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

First 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 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:
- a. Agreement. The term "Agreement" shall mean the Agreement dated July 1, 2010, Contract Number BPHM11000070 between Contractor and City, as amended by this amendment:
- **b.** 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:
 - a. Section 2. Term of the Agreement is listed for reference only.
- 2. Term of the Agreement. Subject to Section 1, the term of this Agreement shall be from July 1, 2010 through December 31, 2015.
 - b. Section 5. Compensation of the Agreement currently reads as follows:
- 5. Compensation. Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed Forty-Two Million Four Hundred Seventy Seven Thousand Seven Hundred Sixty Dollars (\$42,477,760). 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

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under this Agreement are received from Contractor and approved by **Department of Public Health** as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments. Such section is hereby amended in its entirety to read as follows:

- 5. Compensation. Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed Sixty Nine Million Four Hundred Fifty One Thousand Seven Hundred Eighty Seven Dollars (\$69,451,787). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.
 - c. Section 8. Submitting False Claims; Monetary Penalties of the Agreement currently reads:
- 8. Submitting False Claims; Monetary Penalties. Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at http://www.municode.com/Library/clientCodePage.aspx?clientID=4201. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

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

8. Submitting False Claims; Monetary Penalties. Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at http://www.amlegal.com/nxt/gateway.dll/California/administrative/administrativecode?f=templates\$fn=d efault.htm\$3.0\$vid=amlegal:sanfrancisco_ca\$sync=1. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently

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discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

d. Section 25. Notices to the Parties of the Agreement currently reads:

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

To CITY:

Office of Contract Management and Compliance

Department of Public Health

1380 Howard Street, Room 442

FAX:

(415) 255-3088

San Francisco, California 94103

e-mail:

Junko.Craft@sfdph.org

And:

Elizabeth Davis

1380 Howard Street, 2th Floor

FAX:

(415) 255-3634

San Francisco, Ca 94103

e-mail:

Elizabeth.Davis@sfdph.org

To

CONTRACTOR:

Paul Kroeger

Walden House Inc.

FAX:

(415) 554-1100

520 Townsend St.

e-mail:

pkroeger@waldenhouse.org

San Francisco, CA 94103

Any notice of default must be sent by registered mail.

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

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

To CITY:

And:

Office of Contract Management and Compliance

Department of Public Health

1380 Howard Street, Room 442 San Francisco, California 94102 FAX:

(415) 252-3088

Elizabeth Davis

1380 Howard Street, 2nd Floor

FAX:

(415) 255-3634

San Francisco, California 94103

e-mail:

Elizabeth.davis@sfdph.org

To CONTRACTOR:

HealthRIGHT360

1735 Mission Street

FAX:

(415) 554-1100

San Francisco, CA 94103

e-mail:

veisen@healthright260.com

Any notice of default must be sent by registered mail.

Section 33. Local Business Enterprise Utilization; Liquidated Damages of the Agreement currently reads:

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33. Local Business Enterprise Utilization; Liquidated Damages

a. The LBE Ordinance. Contractor, shall comply with all the requirements of the Local Business Enterprise and Non-Discrimination in Contracting Ordinance set forth in Chapter 14B of the San Francisco Administrative Code as it now exists or as it may be amended in the future (collectively the "LBE Ordinance"), provided such amendments do not materially increase Contractor's obligations or liabilities, or materially diminish Contractor's rights, under this Agreement. Such provisions of the LBE Ordinance are incorporated by reference and made a part of this Agreement as though fully set forth in this section. Contractor's willful failure to comply with any applicable provisions of the LBE Ordinance is a material breach of Contractor's obligations under this Agreement and shall entitle City, subject to any applicable notice and cure provisions set forth in this Agreement, to exercise any of the remedies provided for under this Agreement, under the LBE Ordinance or otherwise available at law or in equity, which remedies shall be cumulative unless this Agreement expressly provides that any remedy is exclusive. In addition, Contractor shall comply fully with all other applicable local, state and federal laws prohibiting discrimination and requiring equal opportunity in contracting, including subcontracting.

b. Compliance and Enforcement

If Contractor willfully fails to comply with any of the provisions of the LBE Ordinance, the rules and regulations implementing the LBE Ordinance, or the provisions of this Agreement pertaining to LBE participation, Contractor shall be liable for liquidated damages in an amount equal to Contractor's net profit on this Agreement, or 10% of the total amount of this Agreement, or \$1,000, whichever is greatest. The Director of the City's Human Rights Commission or any other public official authorized to enforce the LBE Ordinance (separately and collectively, the "Director of HRC") may also impose other sanctions against Contractor authorized in the LBE Ordinance, including declaring the Contractor to be irresponsible and ineligible to contract with the City for a period of up to five years or revocation of the Contractor's LBE certification. The Director of HRC will determine the sanctions to be imposed, including the amount of liquidated damages, after investigation pursuant to Administrative Code §14B.17.

By entering into this Agreement, Contractor acknowledges and agrees that any liquidated damages assessed by the Director of the HRC shall be payable to City upon demand. Contractor further acknowledges and agrees that any liquidated damages assessed may be withheld from any monies due to Contractor on any contract with City.

Contractor agrees to maintain records necessary for monitoring its compliance with the LBE Ordinance for a period of three years following termination or expiration of this Agreement, and shall make such records available for audit and inspection by the Director of HRC or the Controller upon request.

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

33. Local Business Enterprise Utilization; Liquidated Damages

a. The LBE Ordinance. Contractor, shall comply with all the requirements of the Local Business Enterprise and Non-Discrimination in Contracting Ordinance set forth in Chapter 14B of the San Francisco Administrative Code as it now exists or as it may be amended in the future (collectively the "LBE Ordinance"), provided such amendments do not materially increase Contractor's obligations or liabilities, or materially diminish Contractor's rights, under this Agreement. Such provisions of the LBE Ordinance are incorporated by reference and made a part of this Agreement as though fully set forth in

			
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this section. Contractor's willful failure to comply with any applicable provisions of the LBE Ordinance is a material breach of Contractor's obligations under this Agreement and shall entitle City, subject to any applicable notice and cure provisions set forth in this Agreement, to exercise any of the remedies provided for under this Agreement, under the LBE Ordinance or otherwise available at law or in equity, which remedies shall be cumulative unless this Agreement expressly provides that any remedy is exclusive. In addition, Contractor shall comply fully with all other applicable local, state and federal laws prohibiting discrimination and requiring equal opportunity in contracting, including subcontracting.

a. Compliance and Enforcement

Enforcement. If Contractor willfully fails to comply with any of the provisions of the LBE Ordinance, the rules and regulations implementing the LBE Ordinance, or the provisions of this Agreement pertaining to LBE participation, Contractor shall be liable for liquidated damages in an amount equal to Contractor's net profit on this Agreement, or 10% of the total amount of this Agreement, or \$1,000, whichever is greatest. The Director of the City's Contracts Monitoring Division or any other public official authorized to enforce the LBE Ordinance (separately and collectively, the "Director of CMD") may also impose other sanctions against Contractor authorized in the LBE Ordinance, including declaring the Contractor to be irresponsible and ineligible to contract with the City for a period of up to five years or revocation of the Contractor's LBE certification. The Director of CMD will determine the sanctions to be imposed, including the amount of liquidated damages, after investigation pursuant to Administrative Code §14B.17. By entering into this Agreement, Contractor acknowledges and agrees that any liquidated damages assessed by the Director of the CMD shall be payable to City upon demand. Contractor further acknowledges and agrees that any liquidated damages assessed may be withheld from any monies due to Contractor on any contract with City. Contractor agrees to maintain records necessary for monitoring its compliance with the LBE Ordinance for a period of three years following termination or expiration of this Agreement, and shall make such records available for audit and inspection by the Director of CMD or the Controller upon request.

f. Section 34. Nondiscrimination; Penalties of the Agreement currently reads:

34. Nondiscrimination; Penalties

- a. Contractor Shall Not Discriminate. In the performance of this Agreement, Contractor agrees not to discriminate against any employee, City and County employee working with such contractor or subcontractor, applicant for employment with such contractor or subcontractor, or against any person seeking accommodations, advantages, facilities, privileges, services, or membership in all business, social, or other establishments or organizations, on the basis of the fact or perception of a person's race, color, creed, religion, national origin, ancestry, age, height, weight, sex, sexual orientation, gender identity, domestic partner status, marital status, disability or Acquired Immune Deficiency Syndrome or HIV status (AIDS/HIV status), or association with members of such protected classes, or in retaliation for opposition to discrimination against such classes.
- b. Subcontracts. Contractor shall incorporate by reference in all subcontracts the provisions of §§12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code (copies of which are available from Purchasing) and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.
- c. Nondiscrimination in Benefits. Contractor does not as of the date of this Agreement and will not during the term of this Agreement, in any of its operations in San Francisco, on real property

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owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of bereavement leave, family medical leave, health benefits, membership or membership discounts, moving expenses, pension and retirement benefits or travel benefits, as well as any benefits other than the benefits specified above, between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of such employees, where the domestic partnership has been registered with a governmental entity pursuant to state or local law authorizing such registration, subject to the conditions set forth in §12B.2(b) of the San Francisco Administrative Code.

- d. Condition to Contract. As a condition to this Agreement, Contractor shall execute the "Chapter 12B Declaration: Nondiscrimination in Contracts and Benefits" form (form HRC-12B-101) with supporting documentation and secure the approval of the form by the San Francisco Human Rights Commission.
- e. Incorporation of Administrative Code Provisions by Reference. The provisions of Chapters 12B and 12C of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with and be bound by all of the provisions that apply to this Agreement under such Chapters, including but not limited to the remedies provided in such Chapters. Without limiting the foregoing, Contractor understands that pursuant to §§12B.2(h) and 12C.3(g) of the San Francisco Administrative Code, a penalty of \$50 for each person for each calendar day during which such person was discriminated against in violation of the provisions of this Agreement may be assessed against Contractor and/or deducted from any payments due Contractor.

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

34. Nondiscrimination; Penalties

- a. Contractor Shall Not Discriminate. In the performance of this Agreement, Contractor agrees not to discriminate against any employee, City and County employee working with such contractor or subcontractor, applicant for employment with such contractor or subcontractor, or against any person seeking accommodations, advantages, facilities, privileges, services, or membership in all business, social, or other establishments or organizations, on the basis of the fact or perception of a person's race, color, creed, religion, national origin, ancestry, age, height, weight, sex, sexual orientation, gender identity, domestic partner status, marital status, disability or Acquired Immune Deficiency Syndrome or HIV status (AIDS/HIV status), or association with members of such protected classes, or in retaliation for opposition to discrimination against such classes.
- **b.** Subcontracts. Contractor shall incorporate by reference in all subcontracts the provisions of §§12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code (copies of which are available from Purchasing) and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.
- c. Nondiscrimination in Benefits. Contractor does not as of the date of this Agreement and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of bereavement leave, family medical leave, health benefits, membership or membership discounts, moving expenses, pension and retirement benefits or travel benefits, as well as any benefits other than the benefits specified above, between employees with domestic partners and

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employees with spouses, and/or between the domestic partners and spouses of such employees, where the domestic partnership has been registered with a governmental entity pursuant to state or local law authorizing such registration, subject to the conditions set forth in §12B.2(b) of the San Francisco Administrative Code.

- d. Condition to Contract. As a condition to this Agreement, Contractor shall execute the "Chapter 12B Declaration: Nondiscrimination in Contracts and Benefits" form (form CMD-12B-101) with supporting documentation and secure the approval of the form by the San Francisco Contracts Monitoring Division (formerly 'Human Rights Commission').
- e. Incorporation of Administrative Code Provisions by Reference. The provisions of Chapters 12B and 12C of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with and be bound by all of the provisions that apply to this Agreement under such Chapters, including but not limited to the remedies provided in such Chapters. Without limiting the foregoing, Contractor understands that pursuant to §§12B.2(h) and 12C.3(g) of the San Francisco Administrative Code, a penalty of \$50 for each person for each calendar day during which such person was discriminated against in violation of the provisions of this Agreement may be assessed against Contractor and/or deducted from any payments due Contractor.

g. Section 48. Modification of Agreement of the Agreement currently reads:

48. Modification of Agreement. This Agreement may not be modified, nor may compliance with any of its terms be waived, except by written instrument executed and approved in the same manner as this Agreement.

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

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

h. Section 58. Graffiti Removal of the Agreement currently reads:

58. Graffiti Removal. Graffiti is detrimental to the health, safety and welfare of the community in that it promotes a perception in the community that the laws protecting public and private property can be disregarded with impunity. This perception fosters a sense of disrespect of the law that results in an increase in crime; degrades the community and leads to urban blight; is detrimental to property values, business opportunities and the enjoyment of life; is inconsistent with the City's property maintenance goals and aesthetic standards; and results in additional graffiti and in other properties becoming the target of graffiti unless it is quickly removed from public and private property. Graffiti results in visual pollution and is a public nuisance. Graffiti must be abated as quickly as possible to avoid detrimental impacts on the City and County and its residents, and to prevent the further spread of graffiti. Contractor shall remove all graffiti from any real property owned or leased by Contractor in the City and County of San Francisco within forty eight (48) hours of the earlier of Contractor's (a) discovery or notification of the graffiti or (b) receipt of notification of the graffiti from the Department of Public Works. This section is not intended to require a Contractor to breach any lease or other agreement that it may have concerning its use of the real property. The term "graffiti" means any inscription, word, figure, marking or design that is affixed, marked, etched, scratched, drawn or painted on any building, structure, fixture or other

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improvement, whether permanent or temporary, including by way of example only and without limitation, signs, banners, billboards and fencing surrounding construction sites, whether public or private, without the consent of the owner of the property or the owner's authorized agent, and which is visible from the public right-of-way. "Graffiti" shall not include: (1) any sign or banner that is authorized by, and in compliance with, the applicable requirements of the San Francisco Public Works Code, the San Francisco Planning Code or the San Francisco Building Code; or (2) any mural or other painting or marking on the property that is protected as a work of fine art under the California Art Preservation Act (California Civil Code Sections 987 et seq.) or as a work of visual art under the Federal Visual Artists Rights Act of 1990 (17 U.S.C. §§ 101 et seq.).

Any failure of Contractor to comply with this section of this Agreement shall constitute an Event of Default of this Agreement.

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

- 58. Not Used.
- i. Appendices A and A-1 through A-29 dated 7/1/13 (i.e., July 1, 2013) are hereby added for FY 13/14.
 - j. Appendix B dated 4/15/14 (i.e., April 14, 2014) is hereby deleted and Appendix B dated 4/16/14 (i.e., April 16, 2014) is hereby added for FY 13/14.
- k. Appendix E dated 7/1/10 is deleted and Appendix E dated July 1, 2013 is hereby added and substituted and incorporated into the original agreement.
- 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.

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

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Recommended by:

BARBARA A. GARCIA, MPA

Director of Health

CONTRACTOR

HealthRIGHT 360

VITKA EISEN, MSW, EdD

Chief Executive Officer 1735 Mission Street

San Francisco, CA 94103

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

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Appendix A Community Behavioral Health Services Services to be provided by Contractor Term: 7/1/13 - 6/30/14

1. Terms

A. Contract Administrator:

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

B. <u>Reports</u>:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments

thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

- (1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (http://www.dir.ca.gov/title8/5193.html), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.
- (2) Contractor must demonstrate personnel policies/procedures for protection of staff and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.
- (3) Contractor must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.
- (4) Contractor is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.
- (5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.
- (6) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.
- (7) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including safe needle devices, and provides and documents all appropriate training.
- (8) Contractor shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

J. Aerosol Transmissible Disease Program, Health and Safety:

- (1) Contractor must have an Aerosol Transmissible Disease (ATD) Program as defined in the California Code of Regulations, Title 8, Section 5199, Aerosol Transmissible Diseases (http://www.dir.ca.gov/Title8/5199.html), and demonstrate compliance with all requirements including, but not limited to, exposure determination, screening procedures, source control measures, use of personal protective equipment, referral procedures, training, immunization, post-exposure medical evaluations/follow-up, and recordkeeping.
- (2) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as Aerosol Transmissible Disease and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.
- (3) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.
- (4) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

K. Acknowledgment of Funding:

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

L. Client Fees and Third Party Revenue:

- (1) Fees required by Federal, state or City laws or regulations to be billed to the client, client's family, Medicare or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.
- (2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City, but will be settled during the provider's settlement process.

M. CBHS Electronic Health Records System

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

N. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

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

P Quality Improvement:

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

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

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

S. Compliance with Community Behavioral Health Services Policies and Procedures

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

T. Fire Clearance

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

U. Clinics to Remain Open

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

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

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

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

V. Compliance With Grant Award Notices:

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

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

2. Description of Services

Detailed description of services are listed below and are attached hereto

Detailed description of services are listed below and are attached hereto:

Appendix A-1 – Adult Residential

Appendix A-2 – BASN Adult Residential

Appendix A-3 – BASN Satellite (ONPD)

Appendix A-4 - BASN Social Detox Residential

Appendix A-5 - Bridges Residential

Appendix A-6 – AB109 Adult Residential

Appendix A-7 - AB109 Transitional (ONPD)

Appendix A-8 - HIV MDSP Residential

Appendix A-9 - HIV Detox Residential

Appendix A-10 - HIV Variable Length Residential

Appendix A-11 – HIV Lodestar Residential

Appendix A-12 -Post SFGH Residential (Men, Women, Dual Recovery)
Appendix A-13 - Adult Residential Satellite

Appendix A-14 - Social Detox Center (Residential)

Appendix A-15- Transgender Recovery Program

Appendix A-16 – Intensive Treatment Services (WHITS)

Appendix A-17 – Women's Hope Residential

Appendix A-18 - Adult Outpatient Services

Appendix A-19 - African American Healing Center

Appendix A-20 - Bridges CM Outpatient

Appendix A-21 - Buprenorphine Medical Monitoring

Appendix A-22 - Family Strength Outpatient

Appendix A-23 - Southeast Health Opportunities Project (SHOP)

Appendix A-24 – Representative Payee

Appendix A-25 – Second Chances/With Open Arms (WOA)

Appendix A-26 – Adult Mental Health Medi-Cal

Appendix A-27 – Crisis Intervention (Fiscal Intermediary)

Appendix A-28 - Acute Psychiatric Stabilization (WRAPS)

Appendix A-29 - Fiscal Intermediary Contracts

Program: HR360 Adult Residential

City Fiscal Year: FY 2013-14

CMS#:6990

Appendix A- 1

Contract Term: 7/1/13-6/30/14

1. Identifiers:

Program Name: HR360 Men's Adult Residential

Program Address: 890 Hayes Street

City, State, Zip Code: San Francisco, CA 94117

Telephone: (415) 701-5100 Program Code: 38342

Program Name: HR360 Women's Adult Residential

Program Address: 214 Haight Street

City, State, Zip Code: San Francisco, CA 94102

Telephone: (415) 554-1480 Program Code: 3805WR-RSD

Program Name: HR360 Dual Recovery Adult Residential

Program Address: 815 Buena Vista West City, State, Zip Code: San Francisco, CA 94117

Telephone: (415) 554-1450 Program Code: 38062

Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103

Telephone: 415-762-3700

2. Nature of Document (check one)

	New	\boxtimes	Renewal		Modification
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3. Goal Statement

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

4. Target Population

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

- Polysubstance abusers
- Intravenous route of administration
- Homeless

5. Modality(ies)/Interventions

Please see CRDC in Appendix B-1

6. Methodology

HR360's Gender Responsive Men's/ Women's/ Dual Recovery Residential Substance Abuse Treatment Programs are gender responsive residential substance abuse treatment. This program accepts San Francisco residents and offers integrated substance abuse and mental health treatment in a safe, recovery-oriented environment. Each participant's treatment experience is unique, as services are assessment-driven, strength-based, and participant-centered.

