternative sentencing options for inmates with mental health problems, and to assist with the transfer of those inmates who might be more appropriately managed in the community mental health system from the criminal justice system.
- To evaluate, on an ongoing basis, all inmates housed in psychiatric housing, and to provide treatment, activities, and aftercare services to this high-risk population.
- To coordinate ongoing care with inpatient services at San Francisco General Hospital's Ward 7L, including admissions, discharges, and ongoing treatment plans.
- To provide discharge planning and assistance to special needs prisoners both prior to and upon release.
- To train jail staff on mental health issues.
- To train students to work in the field of forensic mental health.

## 8. Continuous Quality Improvement

Documentation of Services. Jail Psychiatric Services collects and maintains data consistent with our funding source. Additional information is collected for reports to the Court, California Corrections Standards Authority, and our administrative agent. Our computer system, in conjunction with the Jail Health Services' electronic charting system, meets all data collection and reporting requirements of the City and State. Examples of data collected on each client are treatment modality, date of each contact, therapist, legal charges, jail facility, date of birth, ethnicity, primary language, hospitalizations, diagnosis, and GAF. Data is organized every month and submitted for billing. Quarterly and annual reports and audit information are compiled for the City for purposes of planning and evaluation. JPS has instituted policies and procedures and trained staff to comply with the HIPAA regulations as they apply to the program.

Quality Improvement. Internal evaluation and quality assurance are maintained by a clinical supervision structure, chart review, and peer review systems. Regularly scheduled staff meetings also provide a forum for formal and informal case conferences and clinical feedback. The JPS peer review committee operates according to Jail Health Services' Policy and Procedure guidelines and JPS participates actively in JHS' Continuous Quality Improvement program.

Multi-disciplinary case conferences assist in the dissemination of patient information between JPS and San Francisco General Hospital, Ward 7L.

The Medical Director, Don Seaver, MD, is responsible for monitoring the prescribing of medications, treatment plans, informed consent, and charting. He also implements and monitors medication policies and procedures.

Evaluation of Cultural Competency Plan. In order to assure compliance with its cultural competency plan, JPS will maintain a list of trainings and in services sponsored by the program, along with rosters and training evaluations. JPS, along with Jail Health Services, will continue to conduct Patient Satisfaction Surveys each year. The results of these surveys will be reviewed and maintained in a database so that JPS will be able to evaluate the effectiveness of its efforts over time.

Based on the outcome of these measures, JPS will review its cultural competency plan and alter or amend it as needed to improve the services provided. Any barriers to effective client contact will be:

- Brought to the CQI workgroup for further exploration;
- Brought to the staff for extensive discussion at the annual staff retreat, or sooner if the problem is deemed sufficiently grievous;
- Discussed with management at Jail Health Services.

**Contractor: HealthRIGHT 360**  
**Program: Jail Psychiatric Services**  
**City Fiscal Year: 2010-2015**

**Appendix A-1**  
**07/01/10 through 12/31/15**  
**Funding Source: General Fund**

After agreement has been reached about the best way to approach the problem, the cultural competency plan will be revised to include the new plan of action.

Jail Psychiatric Services will comply with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Jail Psychiatric Services has designated staff member Mary Lefevre to serve as its Transition-Age Youth (TAY) point person.



**Appendix B  
Calculation of Charges**

**1. Method of Payment**

**Actual Cost**

Contractor shall submit monthly invoices in the format attached in Appendix F, by the fifteenth (15th) working day of each month for reimbursement of the actual costs for Services of the immediately 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.

**2. Program Budgets and Final Invoice**

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

Appendix B Budget Summary

Appendix B-1 Jail Psychiatric Services

B. Contractor understands that, of the maximum dollar obligation **Eighteen Million Four Hundred Seventy One Thousand Four Hundred Seven Dollars (\$18,471,407)** listed in Section 5 of this Agreement, **\$707,534** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. 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 Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

July 1, 2010 through June 30, 2011	\$3,191,010
July 1, 2011 through June 30, 2012	\$3,191,010
July 1, 2012 through June 30, 2013	\$3,251,958
July 1, 2013 through June 30, 2014	\$3,251,958
July 1, 2014 through June 30, 2015	\$3,251,958
July 1, 2015 through December 31, 2015	<u>\$1,625,979</u>
July 1, 2010 through December 31, 2015	\$17,763,873

C. Contractor agrees to comply with its Program Budgets of 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. A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date 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.





	A	B	C	D	E
1	Appendix B				Page 1
2	Document Date				7/1/2013
3	<b>DEPARTMENT OF PUBLIC HEALTH CONTRACT BUDGET SUMMARY</b>				
4	<b>BY PROGRAM</b>				
5	Contractor's Name			Contract Term	
6	HealthRIGHT 360			7/1/13 - 6/30/14	
7	(Check One) New      Renewal      Modification X				
8	If modification, Effective Date of Mod.: 7/1/2013.			No. of Mod.: 2	
9	Program	Jail Psychiatric Services	n/a	n/a	Total
10	Program Narrative Page No.(s)	Exhibit A			
11	Program Term	7/1/13 - 6/30/14			7/1/13 - 6/30/14
12	<b>Expenditures</b>				
13	Salaries & Benefits	2,784,348			2,784,348
14	Operating Expense	119,186			119,186
15	Capital Expenditure	-			
16	<b>Direct Cost</b>	<b>2,903,534</b>			<b>2,903,534</b>
17	Indirect Cost	348,424			348,424
18	Indirect Percentage (%) of direct cost (Line 16)	12.00%			12.00%
19	<b>Total Expenditures</b>	<b>3,251,958</b>			<b>3,251,958</b>
20	<b>DPH Revenues</b>				
21	COUNTY OTHER	3,251,958			3,251,958
22					-
23	General Fund Contingency (12%)				-
24					
25					
26					-
27					
28	<b>TOTAL DPH REVENUES</b>	<b>3,251,958</b>			<b>3,251,958</b>
29	<b>Other Revenues</b>				
30					
31					
32					
33					
34	<b>Total Revenues</b>	<b>3,251,958</b>			<b>3,251,958</b>
35	Total Units of Service	See DPH #1A			See DPH #1A
36	Cost Per Unit of Service	See DPH #1A			See DPH #1A
37	Full Time Equivalent (FTE)	-			-
38	Prepared by: Carrie Gustafson	Telephone No.: 995-1715			
39	DPH-CO Review Signature:	_____			
40	<b>DPH #1</b>				

	A	B	C	D	E	F	
1						Appendix B	Page 2
2						Document Date	7/1/2013
3	<b>SUMMARY OF CLIENT SERVICES BY PROGRAM</b>						
4							
5							
6							
7	Program Name	Jail Psychiatric Services			TERM:	7/1/13 - 6/30/14	
8	(Same as Line 9 on DPH #1)						
9							
10			Total	No. of	No. of	Cost Per	
11	Mode and Service Function		Cost	Clients	Units	Unit	
12	15/30 Assessment/Evaluation		602,288	5,500	6,000	100.38	
13	15/40 Individual Treatment		1,956,945	INCL	26,305	74.39	
14	15/10 Collateral Services		194,045	INCL	3,400	57.07	
15	50/10 Case Management		448,404	INCL	11,000	40.76	
16	Discharge Planning		50,276	900	1,794	28.02	
17							
18							
19	Total:		3,251,958		48,499		
20							
21	Program Name				TERM:		
22	(Same as Line 9 on DPH #1)						
23							
24			Total	No. of	No. of	Cost Per	
25	Mode and Service Function		Cost	Clients	Units	Unit	
26							
27							
28							
29							
30							
31							
32							
33							
34	Program Name				TERM:		
35	(Same as Line 9 on DPH #1)						
36							
37			Total	No. of	No. of	Cost Per	
38	Mode and Service Function		Cost	Clients	Units	Unit	
39							
40							
41							
42							
43							
44							
45							
46	DPH #1A						

	A	B	C	D	E	F	G	H	I	J	K	
1											Appendix B-1	Page 1
2											Document Date	7/1/2013
3												
4	Program Name <u>Jail Psychiatric Services</u>											
5	(Same as Line 9 on DPH #1)											
6												
7	<b>Salaries &amp; Benefits Detail</b>											
8												
9												
10												
11												
12			TERM	<u>7/1/13 - 6/30/14</u>								
13	POSITION TITLE		FTE	SALARIES								
14	Administrative Assistant		1.90	92,280								
15	Deputy Director		1.00	90,190								
16	Director - JPS		1.00	96,257								
17	Director - JAS		1.00	90,235								
18	Case Managers		1.00	37,707								
19	Coordinator		1.00	47,121								
20	Program Director		1.00	92,836								
21	Psychiatrists (MD)		0.76	121,222								
22	Psychologists (PhD)		1.00	95,212								
23	Counselor		2.50	183,438								
24	Medical Director		0.80	132,822								
25	Site Manager		3.00	156,941								
26	Therapist		16.15	1,027,435								
27												
28	TOTALS		32.11	2,263,697								
29												
30												
31	EMPLOYEE FRINGE BENEFITS		23%	520,650								
32												
33												
34	<b>TOTAL SALARIES &amp; BENEFITS</b>			<u>2,784,348</u>								
35	DPH #2											