Contractor: HealthRIGHT 360 Appendix A- 1

Program: HR360 Adult Residential

City Fiscal Year: FY 2013-14

CMS#:6990

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

B. Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), and the Modified Mini Screen.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, the Addiction Severity Index Lite, and a baseline Milestones of Recovery Scale, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

C. Program Service Delivery Model: The Adult residential program is a variable-length program that provides up to 6 months of residential services. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

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

- introduction to staff and peers;
- orientation of their living quarters including common problems of communal living are also explained (i.e. dining times; hygiene times; infection control, etc.);

Contract Term: 7/1/13-6/30/14

Contractor: HealthRIGHT 360 Appendix A- 1
Program: HR360 Adult Residential Contract Term: 7/1/13-6/30/14

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"ABC" handbook which outlines program expectations, guidelines, norms, regulations, and rules;

Recovery Plan – self assessment of needs, life problems, and areas for improvement.

Program Phases:

The Adult Residential Program at HR360 is divided into phases: Phase I, Orientation; Phase II, Therapeutic Community (TC); and Phase III, Pre-Reentry/Reentry, and Phase IV, Continuing Care. These phases are designed to provide a continuum of care for each client.

Orientation: The first 14-30 days at HR360 consists of the Orientation phase of treatment, in which new residents become familiar with the people, procedures and norms of the therapeutic community. Treatment plans are developed at this time. Orientation clients participate in all basic clinical groups, have a job function, and take GED/BAE classes. They are assigned "buddy" companions (clients with more time in program) to accompany them outside the facility. When a client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the TC phase.

TC Phase: The TC phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. During this time the resident begins to receive an increasing number of privileges in accordance with a demonstration of responsibility. They participate in many groups counseling activities, as well as individual counseling and other supportive services. When it is deemed appropriate by the counselor and client, the client writes a proposal to become an "Elder" in the community and enter the Pre-Reentry phase.

Pre-Reentry/Reentry: The Pre-Reentry phase is a transition between TC and Reentry. It may last a few weeks or a few months, dependent on the client. During this time the resident receives intensive vocational counseling and develops a reentry plan. When the resident has enrolled in vocational training, or has gotten a job or enrolled in school, they may move into one of several satellite apartments in the outside community. Satellites provide supported transitional housing to several clients living as roommates. The Reentry phase focuses on re-socialization, work and family-related issues. This phase lasts several months. Reentry clients pay subsidized rent, and engage in money management, family reunification, independent living and relapse prevention counseling activities. When the client has saved enough money to obtain an independent household, they may enter the Continuing Care/ Aftercare (outpatient) program.

Continuing Care (Aftercare): Continuing Care clients live on their own in the community, but return to HR360 for weekly groups and individual check-ins. They may also participate in Relapse Prevention sessions, recreational activities, and all HR360 family celebrations. After several months, these clients complete treatment with a completion ceremony. All clients who have completed during the past year are acknowledged at the large annual Celebration of Achievement ceremony held in September.

Program Service Locations: These Adult Residential Programs are located at three HR360 facilities, one at 815 Buena Vista West, San Francisco, CA, 214 Haight Street, and the other at 890 Hayes Street, San Francisco, CA. These facilities are licensed by the State to provide adult substance abuse residential treatment. That includes but not limited to Individual and Group Counseling, MH services, and other substance abuse treatment related activities. These facilities are staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

D. Exit Criteria and Process: Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who

Program: HR360 Adult Residential

City Fiscal Year: FY 2013-14

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ich time counselors seek to engage them,

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abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

E. Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY 13-14".

8. Continuous Quality Assurance and Improvement

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

<u>Clinical Data Integrity</u>: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

<u>Health and Safety</u>: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and

Contractor: HealthRIGHT 360 Program: HR360 Adult Residential

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Contract Term: 7/1/13-6/30/14

other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

<u>Training</u>: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

<u>Clinical:</u> Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

<u>Steering Committee</u>: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

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

Program: HR360 BASN Adult Residential

City Fiscal Year: FY 2013-14

CMS#: 6990

Appendix A-2 Term: 7/1/13-6/30/14

1. Identifiers:

Program Name: HR360 BASN Adult Residential

Program Address: 890 Hayes Street

City, State, Zip Code: San Francisco, CA 94117

Telephone: (415) 701-5100 Program Code: 38342

Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103 Telephone: 415-762-3700

2. Nature of Document (check one)

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3. Goal Statement

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

4. Target Population

The target population for BASN/ PSN Residential consists of parolees referred through the Bay Area Services Network. Participants are non-violent offenders who abuse substances. The HR360 BASN Residential Program is part of the larger Bay Area Services Network. It is a variable length residential program (typically four to six months) designed to help paroled substance abusers maintain sobriety and abstinence from alcohol and other drugs, teach self-reliance and improve social functioning, and provide participants with an extensive support system. BASN clients are mainstreamed with other HR360 residential clients. HR360 emphasizes self-help and peer support in a humanistic therapeutic community and offers special programs for various populations with specific needs. The program is multi-cultural, and actively promotes understanding and kinship between people of different backgrounds by encouraging a family atmosphere, the sharing of personal histories, and respect for each individual's challenges and successes.

- Criminal Justice (BASN/ PSN) referrals from TAP
- Non violent parolees
- Polysubstance abusers

5. Modality(ies)/Interventions

Please see CRDC in Appendix B-2

6. Methodology

The goal of BASN Residential Services program is to reduce substance abuse and related criminal behavior in individuals referred to HR360 from the TAP. To reach this goal, the program provides up to 6 months of structured residential substance abuse treatment services to this population within a licensed treatment facility. This program is integrated into the existing HR360 Residential Program

A. Outreach and Recruitment: HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings — to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to

Program: HR360 BASN Adult Residential

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Appendix A-2 Term: 7/1/13-6/30/14

community base organizations, individuals, and other interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals.

B. Admissions and Intake: Admission to the BASN Residential Program is open to all adult San Francisco parolees referred through TAP with a substance abuse problem who desire treatment in a therapeutic community.

A direct referral or phone call from TAP secures an intake interview appointment at the 1735 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the HR360 continuum of care, the client begins with self-administered questionnaires including health and high-risk behavior issues. An interview occurs thereafter with an intake staff member. This interview includes an overall screening of behavioral health history.

C. Program Service Delivery Model: The BASN residential program is a variable-length program that provides up to 6 months of residential services. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

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

- introduction to staff and peers;
- orientation of their living quarters including common problems of communal living are also explained (i.e. dining times; hygiene times; infection control, etc.);
- "ABC" handbook which outlines program expectations, guidelines, norms, regulations, and rules;
- Recovery Plan self assessment of needs, life problems, and areas for improvement.

Program Phases:

The BASN Residential TC program at HR360 is divided into phases: Phase I, Orientation; Phase II, Therapeutic Community (TC); and Phase III, Pre-Reentry/Reentry, and Phase IV, Continuing Care. These phases are designed to provide a continuum of care for each client.

Orientation: The first 14-30 days at HR360 consists of the Orientation phase of treatment, in which new residents become familiar with the people, procedures and norms of the therapeutic community. Treatment plans are developed at this time. Orientation clients participate in all basic clinical groups, have a job function, and take GED/BAE classes. They are assigned "buddy" companions (clients with more time in program) to accompany them outside the facility. When a client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the TC phase.

TC Phase: The TC phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. During this time the resident begins to receive an increasing number of privileges in accordance with a demonstration of responsibility. They participate in many groups counseling activities, as well as individual counseling and other supportive services. When it is deemed appropriate by the counselor and client, the client writes a proposal to become an "Elder" in the community and enter the Pre-Reentry phase.

Program: HR360 BASN Adult Residential

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Pre-Reentry/Reentry: The Pre-Reentry phase is a transition between TC and Reentry. It may last a few weeks or a few months, dependent on the client. During this time the resident receives intensive vocational counseling and develops a reentry plan. When the resident has enrolled in vocational training, or has gotten a job or enrolled in school, they may move into one of several satellite apartments in the outside community. Satellites provide supported transitional housing to several clients living as roommates. The Reentry phase focuses on re-socialization, work and family-related issues. This phase lasts several months. Reentry clients pay subsidized rent, and engage in money management, family reunification, independent living and relapse prevention counseling activities. When the client has saved enough money to obtain an independent household, they may enter the Continuing Care/ Aftercare (outpatient) program.

Continuing Care (Aftercare): Continuing Care clients live on their own in the community, but return to HR360 for weekly groups and individual check-ins. They may also participate in Relapse Prevention sessions, recreational activities, and all HR360 family celebrations. After several months, these clients complete treatment with a completion ceremony. All clients who have completed during the past year are acknowledged at the large annual Celebration of Achievement ceremony held in September.

Program Service Locations: The BASN residential program is located at 890 Hayes Street, San Francisco, CA. Individual and Group Counseling, MH services, and other substance abuse treatment related activities and services will take place at these facilities, as well. These facilities are staffed 24 hours a day, 7 days a week. Intake will take place at the 1735 Mission Street.

- D. Exit Criteria and Process: Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.
- **E.** All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled <u>Performance Objectives FY 13-14"</u>.

Program: HR360 BASN Adult Residential

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Appendix A-2

Term: 7/1/13-6/30/14

8. Continuous Quality Assurance and Improvement

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

<u>Clinical Data Integrity</u>: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

<u>Health and Safety</u>: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

<u>Training</u>: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

<u>Clinical</u>: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

<u>Steering Committee</u>: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

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

Program: HR360 BASN Satellite (ONPD)

City Fiscal Year: FY 2013-14

CMS#:6990

Appendix A-3

Contract Term: 7/1/13-6/30/14

1. Identifiers:

Program Name: HR360 BASN Satellite (ONPD)

Program Address: 1254 13th Street

City, State, Zip Code: San Francisco, CA 94130

Telephone: (415) 701-5100 Program Code: 3807BT-CLV

Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103

Telephone: 415-762-3700

Nature of Document (check one)

☐ New	⊠ Re	newal	Modification
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3. Goal Statement

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

4. Target Population

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

- Polysubstance abusers
- **Parolees**
- Homeless

5. Modality(ies)/Interventions Please see CRDC in Appendix B-3

6. Methodology

HR360 BASN Satellite is a type of transitional housing, in which peers in recovery live together and support each other's recovery while continuing participation in treatment and related services has proven effective in sustaining treatment gains. The program serves San Francisco residents whose substance abuse and related problems no longer require the full intensity of services provided in a residential program setting, but continue to require substantial case management and treatment services to achieve treatment goals. Treatment services for satellite are administered at 1254 13th Street. Satellite referrals come from the Primary Residential programs.

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

Admissions and Intake: Admission to Satellite residential services is open to all adult San Francisco residents with a substance abuse problem that have completed their primary residential program.

Contractor: HealthRIGHT 360 Appendix A-3

Program: HR360 Adult Residential Satellite (ONPD)

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Contract Term: 7/1/13-6/30/14

B. Program Service Delivery Model: The program has a variable length; participants are eligible for up to 6 months in Satellite, if needed, to achieve their treatment goals and link to community housing & resources for continuity of recovery.

Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

Clients, who reside in Satellite, have enrolled in vocation training, found a job, or is enrolled in school. Satellites provide supported transitional housing to several clients living as roommates. When the client moves to a satellite apartment s/he begins to focus on re-socialization, work and family-related issues, as well as develops a transition plan to move toward independence. This transitional housing and supportive services may last up to 3 months, with extensions allowed on a case-by-case basis and availability of funding. Satellite clients do not pay rent, and receive supervision of money management, family issues, independent living skills and reentry issues.

Clients continue with their treatment plan, continue to receive case management services and reviews, and some of the same services as needed as the residential treatment clients. In addition, some satellite clients may require specialized treatment plan based on their specific needs.

Program Service Locations: These Satellite programs are located at two HR360 facilities, men are housed at 1254 13th Street & women at 214 Haight Street.

- C. Exit Criteria and Process: Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.
- D. Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled <u>Performance Objectives FY 13-14"</u>.

Program: HR360 Adult Residential Satellite (ONPD)

City Fiscal Year: FY 2013-14

CMS#:6990

Appendix A-3 Contract Term: 7/1/13-6/30/14

8. Continuous Quality Assurance and Improvement

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

<u>Clinical Data Integrity</u>: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

<u>Health and Safety</u>: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

<u>Training</u>: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

<u>Clinical:</u> Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

<u>Steering Committee</u>: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

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

Program: HR360 BASN Social Detox Residential

City Fiscal Year: FY 2013-14

CMS#: 6990

1. Identifiers:

Program Name: HR360 BASN Social Detox Residential

Program Address: 815 Buena Vista West City, State, Zip Code: San Francisco, CA 94117

Telephone: (415) 554-1450 Program Code: 38062

Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103 Telephone: 415-762-3700

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☐ New ☐ Renewal

Modification

3. Goal Statement

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

4. Target Population

The target population for BASN/ PSN Detox Residential consists of parolees referred from the Bay Area Services Network/ PSN through TAP. Participants are usually non-violent offenders who abuse alcohol and or other substances. HR360 BASN Detox offers detoxification services designed to help paroled substance abusers engage in a supportive program to gain sobriety and abstinence from alcohol and other drugs, teach improve social functioning, and provide participants with a positive support system. HR360 emphasizes self-help and peer support in a humanistic therapeutic community and offers special programs for various populations with specific needs. The program is multi-cultural, and actively promotes understanding and kinship between people of different backgrounds by encouraging a family atmosphere, the sharing of personal histories, and respect for each individual's challenges and successes.

- · Criminal Justice (BASN/ PSN) referrals from TAP
- Non violent parolees
- Polysubstance abusers

5. Modality(ies)/Interventions

Please see CRDC in Appendix B-4

6. Methodology

The goal of the BASN Detox Residential program is to reduce substance abuse and related criminal behavior in individuals referred to HR360 from the TAP. To reach this goal, the Detox program provides 3-7 days of social model detoxification residential services to this population within a licensed treatment facility. This program is specific to clients trying to stabilize from alcohol & drugs. Many participants will be referred to ongoing treatment services if interested.

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

Appendix A-4

Term: 7/1/13-6/30/14

Contractor: HealthRIGHT 360 Appendix A-4

Program: HR360 BASN Social Detox Residential

City Fiscal Year: FY 2013-14

CMS#: 6990

B. Admissions and Intake: Admission to the BASN Detox Residential Program is open to all adult San Francisco parolees referred through TAP needing detox services from alcohol and or other drugs.

A direct referral or phone call from TAP secures a referral appointment at the 1735 Mission Street with an Intake staff. During the admission process each participant receives brief screenings for substance abuse, mental health, and physical problems. (The Simple Screening Instrument for Substance Abuse; Mental health Screening Form III, the Health Questionnaire, and the Clinical Institute Assessment of Alcohol Scale (CIWA) to monitor alcohol withdrawal symptoms). Participants also take part in a structured interview that yields other information related to risk behaviors, housing status, and treatment history. Upon review of the findings participants may be referred for further evaluation to ensure safety of placement in our social model detoxification program. During this period, if needed, a client presenting with alcohol withdrawal symptoms will have the CIWA test administered once daily until the patient's score remains lower than ten for an entire twenty-four hours. All participants will be closely supervised and monitored for additional assessments or screenings if necessary.

C. Program Service Delivery Model: The BASN Detox residential program is a 3-7 day detox program. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction and need for ongoing stabilization services. While in program clients may attend daily 12-Step meetings, participate in early recovery groups and receive some individual counseling and discharge planning.

Through early recovery group processes, we educate and help increase clients' self-awareness concerning substance dependence and abuse. Topics include: coping skills, high-risk situations and triggers, positive affirmations, self esteem, stress management, relapse prevention, and introduction to the Twelve Steps.

Program Service Location: This BASN Detox Program is located at 815 Buena Vista West, San Francisco, CA.

- D. Exit Criteria and Process: Discharge planning begins at intake, and each client participates in an exit planning counseling session where long-term recovery options are explored and discussed to provide an accurate referral conducive to a clean and sober lifestyle. All clients are referred based on their discharge plan. Many clients transfer into other HR360 programs while others are referred back TAP case managers when discharged if requested.
- E. Staffing: All program services and activities are documented in a client chart by on duty case managers in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the progress of clients, clients' needs and issues, and track such progression (including screenings, assessments, and needs) within the client chart notes.

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled <u>Performance Objectives FY 13-14"</u>.

Contract Term: 7/1/13-6/30/14

Program: HR360 BASN Social Detox Residential

City Fiscal Year: FY 2013-14

CMS#: 6990

Appendix A-4

Contract Term: 7/1/13-6/30/14

8. Continuous Quality Assurance and Improvement

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

<u>Clinical Data Integrity</u>: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

<u>Standards and Compliance</u>: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

<u>Health and Safety</u>: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

<u>Training</u>: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

<u>Clinical:</u> Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

<u>Steering Committee</u>: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

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

Contractor: HealthRIGHT 360 **Program:** HR360 Bridges Residential

City Fiscal Year: FY 2013-14

CMS#:6990

1. Identifiers:

Program Name: HR360 Bridges Residential Program Address: 815 Buena Vista West City, State, Zip Code: San Francisco, CA 94117

Telephone: (415) 554-1450 Program Code: 3806BR-RES

Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103

Telephone: 415-762-3700

New	\boxtimes	Renewal		Modification
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3. Goal Statement

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

4. Target Population

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

- CDCR Parolees
- Poly-Substance Abusers
- Mentally III

5. Modality(les)/Interventions

Please CRDC in Appendix B-5

6. Methodology

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

- A. Outreach and Recruitment: HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community based organizations, individuals, and other interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals. In addition, because this program's target population is CDCR parolees, the program staff have good referral relationships with the Parole agencies that serve parolees in San Francisco.
- B. Admissions and Intake: Admission is open to referred parolees with a substance abuse & mental health issues. The person served may access services through an appointment or walk-in at the Program Site at the Multi-Services building located at 1899 Mission Street. The program staff checks to ensure clients are eligible to receive

Appendix A-5

Term: 7/1/13-6/30/14

Program: HR360 Bridges Residential

City Fiscal Year: FY 2013-14

CMS#:6990

Appendix A-5 **Term:** 7/1/13-6/30/14

CDCR funded services; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the HR360 continuum of care, the client begins with self-administered questionnaires. An interview occurs thereafter with a program staff member. This interview includes the administration of the Addiction Severity Index (ASI) Lite assessment which creates both a Narrative Summary and Severity Profile of the person served surrounding different life domains (Alcohol/Drug Use; Employment; Family; Legal; Medical; and Psychiatric). The client is provided further services as based on need identified by the severity profile for legal or psychiatric life domains.

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

The program includes:

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

Program Service Location: The Bridges Residential Program is located at 815 Buena Vista West, San Francisco, CA.

- D. Exit Criteria and Process: Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.
- **E.** Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled <u>Performance Objectives FY 13-14"</u>.

Program: HR360 Bridges Residential

City Fiscal Year: FY 2013-14

CMS#:6990

Appendix A-5 Term: 7/1/13-6/30/14

8. Continuous Quality Assurance and Improvement

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

Clinical Data Integrity: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer. meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

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

Program: HR360 AB109 Adult Residential

City Fiscal Year: FY 2013-14

CMS#:6990

Appendix A-6

Term: 7/1/13-6/30/14

1. Identifiers:

Program Name: HR360 AB109 Adult Residential

Program Address: 890 Hayes Street

City, State, Zip Code: San Francisco, CA 94117

Telephone: (415) 701-5100 Program Code:87342

Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103

Telephone: 415-762-3700

2. Nature of Document (check one)

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3. Goal Statement

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

4. Target Population

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

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

5. Modality(ies)/Interventions

Please CRDC in Appendix B-6

6. Methodology

The goal of AB109 Residential Services program is to reduce substance abuse and related criminal behavior in individuals referred to HR360 from the TAP. To reach this goal, the program provides up to 6 months of structured residential substance abuse treatment services to this population within a licensed treatment facility. This program is integrated into the existing HR360 Residential Program

A. Outreach and Recruitment: HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings - to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to

Program: HR360 AB109 Adult Residential

City Fiscal Year: FY 2013-14

CMS#:6990

Appendix A-6 Term: 7/1/13-6/30/14

community base organizations, individuals, and other interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals.

B. Admissions and Intake: Admission to the AB109 Residential Program is open to all adult San Francisco AB109 participants referred through TAP with a substance abuse problem who desire treatment in a therapeutic community.

A direct referral or phone call from TAP secures an intake interview appointment at the 1735 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the HR360 continuum of care, the client begins with self-administered questionnaires including health and high-risk behavior issues. An interview occurs thereafter with an intake staff member. This interview includes an overall screening of behavioral health history.

C. Program Service Delivery Model: The residential program is a variable-length program that provides up to 6 months of residential services. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

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

- · introduction to staff and peers;
- orientation of their living quarters including common problems of communal living are also explained (i.e. dining times; hygiene times; infection control, etc.);
- "ABC" handbook which outlines program expectations, guidelines, norms, regulations, and rules;
- Recovery Plan self assessment of needs, life problems, and areas for improvement.

Program Phases:

The Residential TC program at HR360 is divided into phases: Phase I, Orientation; Phase II, Therapeutic Community (TC); and Phase III, Pre-Reentry/Reentry, and Phase IV, Continuing Care. These phases are designed to provide a continuum of care for each client.

Orientation: The first 14-30 days at HR360 consists of the Orientation phase of treatment, in which new residents become familiar with the people, procedures and norms of the therapeutic community. Treatment plans are developed at this time. Orientation clients participate in all basic clinical groups, have a job function, and take GED/BAE classes. They are assigned "buddy" companions (clients with more time in program) to accompany them outside the facility. When a client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the TC phase.

TC Phase: The TC phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. During this time the resident begins to receive an increasing number of privileges in accordance with a demonstration of responsibility. They participate in many groups counseling activities, as well as individual counseling and other supportive services. When it is deemed appropriate by the counselor and client, the client writes a proposal to become an "Elder" in the community and enter the Pre-Reentry phase.

Program: HR360 AB109 Adult Residential

City Fiscal Year: FY 2013-14

CMS#:6990

Appendix A-6 Term: 7/1/13-6/30/14

Pre-Reentry/Reentry: The Pre-Reentry phase is a transition between TC and Reentry. It may last a few weeks or a few months, dependent on the client. During this time the resident receives intensive vocational counseling and develops a reentry plan. When the resident has enrolled in vocational training, or has gotten a job or enrolled in school, they may move into one of several satellite apartments in the outside community. Satellites provide supported transitional housing to several clients living as roommates. The Reentry phase focuses on re-socialization, work and family-related issues. This phase lasts several months. Reentry clients pay subsidized rent, and engage in money management, family reunification, independent living and relapse prevention counseling activities. When the client has saved enough money to obtain an independent household, they may enter the Continuing Care/ Aftercare (outpatient) program.

Continuing Care (Aftercare): Continuing Care clients live on their own in the community, but return to HR360 for weekly groups and individual check-ins. They may also participate in Relapse Prevention sessions, recreational activities, and all HR360 family celebrations. After several months, these clients complete treatment with a completion ceremony. All clients who have completed during the past year are acknowledged at the large annual Celebration of Achievement ceremony held in September.

Program Service Locations: The residential program is located at 890 Hayes Street, San Francisco, CA. This program also provides Individual and Group Counseling, MH services, and other substance abuse treatment related activities and services will take place at these facilities, as well. These facilities are staffed 24 hours a day, 7 days a week.

- D. Exit Criteria and Process: Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.
- E. All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

7. Objectives and Measurements

A. Required Objectives

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Contractor: HealthRIGHT 360 Appendix A-6

Program: HR360 AB109 Adult Residential

City Fiscal Year: FY 2013-14

CMS#:6990

8. Continuous Quality Assurance and Improvement

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

<u>Clinical Data Integrity</u>: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

<u>Health and Safety</u>: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

<u>Training</u>: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

<u>Clinical</u>: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

<u>Steering Committee</u>: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

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

Term: 7/1/13-6/30/14

Program: HR360 AB109 Transitional (ONPD)

City Fiscal Year: FY 2013-14

CMS#:6990

1. Identifiers:

Program Name: HR360 AB109 Transitional.

Program Address: 1254 13th Street

City, State, Zip Code: San Francisco, CA 94130

Telephone: (415) 701-5100 Program Code: 86077

Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103 Telephone: 415-762-3700

2. Nature of Document (check one)

New	\boxtimes	Renewal	Modification

3. Goal Statement

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

4. Target Population

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

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

5. Modality(ies)/Interventions

Please CRDC in Appendix B-7

6. Methodology

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

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

Appendix A-7 Term: 7/1/13-6/30/14

Program: HR360 AB109 Transitional (ONPD)

City Fiscal Year: FY 2013-14

CMS#:6990

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

A direct referral or phone call from TAP secures an intake interview appointment at the 1735 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the HR360 continuum of care, the client begins with self-administered questionnaires including health and high-risk behavior issues. An interview occurs thereafter with an intake staff member. This interview includes an overall screening of behavioral health history.

C. Program Service Delivery Model: The transitional program is a variable-length program that responds to need of the participant. Each client's length of stay is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

Orientation: The first 14-30 days at HR360 consists of the Orientation phase of treatment, in which new residents become familiar with the people, procedures and norms of the therapeutic community. Treatment plans are developed at this time. Orientation clients participate in all basic clinical groups, have a job function, and take GED/BAE classes. They are assigned "buddy" companions (clients with more time in program) to accompany them outside the facility. When a client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the TC phase.

Continuing Care: AB109 clients living in transitional housing are required to participate in the OP program while living in HR360 housing. They should also participate in Relapse Prevention sessions, recreational activities, and all HR360 family celebrations.

Program Service Locations: The AB109 transitional housing facility is located at 1254 13th Street on Treasure Island.

- D. Exit Criteria and Process: Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.
- **E.** All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Program: HR360 AB109 Transitional (ONPD)

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Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled <u>Performance Objectives FY 13-14"</u>.

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses.

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Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

<u>Health and Safety</u>: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

<u>Training</u>: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

<u>Clinical</u>: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

<u>Steering Committee</u>: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

Program: HR360 AB109 Transitional (ONPD)

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

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

Appendix A-7 Term: 7/1/13-6/30/14

Program: HR360 HIV MDSP Residential

City Fiscal Year: FY 2013-14

CMS#:6990

Term: 7/1/13-6/30/14

Appendix A-8

1. Identifiers:

Program Name: HR360 CARE MDSP Residential Program Address: 815 Buena Vista West City, State, Zip Code: San Francisco, CA 94117

Telephone: (415) 554-1450 Program Code: 3806CM-RES

Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103

Telephone: 415-762-3700

2. Nature of Document (check on

☐ Ne	w 🛛	Renewal		Modification
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3. Goal Statement

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

4. Target Population

The target populations are poly-substance abusing, persons living with HIV-infection or AIDS who are indigent. Included in these populations are men and women; gay, lesbian, bisexual and transgender; all ethnic/racial minorities; young adults 18 to 24 years old; veterans; criminal justice involved individuals; persons multiply diagnosed with concomitant mental health and behavioral issues; and homeless people. Enrollment priority will be given to residents of San Francisco who are low income and uninsured or underinsured.

HIV+/AIDS plus: Substance abusers Mentally III

5. Modality(ies)/Interventions

Please CRDC in Appendix B-8

6. Methodology

HR360's Gender Responsive Residential Substance Abuse Treatment Program is a trauma-informed, gender responsive residential substance abuse treatment program. CARE Multiple Diagnosis Stabilization Program (MDSP) offers a streamlined continuum of care providing comprehensive residential substance abuse service to HIV+ participants in a short time.

- A. Outreach and Recruitment: HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals.
- **B.** Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake

Program: HR360 HIV MDSP Residential

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Department at 1735 Mission Street. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), and the Modified Mini Screen.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, the Addiction Severity Index Lite, and a baseline Milestones of Recovery Scale, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis. Appropriate consents and releases of information are collected from individuals who will enter this program. All CARE clients' data information is entered into ARIES instead of AVATAR.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

C. Program Service Delivery Model: The CARE MDSP program provides up to 3 months of detox / stabilization residential services. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

During this component a client works on achieving their individual treatment plan goals, continues to attend various groups including: anger management meetings, art therapy group meetings, men's group, women's group meetings, DBT group meetings, HIV prevention & education meetings, HIV support group meetings, community meetings, Narcotics Anonymous/Alcoholics Anonymous meetings (in house and in the community), and works on finding a 12 step sponsor and an outside HIV support group with which they feel comfortable.

Clients continue with health care appointments, as well as any other outside appointments. At two weeks into the main phase, clients reassess their individual treatment plan goals. This treatment plan is reassessed at 30 days, 60 days and 90 days, at which time the client discusses their progress with the clinical review team and the counselor, to determine what goals will be pursued in the next phase, or upon completion. Client responsibilities are to follow program rules, participate fully in treatment activities, act as a role model for new clients, and do house chores, including making dinner once a week for the house. During this time the resident begins to receive an increasing number of privileges including, but limited to: sending and receiving monitored mail, personally use house electronic

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Program: HR360 HIV MDSP Residential

City Fiscal Year: FY 2013-14

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equipment, eligibility for community outings, and room privileges (which include posters on walls and the use of radio/tape players). These privileges are granted in accordance with demonstrated responsibility. When it is deemed appropriate by the counselor and client, the client writes a proposal to become a mentor in the community and enter the Pre-Reentry phase of the variable length program.

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

- introduction to staff and peers;
- orientation of their living quarters including common problems of communal living are also explained (i.e. dining times; hygiene times; infection control, etc.);
- "ABC" handbook which outlines program expectations, guidelines, norms, regulations, and rules;
- Recovery Plan self assessment of needs, life problems, and areas for improvement.

Program Phases:

The Adult Residential Program at HR360 is divided into phases: Phase I, Orientation; Phase II, Therapeutic Community (TC); and Phase III, Pre-Reentry/Reentry, and Phase IV, Continuing Care. These phases are designed to provide a continuum of care for each client.

Orientation: The first 14-30 days at HR360 consists of the Orientation phase of treatment, in which new residents become familiar with the people, procedures and norms of the therapeutic community. Treatment plans are developed at this time. Orientation clients participate in all basic clinical groups, have a job function, and take GED/BAE classes. They are assigned "buddy" companions (clients with more time in program) to accompany them outside the facility. When a client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the TC phase.

TC Phase: The TC phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. During this time the resident begins to receive an increasing number of privileges in accordance with a demonstration of responsibility. They participate in many groups counseling activities, as well as individual counseling and other supportive services. When it is deemed appropriate by the counselor and client, the client writes a proposal to become an "Elder" in the community and enter the Pre-Reentry phase.

Pre-Reentry/Reentry: The Pre-Reentry phase is a transition between TC and Reentry. It may last a few weeks or a few months, dependent on the client. During this time the resident receives intensive vocational counseling and develops a reentry plan. When the resident has enrolled in vocational training, or has gotten a job or enrolled in school, they may move into one of several satellite apartments in the outside community. Satellites provide supported transitional housing to several clients living as roommates. The Reentry phase focuses on re-socialization, work and family-related issues. This phase lasts several months. Reentry clients pay subsidized rent, and engage in money management, family reunification, independent living and relapse prevention counseling activities. When the client has saved enough money to obtain an independent household, they may enter the Continuing Care/ Aftercare (outpatient) program.

Continuing Care (Aftercare): Continuing Care clients live on their own in the community, but return to HR360 for weekly groups and individual check-ins. They may also participate in Relapse Prevention sessions, recreational activities, and all HR360 family celebrations. After several months, these clients complete treatment with a completion ceremony. All clients who have completed during the past year are acknowledged at the large annual Celebration of Achievement ceremony held in September.

Program Service Locations: This program is located at 815 Buena Vista West, San Francisco, CA. This facility is licensed by the State to provide adult substance abuse residential treatment. That includes but not limited to Individual & Group Counseling, MH services, and other substance abuse treatment related activities. These

Program: HR360 HIV MDSP Residential

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facilities are staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

D. Exit Criteria and Process: Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

E. Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled <u>Performance Objectives FY 13-14"</u>.

8. Continuous Quality Assurance and Improvement

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

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Program: HR360 HIV MDSP Residential

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Appendix A-8 Term: 7/1/13-6/30/14

<u>Health and Safety</u>: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

<u>Training</u>: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

<u>Clinical</u>: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

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

Contractor: HealthRIGHT 360 Appendix A-9
Program: HR360 HIV Detox Residential Term: 7/1/13-6/30/14

City Fiscal Year: FY 2013-14

CMS#:6990

1. Identifiers

Program Name: HR360 CARE Detox Residential Program Address: 815 Buena Vista West City, State, Zip Code: San Francisco, CA 94117

Telephone: (415) 554-1450 Program Code: 3806CX-RSD

Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103

Telephone: 415-762-3700

2. Nature of Document (check or	٦e)
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	New	\boxtimes	Renewal		Modification
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3. Goal Statement

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

4. Target Population

The target populations are poly-substance abusing, persons living with HIV-infection or AIDS who are indigent. Included in these populations are men and women; gay, lesbian, bisexual and transgendered; all ethnic/racial minorities; young adults 18 to 24 years old; veterans; criminal justice involved individuals; persons multiply diagnosed with concomitant mental health and behavioral issues; and homeless people. Enrollment priority will be given to residents of San Francisco who are low income and uninsured or underinsured.

- HIV+/AIDS plus:
 - Substance abusers
 - Homeless

5. Modality(ies)/Interventions

Please CRDC in Appendix B-9

6. Methodology

HR360's Gender Responsive Residential Substance Abuse Treatment Program is a trauma-informed, gender responsive residential substance abuse treatment program. CARE Detox offers a streamlined continuum of care providing comprehensive residential substance abuse service to HIV+ participants in a short time.

- A. Outreach and Recruitment: HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at www.healthrigtht360.org. Word of mouth and self-referrals also serves as sources for referrals.
- B. Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street. The Intake staff checks to ensure clients are eligible to receive funded services

Contractor: HealthRIGHT 360
Program: HR360 HIV Detox Residential

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including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), and the Modified Mini Screen.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, the Addiction Severity Index Lite, and a baseline Milestones of Recovery Scale, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis. All CARE clients' data information is entered into ARIES instead of AVATAR.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

C. Program Service Delivery Model: The CARE Detox program provides up to 3 months of detox / stabilization residential services. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

During this component a client works on achieving their individual treatment plan goals, continues to attend various groups including: anger management meetings, art therapy group meetings, men's group, women's group meetings, DBT group meetings, HIV prevention & education meetings, HIV support group meetings, community meetings, Narcotics Anonymous/Alcoholics Anonymous meetings (in house and in the community), and works on finding a 12 step sponsor and an outside HIV support group with which they feel comfortable.

Clients continue with health care appointments, as well as any other outside appointments. At two weeks into the main phase, clients reassess their individual treatment plan goals. This treatment plan is reassessed at 30 days, 60 days and 90 days, at which time the client discusses their progress with the clinical review team and the counselor, to determine what goals will be pursued in the next phase, or upon completion. Client responsibilities are to follow program rules, participate fully in treatment activities, act as a role model for new clients, and do house chores, including making dinner once a week for the house. During this time the resident begins to receive an increasing number of privileges including, but limited to: sending and receiving monitored mail, personally use house electronic equipment, eligibility for community outings, and room privileges (which include posters on walls and the use of

Contractor: HealthRIGHT 360 Appendix A-9
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radio/tape players). These privileges are granted in accordance with demonstrated responsibility. When it is deemed appropriate by the counselor and client, the client writes a proposal to become a mentor in the community and enter the Pre-Reentry phase of the variable length program.

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

- introduction to staff and peers;
- orientation of their living quarters including common problems of communal living are also explained (i.e. dining times; hygiene times; infection control, etc.);
- "ABC" handbook which outlines program expectations, guidelines, norms, regulations, and rules;
- Recovery Plan self assessment of needs, life problems, and areas for improvement.

Program Phases:

The Adult Residential Program at HR360 is divided into phases: Phase I, Orientation; Phase II, Therapeutic Community (TC); and Phase III, Pre-Reentry/Reentry, and Phase IV, Continuing Care. These phases are designed to provide a continuum of care for each client.

Orientation: The first 14-30 days at HR360 consists of the Orientation phase of treatment, in which new residents become familiar with the people, procedures and norms of the therapeutic community. Treatment plans are developed at this time. Orientation clients participate in all basic clinical groups, have a job function, and take GED/BAE classes. They are assigned "buddy" companions (clients with more time in program) to accompany them outside the facility.

TC Phase: The TC phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. During this time the resident begins to receive an increasing number of privileges in accordance with a demonstration of responsibility. They participate in many groups counseling activities, as well as individual counseling and other supportive services. When it is deemed appropriate by the counselor and client, the client writes a proposal to become an "Elder" in the community and enter the Pre-Reentry phase.

Pre-Reentry/Reentry: The Pre-Reentry phase is a transition between TC and Reentry. It may last a few weeks or a few months, dependent on the client. During this time the resident receives intensive vocational counseling and develops a reentry plan. When the resident has enrolled in vocational training, or has gotten a job or enrolled in school, they may move into one of several satellite apartments in the outside community. Satellites provide supported transitional housing to several clients living as roommates. The Reentry phase focuses on re-socialization, work and family-related issues. This phase lasts several months. Reentry clients pay subsidized rent, and engage in money management, family reunification, independent living and relapse prevention counseling activities. When the client has saved enough money to obtain an independent household, they may enter the Continuing Care/ Aftercare (outpatient) program.

Continuing Care (Aftercare): Continuing Care clients live on their own in the community, but return to HR360 for weekly groups and individual check-ins. They may also participate in Relapse Prevention sessions, recreational activities, and all HR360 family celebrations. After several months, these clients complete treatment with a completion ceremony. All clients who have completed during the past year are acknowledged at the large annual Celebration of Achievement ceremony held in September.