	A	B	C	D	E	F	G	H	I	
1								Appendix B-1	Page 3	
2								Document Date	7/1/2013	
3										
4	Program Name	Jail Psychiatric Services								
5	(Same as line 9 on DPH #1)									
6										
7	<b>Indirect Cost Detail</b>									
8										
9	<b>1. Salaries and Benefits</b>									
10										
11				TERM	7/1/13 - 6/30/14					
12		Position Title		FTE	SALARIES					
13	President				-					
14	Chief Executive Officer		0.2420		56,879					
15	Chief Financial Officer		0.2420		24,204					
16	Administrative Support		0.7261		19,266					
17	Accounting Department		1.4522		58,245					
18	Human Resources Department		0.7261		23,731					
19										
20										
21										
22										
23	EMPLOYEE FRINGE BENEFITS			23%	41,938					
24	TOTAL SALARIES & BENEFITS			3.3885	224,264					
25										
26	<b>2. Operating Cost</b>									
27										
28	Expenditure Category									
29	Rental of Property				14,631					
30	Utilities (Elec, Water, Gas, Phone, Scavenger)				12,199					
31	Building Maintenance Supplies and Repair				8,961					
32	Office Supplies and Postage				16,534					
33	Insurance, Audit, and Legal				22,057					
34	Staff Training				230					
35	Rental of Equipment				97					
36	Staff Travel				17,985					
37	Consultants and Subcontractors				31,466					
38					-					
39										
40										
41	TOTAL OPERATING COST				124,160					
42										
43	TOTAL INDIRECT COST				348,424					
44	(Salaries & Benefits + Operating Cost)									
45	DPH #5									



# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

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

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

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

<b>PRODUCER</b> Heffernan Insurance Brokers 1350 Carback Avenue Walnut Creek, CA 94596 CA License #0564249	<b>CONTACT NAME:</b> Shelaine Gonsalves	
	<b>PHONE (A/C, No, Ext):</b> 925-934-8500 <b>FAX (A/C, No):</b> 925-934-8278	
	<b>EMAIL ADDRESS:</b> ShelaineG@heffins.com	
<b>INSURED</b> HealthRIGHT360 1735 Mission Street San Francisco, CA 94103	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A: Arch Specialty Insurance Company	11150
	INSURER B: Cypress Insurance Company	10855
	INSURER C: Travelers	19038
	INSURER D: Great American	39896
	INSURER E:	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL L LIABILITY	X		NTPKG0068202	07/01/13	07/01/14	EACH OCCURRENCE	\$1,000,000
X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER							
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							
A	AUTOMOBILE LIABILITY	X		NTAUTO0026002	07/01/13	07/01/14	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
X	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
X	HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
							\$	
A	UMBRELLA LIAB	X		NTUMB0032602	07/01/13	07/01/14	EACH OCCURRENCE	\$3,000,000
X	EXCESS LIAB						AGGREGATE	\$3,000,000
	DED <input type="checkbox"/> RETENTION \$						\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			3300064772131	07/01/13	07/01/14	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in N.H.)	<input type="checkbox"/> Y/N					E.L. EACH ACCIDENT	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE	1,000,000
							E.L. DISEASE - POLICY LIMIT	1,000,000
A	Professional Liability			NTPKG0068202	07/01/13	07/01/14	Each claim/aggregate	\$1mm/\$3mm
A	Excess Professional Liability			NTUMB0032602	07/01/13	07/01/14	Each claim/aggregate	\$3mm/\$3mm
C	Crime			105642284	07/01/13	07/01/14	Limit	\$10,000,000
D	Excess Crime			SAA024161702	07/01/13	07/01/14	Limit	\$10,000,000
A	Sexual Misconduct			NTPKG0068202	07/01/13	07/01/14	Each claim/aggregate	\$2mm/\$2mm

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

Re: As Per Contract or Agreement on File with Insured.

The City & County of San Francisco, its officers, agents and employees are included as additional insured with respects to general liability & automobile liability policies if required by written contract per attached endorsements.

**CERTIFICATE HOLDER**

**CANCELLATION**

City & County of San Francisco  
 It's officers, agents & Employees  
 1380 Howard Street Rm442  
 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



**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**

<b>Name of Additional Insured Person(s) or Organization(s)</b>
The City & County of San Francisco, its officers, agents and employees
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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

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