Program Service Locations: This Program is located at 815 Buena Vista West. This facility is licensed by the State to provide adult substance abuse residential treatment. That includes but not limited to Individual & Group Counseling, MH services, and other substance abuse treatment related activities. These facilities are staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

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D. Exit Criteria and Process: Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

E. Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14".

8. Continuous Quality Assurance and Improvement

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

<u>Clinical Data Integrity</u>: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

<u>Standards and Compliance</u>: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms.

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Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

<u>Health and Safety</u>: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

<u>Training</u>: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

<u>Clinical:</u> Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

<u>Steering Committee</u>: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

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

Appendix A-9

Program: HR360 HIV Variable Length Residential

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1. Identifiers:

Program Name: HR360 CARE Variable Length Residential

Program Address: 890 Haves Street

City, State, Zip Code: San Francisco, CA 94117

Telephone: (415) 701-5100 Program Code: 3834CV-RES

Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103 Telephone: 415-762-3700

2. Nature of Document (check one)

3. Goal Statement

New

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

Modification

4. Target Population

The target populations are poly-substance abusing, persons living with HIV-infection or AIDS who are indigent. Included in these populations are men and women; gay, lesbian, bisexual and transgendered; all ethnic/racial minorities; young adults 18 to 24 years old; veterans; criminal justice involved individuals; persons multiply diagnosed with concomitant mental health and behavioral issues; and homeless people. Enrollment priority will be given to residents of San Francisco who are low income and uninsured or underinsured.

- HIV+/AIDS plus:
 - Substance abusers
 - Homeless

5. Modality(ies)/Interventions

Please CRDC in Appendix B-10

6. Methodology

HR360's Gender Responsive Residential Substance Abuse Treatment Program is a trauma-informed, gender responsive residential substance abuse treatment program. CARE VL offers a streamlined continuum of care providing comprehensive residential substance abuse service to HIV+ participants.

- A. Outreach and Recruitment: HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals.
- **B.** Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical /

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Contractor: HealthRIGHT 360 Appendix A-10
Program: HR360 HIV Variable Length Residential Term: 7/1/13-6/30/14

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psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), and the Modified Mini Screen.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, the Addiction Severity Index, etc. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis. All CARE clients' data information is entered into AVATAR.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

C. Program Service Delivery Model: The CARE VL program provides up to 6 months of treatment of residential services. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

During this component a client works on achieving their individual treatment plan goals, continues to attend various groups including: anger management meetings, art therapy group meetings, men's group, women's group meetings, DBT group meetings, HIV prevention & education meetings, HIV support group meetings, community meetings, Narcotics Anonymous/Alcoholics Anonymous meetings (in house and in the community), and works on finding a 12 step sponsor and an outside HIV support group with which they feel comfortable.

Clients continue with health care appointments, as well as any other outside appointments. At two weeks into the main phase, clients reassess their individual treatment plan goals. This treatment plan is reassessed at 30 days, 60 days and 90 days, at which time the client discusses their progress with the clinical review team and the counselor, to determine what goals will be pursued in the next phase, or upon completion. Client responsibilities are to follow program rules, participate fully in treatment activities, act as a role model for new clients, and do house chores, including making dinner once a week for the house. During this time the resident begins to receive an increasing number of privileges including, but limited to: sending and receiving monitored mail, personally use house electronic equipment, eligibility for community outings, and room privileges (which include posters on walls and the use of radio/tape players). These privileges are granted in accordance with demonstrated responsibility. When it is deemed appropriate by the counselor and client, the client writes a proposal to become a mentor in the community and enter the Pre-Reentry phase of the variable length program.

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

- introduction to staff and peers;
- orientation of their living quarters including common problems of communal living are also explained (i.e. dining times; hygiene times; infection control, etc.);
- "ABC" handbook which outlines program expectations, guidelines, norms, regulations, and rules;
- Recovery Plan self assessment of needs, life problems, and areas for improvement.

Program Phases:

The Adult Residential Program at HR360 is divided into phases: Phase I, Orientation; Phase II, Therapeutic Community (TC); and Phase III, Pre-Reentry/Reentry, and Phase IV, Continuing Care. These phases are designed to provide a continuum of care for each client.

Orientation: The first 14-30 days at HR360 consists of the Orientation phase of treatment, in which new residents become familiar with the people, procedures and norms of the therapeutic community. Treatment plans are developed at this time. Orientation clients participate in all basic clinical groups, have a job function, and take GED/BAE classes. They are assigned "buddy" companions (clients with more time in program) to accompany them outside the facility. When a client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the TC phase.

TC Phase: The TC phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. During this time the resident begins to receive an increasing number of privileges in accordance with a demonstration of responsibility. They participate in many groups counseling activities, as well as individual counseling and other supportive services. When it is deemed appropriate by the counselor and client, the client writes a proposal to become an "Elder" in the community and enter the Pre-Reentry phase.

Pre-Reentry/Reentry: The Pre-Reentry phase is a transition between TC and Reentry. It may last a few weeks or a few months, dependent on the client. During this time the resident receives intensive vocational counseling and develops a reentry plan. When the resident has enrolled in vocational training, or has gotten a job or enrolled in school, they may move into one of several satellite apartments in the outside community. Satellites provide supported transitional housing to several clients living as roommates. The Reentry phase focuses on re-socialization, work and family-related issues. This phase lasts several months. Reentry clients pay subsidized rent, and engage in money management, family reunification, independent living and relapse prevention counseling activities. When the client has saved enough money to obtain an independent household, they may enter the Continuing Care/ Aftercare (outpatient) program.

Continuing Care (Aftercare): Continuing Care clients live on their own in the community, but return to HR360 for weekly groups and individual check-ins. They may also participate in Relapse Prevention sessions, recreational activities, and all HR360 family celebrations. After several months, these clients complete treatment with a completion ceremony. All clients who have completed during the past year are acknowledged at the large annual Celebration of Achievement ceremony held in September.

Program Service Locations: This program is located at 890 Hayes Street, San Francisco, CA. This facility is licensed by the State to provide adult substance abuse residential treatment. That includes but not limited to Individual & Group Counseling, MH services, and other substance abuse treatment related activities. These facilities are staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

D. Exit Criteria and Process: Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community.

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Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

E. Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14".

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses.

HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan. The committees are as follows:

Clinical Data Integrity: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure

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preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

<u>Training</u>: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

<u>Clinical:</u> Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

<u>Steering Committee</u>: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

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

Contractor: HealthRIGHT 360 Program: HR360 Lodestar Residential

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1. Identifiers:

Program Name: HR360 Lodestar Residential Program Address: 214 Haight Street

City, State, Zip Code: San Francisco, CA 94117

Telephone: (415) 554-1480 Program Code: 3805LC-RES

Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103

Telephone: 415-762-3700

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3. Goal Statement

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

4. Target Population

The target population served by HR360 Adult Residential is HIV+ adult women poly-substance abusers who live in San Francisco. Their primary drugs of abuse are heroin, crack, alcohol, cocaine, amphetamines and barbiturates. Walden House serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent. Populations benefiting from specialized services for HIV+ women 18 years and older who are:

- Polysubstance abusers
- Intravenous route of administration
- Homeless Polysubstance abusers

5. Modality(ies)/Interventions

Please see CRDC in Appendix B-11

6. Methodology

HR360 Gender Responsive Women's Residential Substance Abuse Treatment Program is a trauma-informed, gender responsive residential substance abuse treatment program for women. This program accepts HIV+ female San Francisco residents and offers HIV specific services, integrated substance abuse and mental health treatment in a safe, recovery-oriented environment that recognizes and responds to the prominent roles that trauma and abuse have played in many women's paths to addiction. Each woman's treatment experience is unique, as services are assessment-driven, strength-based, and woman-centered.

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

Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street. The Intake staff checks to ensure clients are eligible to receive funded services

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including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), and the Modified Mini Screen.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, the Addiction Severity Index, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

Program Service Delivery Model: The Women's gender responsive residential program is a variable-length program that provides up to 6 months of residential services. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

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

- introduction to staff and peers;
- orientation of their living quarters including common problems of communal living are also explained (i.e. dining times; hygiene times; infection control, etc.);
- "ABC" handbook which outlines program expectations, guidelines, norms, regulations, and rules;
- Recovery Plan self assessment of needs, life problems, and areas for improvement.

Program Phases:

The Adult Residential Program at HR360 is divided into phases: Phase I, Orientation; Phase II, Therapeutic Community (TC); and Phase III, Pre-Reentry/Reentry, and Phase IV, Continuing Care. These phases are designed to provide a continuum of care for each client.

Orientation: The first 14-30 days at HR360 consists of the Orientation phase of treatment, in which new residents become familiar with the people, procedures and norms of the therapeutic community. Treatment plans are

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developed at this time. Orientation clients participate in all basic clinical groups, have a job function, and take GED/BAE classes. They are assigned "buddy" companions (clients with more time in program) to accompany them outside the facility. When a client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the TC phase.

TC Phase: The TC phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. During this time the resident begins to receive an increasing number of privileges in accordance with a demonstration of responsibility. They participate in many groups counseling activities, as well as individual counseling and other supportive services. When it is deemed appropriate by the counselor and client, the client writes a proposal to become an "Elder" in the community and enter the Pre-Reentry phase.

Pre-Reentry/Reentry: The Pre-Reentry phase is a transition between TC and Reentry. It may last a few weeks or a few months, dependent on the client. During this time the resident receives intensive vocational counseling and develops a reentry plan. When the resident has enrolled in vocational training, or has gotten a job or enrolled in school, they may move into one of several satellite apartments in the outside community. Satellites provide supported transitional housing to several clients living as roommates. The Reentry phase focuses on re-socialization, work and family-related issues. This phase lasts several months. Reentry clients pay subsidized rent, and engage in money management, family reunification, independent living and relapse prevention counseling activities. When the client has saved enough money to obtain an independent household, they may enter the Continuing Care/ Aftercare (outpatient) program.

Continuing Care (Aftercare): Continuing Care clients live on their own in the community, but return to HR360 for weekly groups and individual check-ins. They may also participate in Relapse Prevention sessions, recreational activities, and all HR360 family celebrations. After several months, these clients complete treatment with a completion ceremony. All clients who have completed during the past year are acknowledged at the large annual Celebration of Achievement ceremony held in September.

Program Service Locations: This programs is located at 214 Haight Street. This facility is licensed by the State to provide adult substance abuse residential treatment. That includes but not limited to Individual 7 Group Counseling, MH services, and other substance abuse treatment related activities. These facilities are staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

- C. Exit Criteria and Process: Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.
- **D.** Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Contractor: HealthRIGHT 360 Appendix A -11
Program: HR360 Lodestar Residential Term: 7/1/13-6/30/14

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Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled <u>Performance Objectives</u> FY 13-14".

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses.

HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan. The committees are as follows:

<u>Clinical Data Integrity</u>: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

<u>Standards and Compliance</u>: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

<u>Health and Safety</u>: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

<u>Training</u>: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

<u>Clinical</u>: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

<u>Steering Committee</u>: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

Program: HR360 Lodestar Residential

City Fiscal Year: FY 2013-14

CMS#:6990

Appendix A -11 Term: 7/1/13-6/30/14

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

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

Program: HR360 Post SFGH Residential (Men, Women, Dual

Recovery)

City Fiscal Year: FY 2013-14

CMS#:6990

1. Identifiers:

Program Name: HR360 Men's Post SFGH Residential

Program Address: 890 Hayes Street

City, State, Zip Code: San Francisco, CA 94117

Telephone: (415) 701-5100 Program Code: 3834G-RES

Program Name: HR360 Women's Post SFGH Residential

Program Address: 214 Haight Street

City, State, Zip Code: San Francisco, CA 94102

Telephone: (415) 554-1480 Program Code: 3805SW-RES

Program Name: HR360 Dual Recovery Post SFGH Residential

Program Address: 815 Buena Vista West City, State, Zip Code: San Francisco, CA 94117

Telephone: (415) 554-1450 Program Code: 3806SG-RES

Contractor Address: 1735 Mission Street

City, State, Zip Code: SF, CA 94103

Telephone: 415-762-3700

2. Nature of Document (check one)

New	Renewal	Modification

3. Goal Statement

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

4. Target Population

The target population served by the HR360 Post SFGH Residential (Men, Women, Dual Recovery) is adult polysubstance abusers who live in San Francisco and referred from San Francisco General Hospital by the Treatment Access Program (TAP). Their primary drugs of abuse are heroin, crack, alcohol, cocaine, amphetamines and barbiturates. HR360 serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent. Populations benefiting from specialized services include women; the mentally ill; HIV positive individuals; homeless people; young adults ages 18-24; gay, lesbian, bisexual and transgender people; veterans; parents; and individuals involved in the criminal justice system.

- Mental Health referrals
- Polysubstance abusers
- Intravenous route of administration

5. Modality(ies)/Interventions

Please CRDC in Appendix B-12

Appendix: A-12

Contractor: HealthRIGHT 360 Appendix: A-12
Program: HR360 Post SFGH Residential(Men, Women, Dual Term: 7/1/13-6/30/14

Recovery)

City Fiscal Year: FY 2013-14

CMS#:6990

6. Methodology

The goal of Post SFGH Residential Services program is to reduce substance abuse and related criminal behavior in individuals referred to HR360 from the TAP. To reach this goal, the program provides up to 6 months of structured residential substance abuse treatment services to this population within a licensed treatment facility. This program is integrated into the existing HR360 Residential Program

- A. Outreach and Recruitment: HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals. However, these beds are managed by CBHS and therefore all referrals must be authorized by TAP.
- B. Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), and the Modified Mini Screen.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, and the Addiction Severity Index. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

Program: HR360 Post SFGH Residential (Men, Women, Dual

Recovery)

City Fiscal Year: FY 2013-14

CMS#:6990

C. Program Service Delivery Model: The program has a variable length; participants are eligible for up to 6 months of residential treatment to achieve their treatment goals and link to the next step-down level of care.

Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

Clients, who reside in Satellite, have enrolled in vocation training, found a job, or is enrolled in school. Satellites provide supported transitional housing to several clients living as roommates. When the client moves to a satellite apartment s/he begins to focus on re-socialization, work and family-related issues, as well as develops a transition plan to move toward independence. This transitional housing and supportive services may last up to 3 months, with extensions allowed on a case-by-case basis and availability of funding. Reentry clients pay subsidized rent, and receive supervision of money management, family issues, independent living skills and reentry issues.

Clients continue with their treatment plan, continue to receive case management services and reviews, and some of the same services as needed as the residential treatment clients. In addition, some satellite clients may require specialized treatment plan based on their specific needs.

Program Service Locations: These Residential Programs are located at three HR360 facilities, one at 815 Buena Vista West, San Francisco, CA, 214 Haight Street, and the other at 890 Hayes Street, San Francisco, CA. These facilities are licensed by the State to provide adult substance abuse residential treatment. That includes but not limited to Individual 7 Group Counseling, MH services, and other substance abuse treatment related activities. These facilities are staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

- D. Exit Criteria and Process: Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.
- **E. Staffing:** All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

Contractor: HealthRIGHT 360 Appendix: A-12 Term: 7/1/13-6/30/14

Program: HR360 Post SFGH Residential (Men, Women, Dual

Recovery)

City Fiscal Year: FY 2013-14

CMS#:6990

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14".

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses.

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Clinical Data Integrity: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

Program: HR360 Post SFGH Residential(Men, Women, Dual

Recovery)

City Fiscal Year: FY 2013-14

CMS#:6990

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

Appendix: A-12

Program: HR360 Adult Residential Satellite

City Fiscal Year: FY 2013-14

CMS#:6990

m.0530

1. Identifiers:

Program Name: HR360 Men's Residential Satellite

Program Address: 1254 -13th Street

City, State, Zip Code: Treasure Island, CA 94130

Telephone: (415) 701-5100 Program Code: 88077

Program Name: HR360 Women's Residential Satellite

Program Address: 214 Haight Street

City, State, Zip Code: San Francisco, CA 94102

Telephone: (415) 554-1480 Program Code: 87067

Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103

Telephone: 415-762-3700

2. Nature of Document (check one)

	New	\boxtimes	Renewal	Modification
-		-		

3. Goal Statement

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

4. Target Population

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

- Polysubstance abusers
- Intravenous route of administration
- Homeless

5. Modality(ies)/Interventions

Please see CRDC in Appendix B-13

6. Methodology

HR360 Adult Residential Satellite is a type of transitional housing, in which peers in recovery live together and support each other's recovery while continuing participation in treatment and related services has proven effective in sustaining treatment gains. The program serves San Francisco residents whose substance abuse and related problems no longer require the full intensity of services provided in a residential program setting, but continue to require substantial case management and treatment services to achieve treatment goals. Treatment services for satellite are administered at 1254 -13th Street, Treasure Island, CA 94130. Satellite referrals come from the Primary Residential programs.

Appendix A-13

Program: HR360 Adult Residential Satellite

City Fiscal Year: FY 2013-14

CMS#:6990

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

Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), and the Modified Mini Screen.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, the Addiction Severity Index Lite, and a baseline Milestones of Recovery Scale, which will be repeated every two-week period that the participant remains in treatment. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

B. Program Service Delivery Model: The program has a variable length; participants are eligible for up to one year total of residential and/or adult overnight/partial day treatment to complete the balance of that year, if needed, to achieve their treatment goals and link to the next step-down level of care.

Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

Clients, who reside in Satellite, have enrolled in vocation training, found a job, or is enrolled in school. Satellites provide supported transitional housing to several clients living as roommates. When the client moves to a satellite

Program: HR360 Adult Residential Satellite Term: 7/1/13-6/30/14

City Fiscal Year: FY 2013-14

CMS#:6990

apartment s/he begins to focus on re-socialization, work and family-related issues, as well as develops a transition plan to move toward independence. This transitional housing and supportive services may last up to 3 months, with extensions allowed on a case-by-case basis and availability of funding. Satellite clients do not pay rent, and receive supervision of money management, family issues, independent living skills and reentry issues.

Clients continue with their treatment plan, continue to receive case management services and reviews, and some of the same services as needed as the residential treatment clients. In addition, some satellite clients may require specialized treatment plan based on their specific needs.

Program Service Locations: These Satellite programs are located at two HR360 facilities, women at 214 Haight Street, and men are housed at 890 Hayes Street, San Francisco, CA.

- C. Exit Criteria and Process: Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.
- D. Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled <u>Performance Objectives FY 13-14"</u>.

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses.

Program: HR360 Adult Residential Satellite

City Fiscal Year: FY 2013-14

CMS#:6990

HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan. The committees are as follows:

<u>Clinical Data Integrity</u>: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

<u>Standards and Compliance</u>: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

<u>Health and Safety</u>: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

<u>Training</u>: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

<u>Clinical:</u> Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

<u>Steering Committee</u>: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

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

Program: HR360 Social Detox Center (Residential)

City Fiscal Year: FY 2013-14

CMS#:6990

Appendix A-14

Term: 7/1/13-6/30/14

1. Identifiers:

Program Name: HR360 Social Detox Center (Residential)

Program Address: 815 Buena Vista West City, State, Zip Code: San Francisco, CA 94117

Telephone: (415) 554-1450 Program Code: 88062

Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103 Telephone: 415-762-3700

2. Nature of Document (check one)

New	\boxtimes	Renewal	Modification

3. Goal Statement

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

4. Target Population

The target population for Social Detox Center consists of any SF residents referred through Treatment Access Program (TAP) needing detox services. Participants are usually persons who abuse alcohol and or other substances. HR360 Detox Center offers detoxification services designed to help substance abusers engage in a supportive program to gain sobriety and abstinence from alcohol and other drugs, teach improve social functioning, and provide participants with a positive support system. HR360 emphasizes self-help and peer support in a humanistic therapeutic community and offers special programs for various populations with specific needs. The program is multi-cultural, and actively promotes understanding and kinship between people of different backgrounds by encouraging a family atmosphere, the sharing of personal histories, and respect for each individual's challenges and successes.

· Polysubstance abusers

5. Modality(ies)/Interventions

Please CRDC in Appendix B-14

6. Methodology

The goal of the Social Detox Center Residential program is to reduce substance abuse and related criminal behavior in individuals referred to HR360 from the TAP. To reach this goal, the Detox program provides 3-7 days of social model detoxification residential services to this population within a licensed treatment facility. This program is specific to clients trying to stabilize from alcohol & drugs. Many participants will be referred to ongoing treatment services if interested.

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

Program: HR360 Social Detox Center (Residential)

City Fiscal Year: FY 2013-14

CMS#:6990

Appendix A-14
Term: 7/1/13-6/30/14

B. Admissions and Intake: Admission to the Detox Residential Program is open to all adult San Francisco persons referred through TAP needing detox services from alcohol and or other drugs.

A direct referral or phone call from TAP secures a referral appointment at the 1735 Mission Street with an Intake staff. During the admission process each participant receives brief screenings for substance abuse, mental health, and physical problems. (The Simple Screening Instrument for Substance Abuse; Mental health Screening Form III, the Health Questionnaire, and the Clinical Institute Assessment of Alcohol Scale (CIWA) to monitor alcohol withdrawal symptoms). Participants also take part in a structured interview that yields other information related to risk behaviors, housing status, and treatment history. Upon review of the findings participants may be referred for further evaluation to ensure safety of placement in our social model detoxification program.

During this period, if needed, a client presenting with alcohol withdrawal symptoms will have the CIWA test administered once daily until the patient's score remains lower than ten for an entire twenty-four hours. All participants will be closely supervised and monitored for additional assessments or screenings if necessary.

C. Program Service Delivery Model: The Social Detox Center is a 3-7 day detoxification program. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction and need for ongoing stabilization services. While in program clients may attend daily 12-Step meetings, participate in early recovery groups and receive some individual counseling and discharge planning.

Through early recovery group processes, we educate and help increase clients' self-awareness concerning substance dependence and abuse. Topics include: coping skills, high-risk situations and triggers, positive affirmations, self esteem, stress management, relapse prevention, and introduction to the Twelve Steps.

Program Service Locations: This Program is located at 815 Buena Vista West. This facility is licensed by the State to provide adult substance abuse residential treatment. That includes but not limited to Individual & Group Counseling, MH services, and other substance abuse treatment related activities. These facilities are staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

- D. Exit Criteria and Process: Discharge planning begins at intake, and each client participates in an exit planning counseling session where long-term recovery options are explored and discussed to provide an accurate referral conducive to a clean and sober lifestyle. All clients are referred based on their discharge plan. Many clients transfer into other HR360 programs while others are referred back TAP case managers when discharged if requested.
- E. Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

Program: HR360 Social Detox Center (Residential)

City Fiscal Year: FY 2013-14

CMS#:6990

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled <u>Performance Objectives FY 13-14"</u>.

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses.

HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan. The committees are as follows:

<u>Clinical Data Integrity</u>: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

<u>Standards and Compliance</u>: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

<u>Health and Safety</u>: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

<u>Training</u>: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

<u>Clinical</u>: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

<u>Steering Committee</u>: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

Program: HR360 Social Detox Center (Residential)

City Fiscal Year: FY 2013-14

CMS#:6990

Appendix A-14

Term: 7/1/13-6/30/14

Contractor: HealthRIGHT 360 Appendix A-15 Term: 7/1/13-6/30/14

Program: HR360 Transgender Recovery Program

City Fiscal Year: FY 2013-14

CMS#: 6990

1. Identifiers:

Program Name: HR360 Transgender Recovery Program

Program Address: 815 Buena Vista West City, State, Zip Code: San Francisco, CA 94117

Telephone: (415) 554-1450 Program Code: 3806TD-RES

Program Name: HR360 Transgender Program

Program Address: 214 Haight Street

City, State, Zip Code: San Francisco, CA 94102

Telephone: (415) 554-1480 Program Code: 3805TG-RES

Contractor Address: 1735 Mission Street City, State, Zip Code; SF, CA 94103

Telephone: 415-762-3700

2. Nature of Document (check one)

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3. Goal Statement

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

4. Target Population

The target populations served by the HR360 Transgender Recovery Program (TRP) are transgender poly-substance abusers who live in San Francisco. Primary drugs of abuse are alcohol, amphetamines, crack cocaine and heroin. HR360 serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent, primarily African-American, followed demographically by Caucasian, Hispanic, and Asian, All are at significant risk for HIV as some are positive. We also serve female -to-male (FTM), and gender-queer identified clients.

- male-to-female (MTF) transgender
- poly-substance abusers
- other transgender (Female to Male and gender-queer)

5. Modality(ies)/Interventions

Please see CRDC in Appendix B-15

6. Methodology

Transgender Recovery Program - Gender Identity (Transgender) Responsive Residential Substance Abuse Treatment Program is a trauma-informed, gender identity sensitive residential substance abuse treatment program for transgendered (TG) individuals. This program accepts self-identifying TG San Francisco residents and offers integrated substance abuse and mental health treatment in a safe, recovery-oriented environment that recognizes and responds to the prominent roles that trauma and abuse have played in many TG individuals' paths to addiction. Each individual's treatment experience is unique, as services are assessment-driven, strength-based, and participant-centered. The program is staffed by self-identifying TG clinicians, and all staff and residents in the facility are trained in TG sensitivity. TG-specific needs, including access to hormones, are thoroughly assessed and addressed.

Contractor: HealthRIGHT 360 Appendix A-15
Program: HR360 Transgender Recovery Program Term: 7/1/13-6/30/14

City Fiscal Year: FY 2013-14

CMS#: 6990

A. Outreach and Recruitment: HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings — to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community based organizations, individuals, and other interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals. However, these beds are managed by CBHS and therefore all referrals must be authorized by TAP.

B. Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), and the Modified Mini Screen.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, and the Addiction Severity Index.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

C. Program Service Delivery Model: The program has a variable length; participants are eligible for up to 6 months of residential treatment to achieve their treatment goals and link to the next step-down level of care.

Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

Clients continue with their treatment plan, continue to receive case management services and reviews, and some of the same services as needed as the residential treatment clients. In addition, some satellite clients may require specialized treatment plan based on their specific needs.

Contractor: HealthRIGHT 360 Appendix A-15

Program: HR360 Transgender Recovery Program

City Fiscal Year: FY 2013-14

CMS#: 6990

Program Service Locations: Transgender services are provided at both our Dual Recovery at 815 Buena Vista and 214 Haight Women's facilities in San Francisco, CA. These facilities are licensed by the State to provide adult substance abuse residential treatment. That includes but not limited to Individual & Group Counseling, MH services, and other substance abuse treatment related activities. These facilities are staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

- D. Exit Criteria and Process: Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.
- E. Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14".

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses.

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<u>Clinical Data Integrity</u>: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Term: 7/1/13-6/30/14

Program: HR360 Transgender Recovery Program

City Fiscal Year: FY 2013-14

CMS#: 6990

Appendix A-15 Term: 7/1/13-6/30/14

<u>Standards and Compliance</u>: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

<u>Health and Safety</u>: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

<u>Training</u>: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

<u>Clinical:</u> Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

<u>Steering Committee</u>: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

Program: HR360 Intensive Treatment Services (WHITS)

City Fiscal Year: FY 2013-14

CMS#:6990

1. Identifiers:

Program Name: HR360 Intensive Treatment Services (WHITS)

Program Address: 815 Buena Vista West City, State, Zip Code: San Francisco, CA 94117

Telephone: (415) 554-1450 Program Code: 3806WT-RES

Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103

Telephone: 415-762-3700

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3. Goal Statement

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

4. Target Population

The target population served in WHITS Residential is chronically mentally ill, adult poly-substance abusers who live in San Francisco. A pattern of repeated involvement in both mental health and substance abuse treatment programs is characteristic of this population. HR360 serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent. Populations benefiting from specialized services include both women and men; HIV positive individuals; homeless people; young adults ages 18-24, and emancipated minors from 16 to 18; gays, lesbians, bisexuals and transgenders; veterans; and individuals involved in the criminal justice system. People with mental illness are a part of all HR360 programs; however, this program is designed specifically for the dual diagnosed population.

- Polysubstance abusers
- · Chronically mentally ill individuals
- Homeless

5. Modality(ies)/Interventions

Please CRDC in Appendix B-16

6. Methodology

HR360 WHITS accepts San Francisco residents and offers integrated substance abuse and mental health treatment in a safe, recovery-oriented environment. Each participant's treatment experience is unique, as services are assessment-driven, strength-based, and participant-centered.

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

Appendix: A-16

Term: 7/1/13-6/30/14

Contractor: HealthRIGHT 360 Appendix: A-16 Term: 7/1/13-6/30/14

Program: HR360 Intensive Treatment Services (WHITS)

City Fiscal Year: FY 2013-14

CMS#:6990

B. Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), and the Modified Mini Screen.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, and the Addiction Severity Index.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

C. Program Service Delivery Model: The program has a variable length; participants are eligible for up to one year total of residential and/or adult overnight/partial day treatment to complete the balance of that year, if needed, to achieve their treatment goals and link to the next step-down level of care.

Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

Clients, who reside in Satellite, have enrolled in vocation training, found a job, or is enrolled in school. Satellites provide supported transitional housing to several clients living as roommates. When the client moves to a satellite apartment s/he begins to focus on re-socialization, work and family-related issues, as well as develops a transition plan to move toward independence. This transitional housing and supportive services may last up to 3 months, with extensions allowed on a case-by-case basis and availability of funding. Reentry clients pay subsidized rent, and receive supervision of money management, family issues, independent living skills and reentry issues.

Clients continue with their treatment plan, continue to receive case management services and reviews, and some of the same services as needed as the residential treatment clients. In addition, some satellite clients may require specialized treatment plan based on their specific needs.

Contractor: HealthRIGHT 360 Appendix: A-16

Program: HR360 Intensive Treatment Services (WHITS)

Term: 7/1/13-6/30/14

City Fiscal Year: FY 2013-14

CMS#:6990

Program Service Locations: WHITS Program is located at 815 Buena Vista West, San Francisco, CA. This facility is licensed by the State to provide adult substance abuse residential treatment. This facility is staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

- D. Exit Criteria and Process: Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.
- E. Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14".

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses.

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Program: HR360 Intensive Treatment Services (WHITS)

City Fiscal Year: FY 2013-14

CMS#:6990

Appendix: A-16 Term: 7/1/13-6/30/14

<u>Standards and Compliance</u>: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

<u>Health and Safety</u>: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

<u>Training</u>: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

<u>Clinical:</u> Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

<u>Steering Committee</u>: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

Contractor: HealthRIGHT 360 Appendix A- 17
Program: HR360 Women's HOPE Residential Term: 7/1/13-6/30/14

City Fiscal Year: FY 2013-14

CMS#:6990

1. Identifiers:

Program Name: HR360 Women's HOPE (Healing Opportunities & Parenting Education) Program

Program Address: 2261 Bryant Street

City, State, Zip Code: San Francisco, CA 94110

Telephone: (415) 800-7534 Program Code: 89102

Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103

Telephone: 415-762-3700

2. Nature of Document (check one)

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3. Goal Statement

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

4. Target Population

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

- Pregnant Women
- Post-partnum Women
- · Polysubstance abusers

5. Modality(ies)/Interventions Please see CRDC in Appendix B-17

6. Methodology

Women's HOPE Program is a multi-services residential substance abuse treatment program for pregnant and postpartum women. The facility houses up to 16 women, with additional capacity for up to 19 children. Services are trauma-informed and gender responsive, and include parenting and family services in an effort to break the intergenerational cycles of substance abuse and mental illness. The program has been designed to address all cofactors that support addictive behaviors in addition to providing services for children. Issues to be addressed include substance use, trauma, mental illness, health and wellness, spirituality, culture, relationships, family reunification, employability, homelessness, sober living skills, parenting education, and aftercare.

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

Contractor: HealthRIGHT 360Appendix A- 17Program: HR360 Women's HOPE ResidentialTerm: 7/1/13-6/30/14

City Fiscal Year: FY 2013-14

CMS#:6990

B. Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access services through an appointment or walk-in at the Intake Department located at 1735 Mission Street. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument) and the Modified Mini Screen.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment and an Addiction Severity Index (ASI). Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

C. **Program Service Delivery Model:** The HR360 Women's HOPE Program is a variable-length program that accommodates up 6 to 12 months. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

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

- introduction to staff and peers;
- orientation of their living quarters including common problems of communal living are also explained (i.e. dining times; hygiene times; infection control, etc.);
- "ABC" handbook which outlines program expectations, guidelines, norms, regulations, and rules;
- Recovery Plan self assessment of needs, life problems, and areas for improvement.

Program Phases:

The Women's HOPE Program at HR360 is divided into phases: Phase I, Orientation; Phase II, Therapeutic Community (TC); and Phase III, Pre-Reentry/Reentry, and Phase IV, Continuing Care. These phases are designed to provide a continuum of care for each client.

Contractor: HealthRIGHT 360 Appendix A- 17 Term: 7/1/13-6/30/14

Program: HR360 Women's HOPE Residential

City Fiscal Year: FY 2013-14

CMS#:6990

Orientation: The first 14-30 days at HR360 consists of the Orientation phase of treatment, in which new residents become familiar with the people, procedures and norms of the therapeutic community. Treatment plans are developed at this time. Orientation clients participate in all basic clinical groups, have a job function, and take GED/BAE classes. They are assigned "buddy" companions (clients with more time in program) to accompany them outside the facility. When a client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the TC phase.

TC Phase: The TC phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. During this time the resident begins to receive an increasing number of privileges in accordance with a demonstration of responsibility. They participate in many groups counseling activities, as well as individual counseling and other supportive services. When it is deemed appropriate by the counselor and client, the client writes a proposal to become an "Elder" in the community and enter the Pre-Reentry phase.

Pre-Reentry/Reentry: The Pre-Reentry phase is a transition between TC and Reentry. It may last a few weeks or a few months, dependent on the client. During this time the resident receives intensive vocational counseling and develops a reentry plan. When the resident has enrolled in vocational training, or has gotten a job or enrolled in school, they may move into one of several satellite apartments in the outside community. Satellites provide supported transitional housing to several clients living as roommates. The Reentry phase focuses on re-socialization, work and family-related issues. This phase lasts several months. Reentry clients pay subsidized rent, and engage in money management, family reunification, independent living and relapse prevention counseling activities. When the client has saved enough money to obtain an independent household, they may enter the Continuing Care/ Aftercare (outpatient) program.

Continuing Care (Aftercare): Continuing Care clients live on their own in the community, but return to HR360 for weekly groups and individual check-ins. They may also participate in Relapse Prevention sessions, recreational activities, and all HR360 family celebrations. After several months, these clients complete treatment with a completion ceremony. All clients who have completed during the past year are acknowledged at the large annual Celebration of Achievement ceremony held in September.

Program Service Locations: The Women's HOPE Program is located at 2261 Bryant Street, a licensed & certified substance abuse residential treatment program. This program also provides Individual and Group Counseling, MH services, and other substance abuse treatment related activities. This facility is staffed 24 hours a day, 7 days a week. Intakes take place at the 1735 Mission Street.

- D. Exit Criteria and Process: Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.
- E. All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Contractor: HealthRIGHT 360 Appendix A- 17
Program: HR360 Women's HOPE Residential Term: 7/1/13-6/30/14

City Fiscal Year: FY 2013-14

CMS#:6990

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled <u>Performance Objectives FY 13-14"</u>.

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses.

HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan. The committees are as follows:

<u>Clinical Data Integrity</u>: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

<u>Standards and Compliance</u>: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

<u>Health and Safety</u>: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

<u>Training</u>: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

<u>Clinical</u>: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

<u>Steering Committee</u>: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

Contractor: HealthRIGHT 360 Appendix A-17 Term: 7/1/13-6/30/14

Program: HR360 Women's HOPE Residential

City Fiscal Year: FY 2013-14

CMS#:6990

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Program: HR360 Adult Outpatient Services

City Fiscal Year: FY 2013-14

CMS#:6990

Appendix A-18 Term: 7/1/13-6/30/14

1. Identifiers:

Program Name: HR360 Adult OP Services Program Address: 1735 Mission Street City, State, Zip Code: San Francisco, CA 94103

Telephone: (415) 762-3700

Program Codes: DMC: 38201, Non-DMC: 38200P

Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103

Telephone: 415-762-3700

2.	Nature	οf	Document	(check one)
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3. Goal Statement

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

-4. Target Population

The target population served by this Outpatient Program is adults, 18 and above, who abuse and/or are dependent on drugs and/or alcohol with a focus on individuals residing in the Central City area of San Francisco and who are homeless and/or indigent. Primary drugs of abuse include: alcohol, barbiturates, amphetamines, cocaine, crack cocaine, and opiates (including prescription). HR360 serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent. Populations benefiting from specialized services include women; the mentally ill; HIV positive individuals; homeless addicts; young adults ages 18-24, gays, lesbians, bisexuals and transgender; veterans; and individuals involved in the criminal justice system.

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

5. Modality(ies)/Interventions Please see CRDC in Appendix B-18

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6. Methodology

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

A. Outreach and Recruitment: HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings — to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to

Contractor: HealthRIGHT 360 Appendix A-18
Program: HR360 Adult Outpatient Services Term: 7/1/13-6/30/14

City Fiscal Year: FY 2013-14

CMS#:6990

community base organizations, individuals, and other interested parties through HR360's website at www.healthright360.org, Word of mouth and self-referrals also serves as sources for referrals.

B. Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1735 Mission Street. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures. Admissions staff review the self-administered packet and follow up with an interview and structured assessments, including those required by CBHS (such as the CalOMS instrument), and the Modified Mini Screen.

Participants then proceed through a series of additional assessments as indicated by their presentation and the information gathered. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. Medical screenings ensure that participants can be safely managed in our programs and that those who need detoxification from substance use are appropriate for social detox vs. medical detox services. A psychologist screens participants presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for an initial medication evaluation with a HR360 psychiatrist. Following admission to the facility, additional assessments are conducted by staff including a complete mental health assessment, and the Addiction Severity Index. Individuals who are HIV+ or who have been diagnosed with AIDS may receive additional services and to qualify for such the admissions staff requests a letter of diagnosis.

When the client is identified as appropriate, a level of care is determine based upon the client's desire for treatment and presenting life problems and the client is then transported from the Intake Department to the assigned HR360 continuum of care location based upon need, funding source and availability.

If a client is identified as inappropriate for the program, he/she will be provided referrals to other service providers as needed to resolve those issues making the admission inappropriate at intake. The referral source will be notified (as necessary).

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

The program includes:

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

Contractor: HealthRIGHT 360 Appendix A-18
Program: HR360 Adult Outpatient Services Term: 7/1/13-6/30/14

Program: HR360 Adult Outpatient Services City Fiscal Year: FY 2013-14

CM5#:6990

 Level III - Day Treatment - Day is provided for the highest need clients and again as a step down program and to prevent clients from needing higher levels of service.

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

D. Program Service Location: The OP program is located at 1735 Mission Street, San Francisco, CA.

- E. Exit Criteria and Process: Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.
- F. Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

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7. Objectives and Measurements

A. Required Objectives

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Contractor: HealthRIGHT 360 Appendix A-18
Program: HR360 Adult Outpatient Services Term: 7/1/13-6/30/14

City Fiscal Year: FY 2013-14

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Program: HR360 Adult Outpatient Services

City Fiscal Year: FY 2013-14

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

Appendix A-18

Term: 7/1/13-6/30/14

Contractor: HealthRIGHT 360Appendix A-19Program: HR360 African American Healing CenterTerm: 7/1/13-6/30/14

City Fiscal Year: FY 2013-14

CMS#:6990

1. Identifiers:

Program Name: HR360 African American Healing Center (AAHC)

Program Address: 1601 Donner #3

City, State, Zip Code: San Francisco, CA 94124

Telephone: (415) 762-3700 Program Code: 87301

Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103 Telephone: 415-762-3700

2. Nature of Document (check one)

☐ New ☐ Renewal ☐	Modification
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3. Goal Statement

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

4. Target Population

The target population is substance abusing women and men demonstrating a need for outpatient substance abuse treatment.

- AA/ persons of color
- Polysubstance abusers

5. Modality(ies)/Interventions

Please CRDC in Appendix B-19

6. Methodology

The goal of the AAHC Program is to reduce substance abuse and related criminal behavior in individuals referred to HR360. To reach this goal, the project will provide variable length of treatment of OP services to this population within a certified treatment facility.

- A. Outreach & Recruitment: HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals.
- **B.** Admissions and Intake: Admission to the AAHC Program is open to all adult persons of San Francisco who desire treatment. We target the BVHP community because that is where the program is located.

A direct referral or phone call secures an intake interview appointment at program with a program staff. Staff will verify for San Francisco residency; collect demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

Contractor: HealthRIGHT 360Appendix A-19Program: HR360 African American Healing CenterTerm: 7/1/13-6/30/14

City Fiscal Year: FY 2013-14

CMS#:6990

As a client enters the HR360 continuum of care, the client begins with self-administered questionnaires including health and high-risk behavior issues. An interview occurs thereafter with an intake staff member. This interview includes an overall screening of behavioral health history.

C. Program Service Delivery Model: The HR360 AAHC Program is a variable-length program that accommodates up to 6 months. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

Program Phases:

The program at HR360 is divided into phases: Orientation; Phase I, and Phase II. These phases are designed to provide a continuum of care for each client.

Orientation: The first 14-30 days at HR360 consists of the Orientation phase of treatment, in which new residents become familiar with the people, procedures and norms of the therapeutic community. Treatment plans are developed at this time. Orientation clients participate in all basic clinical groups and have a job function. Once the client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the next phase.

Phase 1: This phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. The clients participate in many groups counseling activities, as well as individual counseling and other supportive services. When it is deemed appropriate by the counselor and client, the client writes a proposal to enter the Pre-Reentry phase.

Phase 2: The Pre-Reentry phase is a transition between Phase 2 and Reentry. It may last a few weeks or a few months, dependent on the client. During this time the resident may receive vocational counseling and develops a reentry plan. This phase lasts several months. Reentry clients engage in money management, family reunification, independent living and relapse prevention counseling activities. Continuing Care clients have achieved their treatment plan goals and come to different groups to maintain sobriety. This phase is also variable length depending on the needs & schedule of the individual.

Program Service Locations: The AAHC is located at 1601 Donner #3, San Francisco, CA. It includes Individual, Group Counseling, and other substance abuse treatment related activities and services will take place at this facility, as well.

- D. Exit Criteria and Process: Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.
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Contractor: HeaithRIGHT 360Appendix A-19Program: HR360 African American Healing CenterTerm: 7/1/13-6/30/14

City Fiscal Year: FY 2013-14

CMS#:6990

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7. Objectives and Measurements

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Program: HR360 African American Healing Center

City Fiscal Year: FY 2013-14

CMS#:6990

Appendix A-19 **Term:** 7/1/13-6/30/14

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Contractor: HealthRIGHT 360 Appendix A-20
Program: HR360 Bridges CM OP Term: 7/1/13-6/30/14

City Fiscal Year: FY 2013-14

CMS#:6990

1. Identifiers:

Program Name: HR360 Bridges CM Outpatient Services

Program Address: 1899 Mission Street

City, State, Zip Code: San Francisco, CA 94103

Telephone: (415) 762-3700 Program Code: 85351

Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103 Telephone: 415-762-3700

2. Nature of Document (check one)

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3. Goal Statement

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

4. Target Population

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

- CDCR Parolees
- Poly-Substance Abusers
- Mentally III

5. Modality(ies)/Interventions

Please CRDC in Appendix B-20

6. Methodology

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

- A. Outreach and Recruitment: HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community based organizations, individuals, and other interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals. In addition, because this program's target population are CDCR parolees, the program staff have good referral relationships with the Parole agencies that serve parolees in San Francisco.
- B. Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access services through an appointment or walk-in at the Program Site. A referral phone

Contractor: HealthRIGHT 360Appendix A-20Program: HR360 Bridges CM OPTerm: 7/1/13-6/30/14

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call secures an intake interview appointment at 1899 Mission Street with a program staff. The program staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the HR360 continuum of care, the client begins with self-administered questionnaires including health and high-risk behavior issues for the Prevention/Diversion Department. An interview occurs thereafter with an intake staff member. This interview includes the administration of the Addiction Severity Index (ASI) assessment which creates both a Narrative Summary and Severity Profile of the person served surrounding different life domains (Alcohol/Drug Use; Employment; Family; Legal; Medical; and Psychiatric). The client is provided further services as based on need identified by the severity profile for legal or psychiatric life domains.

If there is an identified need for legal assistance, the client is connected with the legal department to assist with interfacing with the legal system. If any psychiatric symptomology is identified during the assessment process, the client is further assessed by the licensed intake clinician to determine psychiatric status to determine the appropriateness for program placement.

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

The program includes:

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

Program Service Location: The Bridges OP Program is located at 1899 Mission Street, San Francisco, CA. This Program Individual and Group Counseling, MH services, and other substance abuse treatment related activities and services will take place at this facility, as well.

D. Exit Criteria and Process: Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment

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process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

E. Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14".

8. Continuous Quality Assurance and Improvement

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

<u>Clinical Data Integrity</u>: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

<u>Standards and Compliance</u>: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

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<u>Training</u>: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

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<u>Clinical</u>: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

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Contractor: HealthRIGHT 360 Appendix A-21
Program: HR360 Buprenorphine Medical Monitoring Term: 7/1/13-6/30/14

City Fiscal Year: FY 2013-14

CMS#:6990

1. Identifiers:

Program Name: HR360 Buprenorphine Medical Monitoring

Program Address: 1735 Mission St

City, State, Zip Code: San Francisco, CA 94103

Telephone: (415) 226-1775 Program Code: 88201

Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103 Telephone: 415-762-3700

2. Nature of Document (check one)

New		Modification
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3. Goal Statement

The primary goal the program is to reduce opioid addiction among vulnerable San Franciscans through the use of medication-assisted outpatient buprenorphine detoxification maintenance therapy.

4. Target Population

The target population of the program is adults living in San Francisco with opioid addiction. To be eligible for admission to the program, clients must be diagnosed with opioid dependence, as defined in the DSM-IV-TR (American Psychiatric Association, 2005); not based solely on physical dependence to opioid but on opioid addiction with compulsive use despite harm (DSM-IV-TR Diagnostic Criteria, Appendix C, DSM-IV-TR Material). Target population criteria includes individuals who are interested in treatment for opioid addiction; have no contraindications to buprenorphine treatment; can be expected to be reasonably compliant with such treatment; understand the benefits and risks of buprenorphine treatment; are willing to follow safety precautions for buprenorphine treatment; and agree to buprenorphine treatment after a review of treatment options.

5. Modality(ies)/Interventions-

Please CRDC in Appendix B-21

6. Methodology

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

B. Admissions and Intake:

Enrollment is led by HR360 alone, or working in partnership with the city's Office-based Buprenorphine Induction Clinic (OBIC), depending on the client's point of entry. The first step involves individualized interviews with each client to discuss their addiction, lifestyle, and health status. Following the assessment, the client is provided with a summary of the treatment process; and is assessed for the presence of medical or psychiatric co-morbidities, and readiness to change. Clients are told about the psychosocial supports available to them, and are encouraged to participate in these as parallel services to their medication-assisted therapy. While complete assessment may require more than one office visit, initial treatment begins at the first visit and clients are given access to key services immediately, such as crisis intervention, psychiatric assessment, and other immediate needs for prescribed medications.

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Program: HR360 Buprenorphine Medical Monitoring Term: 7/1/13-6/30/14

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C. Service Delivery Model Step 1 Assessment

Following enrollment, if the initial screening indicates the presence of an opioid use disorder, further assessment is conducted to thoroughly delineate the individual's problem, to identify co-morbid or complicating medical or behavioral conditions, and to determine the appropriate treatment setting if not OBOT-recommended (Office-based Buprenorphine Opiate Treatment) [such as residential, intensive outpatient, or non-medication assisted outpatient]], and level of treatment intensity for the client. Clients whose needs have been identified as appropriate through to the next phase: Induction.

Step 2: Induction & Stabilization

Induction is managed at a centralized location, the city's OBIC clinic at 1380 Howard Street. Medication is introduced once the client is in a state of withdrawal; and OBIC medical staff meets with each client regularly for 1-2 weeks to ensure the medication is working, that side effects are not too uncomfortable, and that the individual is taking the medication as indicated. Dosage is adjusted up or down until the appropriate amount is reached, determined primary by the elimination of common physical withdrawal symptoms. Current best practice describes the beginning of the stabilization phase as the point at which a client experiences no withdrawal symptoms, has minimal or no side effects, and no longer has uncontrollable cravings for opioid agonists. During early stabilization, frequent contact with the client is often necessary to increase the likelihood of compliance and to adjust dosage as necessary. Clients are typically referred to HR360 during early stabilization and begin working with the agency's prescribing physician, Dr. Mark Sears, as they move into the maintenance phase of treatment. Once a stable buprenorphine dose is reached and toxicologic samples are free of illicit opioids, OBIC physicians determine the frequency of subsequent visits (biweekly or longer, up to 30 days), Regardless of the frequency of visits, toxicology tests for relevant illicit drugs are administered at least monthly through urinalysis.

Step 3: Maintenance

Maintenance is often the longest period that a client is on buprenorphine; and is often an indefinite phase of treatment. During this phase, attention is focused on the psychosocial and family issues that are identified during the course of treatment to have contributed to each individual's addition. During the maintenance stage, clients are seen as often as clinically indicated, but are required to see the prescribing physician on at least a quarterly basis. Drug tests can be administered through urinalysis to ensure clients have refrained from opioid use. New drugs that are detected through these tests are addressed through counseling sessions and during consultations with the physician.

Non-pharmacological services, such as the psychosocial supports provided by HR360's outpatient treatment program, address comprehensively the co-morbidities and other complex needs of clients related to opioid addiction, and maximize the chances of the best possible treatment outcomes. Program participants are strongly encouraged to seek psychosocial services either on-site at HR360's Integrated Care Center, or through referral to a provider within HR360's extensive network of partners. Clients are also encouraged to attend mutual-aid support groups outside of HR360, and the program provides assistance for identifying the most appropriate mutual aid group based on linguistic or other needs, preferences, etc.

Each dient's treatment depends on their personal treatment goals of long-term treatment depends in part on the patient's personal treatment goals and in part on objective signs of treatment success. Maintenance can be relatively short-term (e.g., <12 months) or a lifetime process. Treatment success depends on the achievement of specific goals that are agreed upon by the client and the physician/psychosocial providers. The program recognizes that many people in treatment relapse one or more times before getting better and remaining drug free. Relapse is viewed as a set back, but not as a failure of treatment or of the individual. Persons who relapse are encouraged to continue with treatment to achieve full recovery. To prevent relapse, individuals are supported to identify ways of staying away from triggers and other risk behaviors.

Program Service Location: HR360 Integrated Care Center is located at 1735 Mission Street.

Contractor: HealthRIGHT 360 Appendix A-21 Term: 7/1/13-6/30/14

Program: HR360 Buprenorphine Medical Monitoring

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Exit Criteria and Process: Successful Completion, Aftercare and Discharge Planning

Through ongoing communication with the OBOT counselor and outpatient care managers, the treatment team considers a number of factors when determining suitability for long-term medication-free status, including; stable housing and income, adequate psychosocial support, and the absence of legal problems. For clients who have not achieved these domains of stabilization, a longer period of maintenance, during which they work through any barriers that exist, is often recommended.

To prevent relapse and continue working on maintenance issues, dients are encouraged to attend weekly after-care groups. Clients receive continuing care with, an emphasis on providing support and skills for self-management of substance use illness as a chronic condition (for example, 12-step, and other mutual help programs). Aftercare addresses not only the maintenance of sobriety, but also the tangible needs and social isolation of clients. Some of the issues addressed include: getting along better with people, dealing with stress, anger, and conflict, maintaining a positive self-concept, improving family relationships, making plans and solving problems, dealing with cravings and triggers, taking credit for your successes, and getting involved in the recovering community.

D. Staffing:

The program's Medical Director has completed the required training and possesses a Drug and Enforcement Agency license allowing the prescription of buprenorphine. HR360's Director for Outpatient Behavioral Health supervises an MFT and an MFT intern in individual and group work with program dients and these clinicians provide psychosocial support to clients enrolled in the program.

7. Objectives and Measurements- N/A

8. Continuous Quality Assurance and Improvement

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Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Program: HR360 Buprenorphine Medical Monitoring

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<u>Clinical</u>: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

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Program: HR360 Family Strength Outpatient

City Fiscal Year: FY 2013-14

CMS#:6990

1. Identifiers:

Program Name: HR360 Family Strength OP Program Address: 1735 Mission Street City, State, Zip Code: San Francisco, CA 94103

Telephone: (415) 762-3700 Program Code: 38731

Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103

Telephone: 415-762-3700

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3. Goal Statement

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

4. Target Population

Target populations include females with children who are polysubstance abusers, chronic mental illness, transition age youth (aged 18-25 years), the African American, Asian Pacific Islander, and Hispanic/Latino communities, the LBTQQ community including transgendered individuals, homeless individuals and families, polysubstance abusers, seniors, and individuals with HIV/AIDS.

- Pregnant Women
- Post-partum Women
- · Women with Children

5. Modality(ies)/Interventions

Please CRDC in Appendix B-22

6. Methodology

The HR360 Family Strength Program services are arrayed to address the needs of women with children who are in residential and/or outpatient services at HR360. These services focus on family strengthening activities and are designed to assist women in recovery from substance abuse and mental health problems to fulfill important family role obligations and for their children to thrive and grow. Addiction, mental illness, and involvement with the criminal justice system often weaken families and create fragmented social support networks for clients in recovery. The children of individuals suffering from addiction and mental health problems frequently demonstrate problems related to attachment wounding, trauma, and inconsistent nurturing. They often are delayed in reaching developmental milestones, experience emotional and behavioral deregulation, and exhibit risk behaviors for substance abuse and other problems. The HR360 Family Strength program provides assessment; individual, child, and family therapy; case management; and parenting support to women and their children. Additionally, the program offers referral and linkage to support reconnection to the greater family network as often, they have, themselves, been impacted by the forces of addiction, mental illness, and incarceration. The provision of family services not only increases long-term social support for recovery, it also helps to break the intergenerational cycle of addiction, mental illness, and criminal behavior.

Women with children who might benefit from receiving family services are identified through assessment during the orientation phase of treatment. They are then referred to the Family Services Manager who assigns a Family

Appendix A-22

Term: 7/1/13-6/30/14

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Strength Program Case Manager (Masters-level Case Manager III) to conduct further assessment and develop specific family related goals for their treatment plan. Adult clients will be assessed with the ANSA and children with the CANS. Treatment goals for adult clients can include establishing visitation with children, regaining custody when appropriate, fulfilling CPS mandates, improving parenting skills, and obtaining additional services for children and other family members. Treatment goals for children may include addressing behavioral problems, improving school attendance and performance, increasing emotional regulation or supporting acculturation. The Family Strength Program case manager assigned to the client will then directly provide or otherwise establish inhouse services and develop referral and linkage to appropriate outside services.

Specifically, program services will include adult assessment; child assessment; individual therapy focused on family goals; child therapy; family therapy; case management; and parenting skills training. Family Services at HR360 include support and advocacy to establish visitation and possible reunification with minor children by working with family members, Child Protective Services, and client advocates. Further, when appropriate, clients are linked to agencies and advocates who will assist them to fulfill child support obligations or other CPS mandates. Additionally, program staff organizes and supervise parent-child bonding activities such as holiday gatherings, summer outings, and structured weekend activities.

- A. Outreach and Recruitment: HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals.
- B. Admissions and Intake: Admission is open to all adult San Francisco residents with a substance abuse problem. The person served may access services through an appointment or walk-in at the Intake Department. A referral phone call secures an intake interview appointment at 1735 Mission Street with an Intake staff. The Intake staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the HR360 continuum of care, the client begins with self-administered questionnaires including health and high-risk behavior issues for the Prevention/Diversion Department. An interview occurs thereafter with an intake staff member. This interview includes the administration of the Addiction Severity Index (ASI) assessment which creates both a Narrative Summary and Severity Profile of the person served surrounding different life domains (Alcohol/Drug Use; Employment; Family; Legal; Medical; and Psychiatric). The client is provided further services as based on need identified by the severity profile for legal or psychiatric life domains.

If there is an identified need for legal assistance, the client is connected with the legal department to assist with interfacing with the legal system. If any psychiatric symptomology is identified during the assessment process, the client is further assessed by the licensed intake clinician to determine psychiatric status to determine the appropriateness for program placement.

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

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The program includes:

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

• Three Levels of Active Treatment

- Level I Outpatient Treatment for clients who have maintained substantial stability in managing their behavioral health disorders.
- Level II Intensive Outpatient Treatment is intended both to serve clients stepping down from more intensive levels or care and/or to provide more intensive supports to clients in a lower level of care.
- o <u>Level III Day Treatment Day</u> is provided for the highest need clients and again as a step down program and to prevent clients from needing higher levels of service.

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

Program Service Location: The Family Strength OP Program is located at 1735 Mission Street, San Francisco, CA. Referrals to the Family Strength Program are made once a client has been admitted through one of our primary treatment programs (OP, Residential, etc.).

- D. Exit Criteria and Process: Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.
- E. All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

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7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled <u>Performance Objectives FY 13-14"</u>.

Contractor: HealthRIGHT 360Appendix A-22Program: HR360 Family Strength OutpatientTerm: 7/1/13-6/30/14

City Fiscal Year: FY 2013-14

CMS#:6990

8. Continuous Quality Assurance and Improvement

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Contractor: HealthRIGHT 360 Appendix A- 23
Program: HR360 Southeast Health Opportunities Project Term: 7/1/13-6/30/14

(SHOP)

City Fiscal Year: FY 2013-14

CMS#:6990

1. Identifiers:

Program Name: HR360 Southeast Health Opportunities Project (SHOP)

Program Address: 1601 Donner #3

City, State, Zip Code: San Francisco, CA 94124

Telephone: (415) 762-3700 Program Code: 85731

Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103 Telephone: 415-762-3700

2. Nature of Document (check one)

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3. Goal Statement

To reduce the impact HIV & Substance Abuse in surrounding Southeast Community includes BVHP, Potrero Hill, Huntersview, Sunnydale, etc).

4. Target Population

The target population served by are African Americans & persons of Color that are in these targeted communities that are impacted by an increase in HIV cases, Medical issues, & no access to PC.

- · AA in SF Target communities
- AA/ people of Color with SA issues
- AA/ people of Color with medical issues

5. Modality(ies)/Interventions

Please CRDC in Appendix B-23

6. Methodology

The Southeast Health Opportunities Project (SHOP) is a service expansion and enhancement project that serves the predominately African American residents of San Francisco's Bayview Hunters Point (BVHP), Potrero Hill, and Sunnydale neighborhoods impacted by substance use and abuse and HIV/AIDS. The program focuses on individuals who use or abuse illegal substances, engage in high-risk sexual behaviors, are involved in the criminal justice system or/and are in need of comprehensive treatment services. Targeted settings for program interventions include substance abuse treatment agencies, primary care clinics, public housing community centers, recreation centers, and neighborhood churches. SHOP provides: (1) peer outreach staff to engage individuals who have not accessed substance abuse and HIV services due to numerous barriers in the targeted communities. (2) Pretreatment services that assist clients stop abusing substances, improve their health status, screen for and begin to address mental illnesses, help them deal with any legal problems, improve their employment and financial situation, and strengthen their family and community support systems. (3) clients who continue to use or abuse substances after receiving pre-treatment services with outpatient substance abuse treatment to help them to stop using or abusing substances, improve or maintain their medical and mental health, address their legal problems, improve their employment and financial situation through coaching and education, and further strengthen their family and community supports. (4) ongoing recovery support services that will help clients and other community members maintain their recovery. (5) HIV risk reduction counseling, rapid HIV testing and counseling, and referrals to HIV medical and support services to decrease the spread and progression of HIV in the Southeast communities.

Program: HR360 Southeast Health Opportunities Project

(SHOP)

City Fiscal Year: FY 2013-14

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- A. Outreach & Recruitment: HR360 is well established in the human service provider community, the criminal justice system, homeless shelters, medical providers, and other substance abuse treatment programs. We make presentations, maintain working relationships with these programs and agencies, participate in community meetings and service provider groups as well as public health meetings to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community based organizations, individuals, and other interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals. For this contract, we have street Outreach workers that walk to recruit for our program targeting those that are harder to reach.
- **B.** Admissions and Intake: Admission to the SHOP Program is open to all adult African Americans/Persons of Color of the Southeast area who desire treatment. We target this area because this is the requirement of the grant.

A direct referral or phone call secures an intake interview appointment at program with a program staff. Staff will verify for San Francisco residency; collect demographical information; completes a biomedical / psychosocial assessment; obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; fee schedules, a detailed explanation of services available in the program, and the grievance procedures.

As a client enters the HR360 continuum of care, they will first interview with an intake staff member. This interview includes an overall screening of behavioral health history.

C. Program Service Delivery Model: HR360 SHOP is a variable-length program that accommodates up to 6 months. Each client's length of stay in treatment is determined by a variety of factors, including the history and severity of addiction, co-factors such as the need for remedial education and vocational services, family situation, mental health or medical needs, previous treatment experience, and funding restrictions.

Program Phases:

The program at HR360 is divided into phases: Orientation; Phase I, and Phase II. These phases are designed to provide a continuum of care for each client.

Orientation: The first 14-30 days at HR360 consists of the Orientation phase of treatment, in which new residents become familiar with the people, procedures and norms of the therapeutic community. Treatment plans are developed at this time. Orientation clients participate in all basic clinical groups and have a job function. Once the client is ready to move on, their case is presented to staff for review. Once approved, the client moves on the next phase.

Phase 1: This phase lasts approximately 3 months, depending on the client's needs and individual treatment plan. The clients participate in many groups counseling activities, as well as individual counseling and other supportive services. Part of our programming requirements is to complete the 4-weeks of Health Education classes (High Blood Pressure, Diabetes, Nutrition & HIV education), Drug Education, & African American History.

Phase 2: It lasts 90 days and is not required but encouraged for those that need longer term treatment. During this time the resident may receive vocational counseling and develops a reentry plan. This phase lasts several months. Reentry clients engage in money management, family reunification, independent living and relapse prevention counseling activities. Continuing Care clients have achieved their treatment plan goals and come to different groups to maintain sobriety.

Program Service Locations: SHOP is located at 1601 Donner #3, San Francisco, CA.

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D. Exit Criteria and Process: Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.

E. All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled <u>Performance Objectives FY 13-14"</u>.

B. Individualized Program Objectives

- During Fiscal Year 2013-14, 300 persons will be contacted through our outreach team as documented in HR360 records of which 100 of these persons will receive additional engagement, pre-treatment or other program related services.
- 2. During Fiscal Year 2013-14, HR360 will provide OP services to 70 UDC.
- 3. During Fiscal Year 2013-14, HR360 will provide HIV testing, education & counseling to 150 persons needing to know their HIV status.
- During Fiscal Year 2013-14, HR360 will provide PC referrals to at least 30 clients needing health care services.

8. Continuous Quality Assurance and Improvement

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

Program: HR360 Southeast Health Opportunities Project

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<u>Clinical Data Integrity</u>: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

<u>Standards and Compliance</u>: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

<u>Health and Safety</u>: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

<u>Training</u>: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

<u>Clinical</u>: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

<u>Steering Committee</u>: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

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

Appendix A-23

Contractor: HealthRIGHT 360 Appendix A-24 Term: 7/1/13-6/30/14

Program: HR360 Representative Payee

City Fiscal Year: FY 2013-14

CMS#:6990

1. Identifiers:

Program Name: HR360 Representative Payee Program Address: 1899 Mission Street City, State, Zip Code: San Francisco, CA 94103

Telephone: 415-934-3407 Program Code: 88359

Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103 Telephone: 415-762-3700

2. Nature of Document (check one)

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3. Goal Statement

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

4. **Target Population**

The program serves recipients receiving financial benefits from Supplemental Security Income (SSI) or Social Security Administration (SSA). These recipients are in need of a representative payee case management services to manage their financial obligations because this target population includes those most difficult to serve due to serious disability or mental health impairments: they present with severe, often untreated mental illness, homelessness, substance abuse or addiction and other behavioral problems.

Key characteristics of the RPI target population:

- Disability/mental health impairments
- Homelessness/difficulty with social support
- Poly-substance abuse and addictions

5. Modality(ies)/interventions

Please CRDC in Appendix B-24

6. Methodology

The Representative Payee Program (RPI) serves recipients in need of financial case management assistance focused on stabilizing basic needs of housing, medical, mental health, and substance abuse care. Case management services will be provided on a monthly basis from monthly check-ins or more frequently if the recipient appears to be intoxicated or under the influence of drugs or alcohol.

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

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The RPI program makes presentations and maintains a working relationship with various community agencies as a way of promoting and increasing the community's knowledge of the services we provide to the recipients. The program services will be promoted through HR360's participation in service provider groups and public health meetings.

B. Admissions and Intake: Upon intake, the recipient will be given a scheduled check day and a budget will be established utilizing the following formula: we will deduct the monthly rent, program service fee and stipulated bills from the monthly gross deposit. The remaining balance is divided by five (5), which represents living expenses for five weeks in the month. If the current month contains only 4 weeks, the 5th weeks' living expense can be requested as a special request (this does not apply to those recipients receiving the maximum weekly amount of \$250.00). If the client doesn't pick up their 5th week special, their ending balance is automatically given to them (up to the \$250.00 limit) at the end of the month. Once the budget is set for the month, the recipient is encouraged to remain within that budget. However, budget modification will be made whenever changes are made which reflect benefit amounts.

- C. **Program Service Delivery Model**: The Representative Payee Program is committed to being effective in maintaining the recipients' level of functioning. To accomplish this goal, the program ensures that staff has the capacity to function effectively as compassionate and caring individuals for recipients who are unable to care for themselves. The program consists of three services:
 - Financial management conducted in accordance with Social Security Administration rules and regulations
 - Connection of the recipient with the needed community services through case management in cooperation with the mental health system
 - Transition of the city's mentally ill homeless population into permanent housing.

Recipients will be referred primarily from the Social Security Offices here in San Francisco, senior programs, mental health providers and various hospitals. A phone call secures an intake interview appointment at the HR360's Multi-Services facility. If the recipient is unable to come into the office, an out-of-office visit can be made in order to complete the intake.

Program Service Location: The RPI Program is located at 1899 Mission Street, San Francisco, CA.

D. Exit Criteria and Process: The Representative Payee Program will provide services to the recipient as long as the Social Security Administration deems it necessary that the recipient is required to have a payee or until the recipient opts to terminate financial services. However, our current rate of stay per recipient is greater than one year. Our program will refer recipients interested in the Mental Health Services or Residential services provided here at HR360 to the appropriate intake staff. If accepted into either program, the recipient will become eligible for no-fee Representative Payee services. The monthly fee is based on the current rate approved by Social Security and is deducted from the recipients' benefits.

A majority of the recipients transfer to free payee services (subsidized by the city) within a year after their intake at the HR360 Representative Payee Program. Because city-subsidized Representative Payee services are available for free, only about 40% of HR360 Representative Program recipients have been enrolled for more than 12 months, although a significant number of our clients are long term recipients. Thus, the HR360 Representative Payee Program provides the initial intake to a very difficult population, and successfully links them with housing and other services essential to their remaining in permanent housing. Only a small percentage of the program's recipients remain homeless.

E. Staff members are on site 5 days/week, 8 hours/day, Monday through Friday. Checks will be distributed from 12:00 noon to 4:00 pm on Mondays, Tuesdays and Thursdays. The office will be closed on Wednesdays and Fridays for

Contractor: HealthRIGHT 360 Appendix A-24 Term: 7/1/13-6/30/14

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intake and paperwork. If a holiday falls on a scheduled check day, prior notification will be given on the check day that falls a week before and check distribution will be the day before the holiday.

All program services and activities are documented in a client's chart by their service manager. Current client files are securely stored in program central file room in locked cabinets. Discharged client files are locked in secured room at a centralized location designated for program closed charts.

7. **Objectives and Measurements**

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14".

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses.

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Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

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

Contractor: HealthRIGHT 360 Appendix A-25 Term: 7/1/13-6/30/14

Program: HR360 2nd Chances/ With Open Arms (WOA)

City Fiscal Year: FY 2013-14

CMS#:6990

1. Identifiers:

Program Name: HR360 2nd Chances (WOA) Program Address: 1899 Mission Street City, State, Zip Code: San Francisco, CA 94103

Telephone: (415) 762-3700 Program Code: 3835SC-ANS

Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103 Telephone: 415-762-3700

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3. Goal Statement

To increase access to community resources and provide wrap around case management services in order to reduce recidivism and increase pro-social life skills/choices in the target population.

4. Target Population

The target population served by the 2nd Chance program is SF County women sentenced to State prison. Services will be provided in-custody and when inmates parole back to San Francisco County.

- CDCR Inmates and Parolees from San Francisco County
- **Adult Females**

5. Modality(ies)/Interventions

Please CRDC in Appendix B-25

6. Methodology

HR360 will serve as the primary point of contact and Case Manager for the women involved in the 2nd Chance Program. In conjunction with the programs partners client needs will be assessed and appropriate service referrals will be made.

- A. Outreach and Recruitment: HR360 is well established in the human service provider community and the criminal justice system. We make presentations and maintain working relationships with both community based service agencies and the criminal justice system. In addition, we make direct contact with incarcerated individuals in SF County jail and state prison to make individuals aware of available programs and services through HealthRIGHT 360. In the community as well as in the criminal justice institutions we distribute brochures and publications about our programs. Recruitment is also done through HR360's website at www.healthright360.org, word of mouth and selfreferrals both in the community and in the criminal justice system. Specifically, because this program's target population is CDCR parolees, the program staff has good referral relationships with the Parole Agencies that serve parolees in San Francisco. In addition regular outreach visits to the institutions (SF County Jail, CCWF,) will occur in order to identify women that qualify for the program and then presentations will be conducted to educate them on services available.
- B. Admissions and Intake: Admission to the 2nd Chance Program occurs through an initial referral by the SF Adult Probation Department. A referral form will be faxed to secure an intake interview appointment at the SF County Jail by a Case Manager. The Case Management staff checks to ensure clients are eligible to receive funded services including the verification of San Francisco residency; collects demographical information; completes a needs

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assessment; completes clinical assessments (CAIS, ASI, PCL, URICA); Obtains a signed consent for treatment form, Consents to Release Information form, and provides a copy of the forms to the client; advises the client of their rights to confidentiality and responsibilities; program rules; a detailed explanation of services available in the program, and the grievance procedures.

Upon release from the criminal justice system (SF County Jail, CCWF) further intake paperwork will be done in the form of the CalOMS forms so that participants can be appropriately entered into San Francisco County substance abuse/mental health system. Additionally as clients enter the community and are referred to partner agencies those agencies may complete additional assessments.

C. Program Service Delivery Model: Second Chance is designed to provide intensive case management to incarcerated individuals and parolees managing significant reentry challenges including mental illness, addiction, homelessness, poverty, institutionalized patterns of behavior, and poor social support. The program services are arrayed in order to help clients avoid reincarceration, build family relationships, and increase overall quality of life.

Program services will occur in two distinct segments incarceration/post incarceration. Clients will initially be assessed at San Francisco County Jail while they are pending transfer to state prison. Upon their transfer from SF County Jail and into state prison Case Management visits will continue to occur. During the clients time of incarceration services will consist of weekly Case Management visits. During these visits all appropriate Assessments and forms will be completed, a preliminary Individual Personal Services Plan will be established, appropriate referrals will be identified, transportation support will be provided to family members monthly to encourage visits, and upon release the client will be provided transportation to their designated housing by one of the Case Management staff. Upon the client entering San Francisco County and being post release from state prison the referral services will be implemented, a case conference will occur to formalize the Individual Personal Service Plan, weekly case management will continue to occur to ensure proper follow up on needs and referrals, and as appropriate reassessments will occur.

During the case management visits, both while incarcerated and post incarceration, the appropriateness of referrals will continually be assessed and Case Managers will work on building and maintaining client motivation for treatment.

Program Service Location: The 2nd Chances Program is located at 1899 Mission Street, San Francisco, CA. This Program provides Case management wraparound services for clients.

Orientation: An initial orientation will occur in SF County Jail where potential clients will be informed of the services available. In the event that a client is identified after transfer from SF County Jail to state prison then this initial orientation will take place at the housing institution (CCWF). Upon release from the criminal justice system and placement into San Francisco County another orientation will occur within three days, each parolee will receive a face-to-face orientation to the program along with a copy of written policies and procedures.

Development of the Individual Personal Services Plan: Prior to release from state prison the Case Manager and client will have formed a preliminary Individual Personal Services Plan. This plan will be based on the client's objectives, Needs Assessment, and Clinical Assessments. Within seven days of release into San Francisco County, a case conference will take place and a goal oriented Individual Personal Services Plan will be developed. The plan will guide case management efforts and activities in key areas including establishing income, housing, medical and mental health treatment, social support, etc. The clients Needs/Clinical Assessments, the Preliminary Individual Personal Services Plan, Project Partners feedback and client objectives will inform the service plan process. Clients will be encouraged to make full use of available referral services.

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Program Services The program is configured in such a way as to provide clients with intensive case management services. Clients will be given Clinical Assessments in the form of the CAIS, ASI, PCL, and URICA in addition to a thorough Needs Assessment, while in the criminal justice system. Where possible the initial assessments will occur while the client is in SF County jail prior to transfer to state prison. Based on this information and the client's stated goals/objectives appropriate service referrals will be made. Services and referrals will be implemented while still incarcerated where it is appropriate to do so.

Upon release into San Francisco County the project partners will be the primary referral source; as needed (based on client need and suitability) other referral sources will also be used. A case conference will be conducted with all applicable partners and the client upon their release from prison to design the Individual Personal Services Plan.

During both the in custody and out custody portion of case management regular follow-up on the service referrals will be made in addition to periodic reassessment of the client and their needs.

The program is relationally oriented and case managers engage clients with respect and empathy and seek to develop a sense of connection with them. The program also works to shore up inadequate or poorly utilized networks of interpersonal support so that help is at hand for clients when they need it the most. One significant way this will be accomplished is by the community referrals. However, monthly, client family members will be provided transportation support to encourage family connection and reunification which will also be a significant part of the interpersonal support process.

Case Management & Case Conferencing: Throughout the entire case management episode services and referrals will be directed by the individual services plan and will include linkage to system of care services and follow-up to ensure that services have been established. When appropriate, case managers will refer clients to organizations that can provide advocacy for establishing benefits and will work to ensure that clinical information will be made available to support that process. Appropriate Releases of Information will be sought in order to facilitate case conferencing with outside agencies and regular case reviews will be scheduled with parole agents.

Exit Criteria and Process: HR360 program staff will engage in exit planning during any transitions of care for any reason or at least 90 days prior to an anticipated discharge. The focus of the exit planning phase will be to ensure a smooth transition of services. Specifically exit planning will occur when clients are preparing to move from the criminal justice system and when a client is preparing to complete their case management services.

Successful completion of program consists of being discharged from parole or having successfully taken part in the 2nd Chance referral services for one year post release from CDCR. Those who complete the program have stabilized their lives and have moved on to safe housing within the community.

Unsuccessful completion includes those who fail to make use of any of the referral services, and those who engage in acts of violence or threats of violence towards staff or other clients. Those who abandoned treatment may return at which time counselors seek to engage back into case management services. Upon discharge, clients are offered referral information and a discharge summary is completed.

Admissions/Intakes are conducted at the SF County Jail and CDCR institutions prior to release and 1899 Mission Street post release. All sites are ADA compliant and comply with all health, safety, and fire codes.

E. All program services and referrals are documented in a client chart. Charting is consistent with regulations set by the State, and the San Francisco Department of Public Health. Current client files are securely stored in centralized location in locked cabinets. Discharged client files are locked in secured room at a centralized location designated for agency closed charts.

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Counselors fill out admissions/discharge forms and submit such forms to the Information Technology (IT) Data Control Department who tracks all clients by program, including their dates of admit, discharge or transfer; demographic data, and other health or social service information. Fiscal obtains the units of service data from IT data control on a monthly basis which is used for billing purposes. Case managers maintain contact logs, tracking forms, and meet weekly to evaluate the clients' needs and issues, and track these along with referrals within the client chart notes.

F. All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

7. Objectives and Measurements

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<u>Health and Safety</u>: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and

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CMS#:6990

other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

<u>Training</u>: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

<u>Clinical</u>: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

<u>Steering Committee</u>: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

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

Program: HR360 Adult Mental Health Medi-Cal

City Fiscal Year: FY 2013-14

CMS#:6990

1. Identifiers:

Program Name: HR360 Adult MH Medi-Cal Program Address: 1735 Mission Street City, State, Zip Code: San Francisco, CA 94103

Telephone: (415) 762-3700 Program Code: 38CC3

Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103

Telephone: 415-762-3700

Nature of Document (check or
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3. Goal Statement

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

4. Target Population

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

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

5. Modality(ies)/Interventions

Please CRDC in Appendix B-26

6. Methodology

HR360 is a comprehensive behavioral health program providing a wide range of high quality services to adult San Francisco residents. HR360 emphasizes self-help and peer support in a humanistic therapeutic community and offers special programs for individuals with specific needs. The HR360 environment is multi-cultural, and actively promotes understanding and kinship between people of different backgrounds by encouraging a family atmosphere, the sharing of personal histories, and respect for each individual's challenges and successes. The philosophy of HR360 reflects an emphasis on self-reliance, shared community values, and the development of supportive peer relationships. Each individual learns to take responsibility for his/her own actions, and to share in the daily operations of each treatment site. Group and individual counseling helps individuals focus on issues related to their substance abuse and mental disorders. Coordinated efforts with ACCESS are designed to maintain appropriate service options for participants. The agency has had extensive experience with multiply-diagnosed adult clients.

Appendix A-26

Program: HR360 Adult Mental Health Medi-Cal

City Fiscal Year: FY 2013-14

CMS#:6990

Appendix A-26 **Term:** 7/1/13-6/30/14

In recognition of the complex needs of multiply diagnosed clients, HR360 provides integrated mental health and substance abuse treatment services. From the initial point of intake through continuing care and discharge, the agency recognizes the importance of treating addiction and other mental health disorders concurrently with a multidisciplinary staff.

The Admissions department at the HR360 Multi Services facility, located at 1735 Mission Street, is staffed with a registered psychologist who performs mental health screenings and assessments. The object of these screenings is to identify the mental health needs of clients entering residential and day treatment programs. Additional psychiatric screenings or medication evaluation appointments are also made available on an as-needed basis with our regular Psychiatrists and Doctors.

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

HR360 staffs in general, including some administrative staffs, receive numerous trainings on treating multiply diagnosed clients. This training begins with a four-week intensive Clinical Training conducted for all new staffs having contact with clients. This training includes an introduction to mental health assessment, an introduction to dual diagnosis services and an interactive exercise focused on when and how to refer a client to a HR360 therapist. Additionally, the staff attends monthly mental health trainings organized by the HR360 Human Resources and Staff Development department. These topics include: depression, trauma, dialectical behavior therapy, integrating mental health services and the therapeutic community, eating disorders, psychopharmacology, confidentiality, root cause analysis techniques and other risk management techniques, etc.

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

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

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

Contractor: HealthRIGHT 360 Appendix A-26
Program: HR360 Adult Mental Health Medi-Cal Term: 7/1/13-6/30/14

City Fiscal Year: FY 2013-14

CMS#:6990

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

Process for Initiating Services and Securing Authorization: Outpatient Mental Health services offered to individuals with dual disorders fall under San Francisco County's category, planned services. By definition, planned services require prior authorization within the San Francisco Behavioral Health Plan.

When an individual applies for or is referred for planned mental health services, the HR360 intake staff will first ascertain that person's eligibility for Mental Health Medi-Cal services by locating the client's BIS ID number and care management status on the MHS-140 report. Clients not yet registered into the Avatar system will be registered at HR360. In addition, the client must possess current Medi-CAL eligibility for the month in which he or she is requesting services. Current eligibility will be verified by referring to the Cal Meds printout, which can be obtained from the Avatar data operators in our IT or clinical departments.

The HR360 Intake Assessment Psychologist, a registered clinician, will complete the assessment form and complete the paperwork necessary to open the client's chart.

Prior to the client's acceptance into treatment, it is the responsibility of the Assessment Psychologist to establish whether the individual has an existing open episode with another provider in the County or has insurance through another source than Medi-CAL. If the individual has care management through another San Francisco County provider, the psychologist will contact that care manager to discuss the client's current treatment and necessity for specialized treatment at HR360.

In the event that an individual has other health care coverage from a private provider, in addition to Medi-CAL, HR360 staff must obtain a letter of denial of services, in order to be able to bill Medi-CAL.

Clients under HR360 care management are authorized by the HR360 PURQC committee.

Once authorization is received, the Intake Assessment Psychologist will notify the Coordinator of Adult Mental Health Services to arrange to present the individual's case at the weekly HR360 outpatient Medi-Cal staff meeting.

Assessments/ Diagnosis & Written Evaluation: The Multi-Service Center, located at 1735 Mission Street in San Francisco, is the central intake site for adult mental health services. After referral from ACCESS, the HR360 intake department, self-referral or any other appropriate referral source, individuals go through the intake assessment process. Intakes to Mental Health Medi-CAL services are scheduled five days a week. Once referral is made, clients are interviewed and given an appointment for assessment usually on the spot and within 48 hours.

HealthRIGHT 360 mental health clinicians providing services to clients funded through our MediCal/Short Doyle contract obtain and maintain ANSA certification. The ANSA is administered at the time of the opening of the mental health episode and renewed annually or at the time of discharge if the client is available. Because the baseline ANSA is administered at the time of initial assessment at the beginning of mental health services, it is primarily used by our clinicians to help identify life domains that might be prioritized for clinical focus. The information provided by the baseline ANSA informs treatment planning. We have learned that the latest reports (while based on a small number of clients with at least two ANSAs to permit comparison) do indicate that our clients' strengths increase as a result of treatment. Depression, impulsivity, adjustment to trauma, and substance use is decreased.

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Program: HR360 Adult Mental Health Medi-Cal Term: 7/1/13-6/30/14

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

The program includes:

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

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

Program Service Location: The MH OP program is located at 1735 Mission Street, San Francisco, CA.

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

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

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

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

Client discharged by HR360 before completion of treatment: Clients who engage in threatening or assaultive behavior, repeatedly violate rules, destroy or steal property, or refuse to cooperate with treatment will be

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Program: HR360 Adult Mental Health Medi-Cal Term: 7/1/13-6/30/14

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discharged from the. Clients and outside case managers will be notified of the discharge and a plan will be created in order to ensure continued services. The specific nature of these plans will be determined by the situation and the nature of the client's existing care network.

Reasons For Discharge:

- 1. Client has engaged in assaultive or threatening behavior to HR360 staff or peers.
- Client introduced or used drugs or alcohol on the adult residential facility premises.
- 3. Client is a threat to self; e.g., intentionally causes physical injury to self threatens suicide, or engages in suicidal gestures.
- 4. Client destroys HR360 property.
- 5. Client repeatedly violates program rules and norms.
- 6. Client refuses to comply with psychotropic medication recommendation resulting in a worsening of symptoms.
- 7. Despite a reasonable time in treatment, client fails to demonstrate stabilization or improvement of symptoms, thereby indicating a need for a higher level of care.

Discharge Planning: All Mental Health Medi-CAL clients transferred from one of HR360's adult residential facilities will have a transfer of services plan in place that deals with the following issues:

- Psychiatric medication
- Continuation of mental health treatment at our own outpatient clinic at Multi-Services or with another
 provide in the community, if the internal referral is impossible. Such referrals need to be cleared with
 ACCESS.
- 3. Referral to necessary and appropriate collateral services, e.g., medical.
- 4. Housing or shelter.

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

Current client files are securely stored in program central file room in locked cabinets. Discharged client files are locked in secured room at a centralized location designated for agency closed charts.

7. Objectives and Measurements

A.Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled <u>Performance Objectives FY 13-14"</u>.

Contractor: HealthRIGHT 360 Appendix A-26 Term: 7/1/13-6/30/14

Program: HR360 Adult Mental Health Medi-Cal

City Fiscal Year: FY 2013-14

CMS#:6990

8. Continuous Quality Assurance and Improvement

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

Clinical Data Integrity: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

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

Contractor: HealthRight 360 Appendix A-27
Program: HR360 Crisis Intervention (Fiscal Intermediary) Term: 7/1/13-6/30/14

City Fiscal Year: FY 2013-14

CMS#: 6990

1. Identifiers:

Program Name: HR360 Crisis Intervention (Fiscal Intermediary)

Program Address: 1735 Mission St

City, State, Zip Code: San Francisco, CA 94103

Telephone: (415) 762-3712 Program Code: N/A

Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103

Telephone: 415-762-3700

2. Nature of Document (check one)

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3. Goal Statement

To provide immediate on-call/ crisis care and follow-up case management services to family members and loved ones of victims of violence, in a professional, culturally-competent, dependable, through a sufficiently-staffed and well-organized program that is sustainable.

4. Target Population

The target population served by the **Violence Response Team** includes victims of violence, their families, and children. These clients are in need of crisis care and follow-up case management services to ensure victims of violence and their loved ones receive increased access to services.

- Victims of Violence
- Children
- · Family members

5. Modality(ies)/Interventions-

Please CRDC in Appendix B-28

6. Methodology

The HR360 **On-Call/ Crisis Intervention** consists of a multidisciplinary team of experienced counselors who can provide immediate crisis care and follow-up case management when activated by SFPD/CBHS. This service provides timely urgent crisis care to support victims of violence, their children/family and loved ones. Contracted staff will be on-call to respond to violence incidents and serve as standby-counselors. Staff will use HR 360 cell phones and pagers when activated for a crisis. Responders on Duty (ROD) will meet at the Comprehensive Child Crisis when activated, or be onsite on scene, at the hospital, or other care facility as needed. ROD will report information on incidents and follow-ups needed to be made with families to the regular program staff for immediate case management services the very next day.

Training: Counselors will be required to attend mandatory orientations. Orientation content will consist of: history of the violence response work; overview of the overall initiative (including the CRN as well as relations with the Mayor's Office and other departments); policies and procedures for responding to incidents, and for doing follow-up case management work; what is required and expected of the responders; further training, and ongoing debriefing support, to be provided to/for responders; logistics for responding (scheduling, communications,

Contractor: HealthRight 360Appendix A-27Program: HR360 Crisis Intervention (Fiscal Intermediary)Term: 7/1/13-6/30/14

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uniform, transportation, documentation, protocols, phoned-in and written reports, etc.) Ongoing and advanced training in crisis and trauma, and grief and loss, will be identified and provided to the responders.

7. Objectives and Measurements- N/A

8. Continuous Quality Assurance and Improvement - N/A

Program: HR360 Acute Psychiatric Stabilization (WRAPS)

Program (Residential)

City Fiscal Year: FY 2013-14

CMS#:6990

1. Identifiers:

Program Name: HR360 Acute Psychiatric Stabilization (WRAPS)

Program Address: 815 Buena Vista West City, State, Zip Code: San Francisco, CA 94117

Telephone: (415) 554-1450 Program Code: 38IT3

Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103

Telephone: 415-762-3700

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3. Goal Statement

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

4. Target Population

The target populations served by WRAPS Program are adults, 18-59, chronically mentally ill, poly-substance abusers or dependant on drugs and/or alcohol; undergoing acute psychiatric episodes, considered legal residents of San Francisco who are homeless and/or indigent. A pattern of repeated involvement in both mental health and substance abuse treatment programs is characteristic of this population. HR360 serves clients from all racial and cultural back grounds and from all economic classes, although the majority of clients are indigent. Populations benefiting from specialized services include women; the mentally ill; HIV positive individuals; homeless addicts; young adults, LGBTQQ; veterans; and individuals involved in the criminal justice system. These clients may have no medical insurance coverage (private or public) or be eligible for SSI/Medi-Cal/Short-Doyle benefits or in the process of applying for benefits; Potential clients do not need to be Medi-CAL or Short-Doyle eligible in order to participate in this program. Mental Health services provided to Medi-CAL or Short-Doyle eligible clients will be billed under the HR360 Mental Health Medi-CAL contract.

- Behavioral health disordered persons with persistent, serious or chronic mental illness who are San Francisco residents.
- Acute Psychiatric episodic persons
- Substance abusers or substance-dependent persons

5. Modality(ies)/Interventions

Please CRDC in Appendix B-28

6. Methodology

The HR360 WRAPS Program is designed to provide recovery-oriented residential treatment services for adult individuals in the community undergoing acute psychiatric episodes, to enable them to receive support towards stabilization, and to engage in a partnership with the system towards recovery.

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

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Program: HR360 Acute Psychiatric Stabilization (WRAPS)

Program (Residential)
City Fiscal Year: FY 2013-14

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meetings and service provider groups as well as public health meetings — to recruit, promote, outreach and increase referrals to our program. In addition, we distribute brochures and publications about our programs to community base organizations, individuals, and other interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals.

B. Admissions and Intake: Admission to the WRAPS is open to all acute psychiatric, seriously and chronically mentally ill, adult poly-substance abusers who live in San Francisco, that have either no insurance, Medi-CAL/Short-Doyle coverage or are in the process of applying for benefits and meet the County's criteria for medical and service necessity.

Medical Necessity is defined as interference in level of functioning due to a mental illness that disrupts or interferes with community living to the extent that without service the individual would be unable to function in the family/guardian's residence, attend school, or engage in activities normal to developmental stage and age group.

Service Necessity refers to the requirement for evidence of a mental illness that satisfies ICD-9-CM/DSM-IV-TR criteria or a description of the individual's symptoms and history that suggests mental illness.

Process for Initiating Services: Residential treatment services offered to individuals undergoing acute psychiatric episode services fall under San Francisco County's category of planned services. When an individual applies for or is referred for planned mental health services, HR360 intake staff will first ascertain that person's status of treatment with other providers in the DPH safety net by locating the client's BIS client ID number and care management status on the MHS-140 report. Clients not yet registered into the BHBIS system will be registered at HR360. Care managers will be notified of their clients' intake within the first 7 days of treatment in the WRAPS program.

C. Program Service Delivery Model: WRAPS will participate in the CBHS Advance Access Initiative and will provide intake assessment within 24-48 hours of referral; provide medication evaluation (as needed) within 24-48 hours of request; ensure timely collection and reporting of data to CBHS as required; provide quarterly measurements of new client demand according to Advance Access methodology and more frequently if required by CBHS; and measure delay or access for both new and ongoing clients on at least a monthly basis according to Advance Access methodology and more frequently if required by CBHS. The vision, goals, principles, and purpose of SF MHSA Behavioral Health Innovations Task Force are integrated into the service structure.

Assessments/ Diagnosis & Written Evaluation: This process begins at the central intake site located at 1735 Mission Street. After referral from ACCESS, the HR360 intake department, self-referral or any other appropriate referral source, individuals go through the intake assessment process. Intakes to Mental Health Medi-CAL services are scheduled five days a week. Once referral is made, clients are interviewed and given an appointment for assessment usually on the spot and within 48 hours.

Prior to admission, all HR360 prospective participants are screened to determine type and severity of psychiatric and substance abuse disorders in order to determine appropriate level of care. HR360 will also assess clients already in HR360 substance abuse treatment who indicate a need for mental health services. Individuals referred from ACCESS will be pre-screened; i.e., not be in need of medical detoxification services, appropriate for this sub-acute mental health setting, and also have a co-occurring substance abuse problem. Mental health staff will also be available to do

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Program: HR360 Acute Psychiatric Stabilization (WRAPS)

Program (Residential)

City Fiscal Year: FY 2013-14

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intake assessments in the field, i.e., within a hospital or incarcerated setting, if the client has been pre-screened as appropriate for HR360 by ACCESS.

General intake includes the review of demographic information, a complete biomedical and psychosocial assessment and discussion of program norms and rules with the client. Primary medical services are referred, if needed, and staff support is provided. Information from other/previous service providers when it is available, or from a client's current Care Manager, will be incorporated into the intake assessment and evaluation to better coordinate the continuum of care available.

The mental health assessment and diagnosis process is usually conducted after the general intake/ admission form is filled out with an intake counselor. A psychologist or therapist who is trained and knowledgeable in co-occurring disorders and supervised by the program director, records the intake information into a new Mental Health Medi-CAL chart after establishing eligibility, and a provisional multi-axial diagnosis consistent with DSM-IV-TR/ICD-9-CM guidelines is determined through the clinical interview process. Clients are evaluated through a psychosocial and mental status exam assessment. During the assessments and the clinical interview process, the therapist incorporates an evaluation summarizing their findings and recommending services to be incorporated into the participant's treatment plan of care.

Program Service Locations: The WRAPS Program is located at one at 815 Buena Vista West, San Francisco, CA. This facility is licensed by the State to provide adult substance abuse residential treatment. That includes but not limited to Individual & Group Counseling, MH services, and other substance abuse treatment related activities. These facilities are staffed 24 hours a day, 7 days a week. All Intakes are administered at Central Intake Department located at 1735 Mission Street.

- D. Exit Criteria and Process: Successful completion of program consists of completing the treatment plan. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Program completion includes a celebrated through a formal ceremony. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). For those who abandoned treatment, they may return to pick up personal effects, at which time counselors seek to engage them, refer them to another service provider, provide referrals, and/or get contact information. Upon discharge, clients are offered referral information, a discharge summary is completed which includes an evaluation of the treatment process at the time of discharge, plans for future treatment (if any), follow up sessions planned, termination plan, description of current drug usage, and reason for termination.
- E. Staffing: All program services and activities are documented by the client's primary case manager in the client's electronic health record. All records are securely stored on the electronic health record system called Welligent. Any paper records or supporting documentation are securely stored in the program's central file room in locked cabinets. Paper records for discharged clients are locked in a secured room at a centralized location designated for agency closed charts.

Case Managers enter all client information into Welligent including admission and discharge information, assessments, treatment plans, contact logs, tracking forms and activity logs. In addition, each group has sign-in sheets which are passed around in the group for clients to sign, and are securely stored in a binder on site. Program staff meets weekly to evaluate the progress of clients, including needs and issues; relevant information is documented in the client record.

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Contractor: HealthRIGHT 360 Appendix A-28 Term: 7/1/13-6/30/14

Program: HR360 Acute Psychiatric Stabilization (WRAPS)

Program (Residential) City Fiscal Year: FY 2013-14

CMS#:6990

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 13-14".

8. Continuous Quality Assurance and Improvement

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, under the direction of the Vice President of Corporate Compliance, maintains a robust Quality Control Plan in order to ensure that participants achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses.

HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan. The committees are as follows:

Clinical Data Integrity: Monitors agency utilization data, allocation methodology, and billing issues. This committee responds to any data changes or processes that need review or modification in order to effectively capture data reflecting client's treatment process and proper billing for all of our contracts. Chaired by the Chief Information Officer, meets weekly.

Standards and Compliance: Develops, monitors, and maintains agency policies and procedures; ensures compliance with all confidentiality laws and regulatory bodies; develops and implements new and updated policies and forms. Monitors standard processes and systems, policies and procedures, and evaluates for and implements changes. Chaired by the Vice President of Corporate Compliance, meets monthly.

Health and Safety: Ensures each facility is in compliance with fire and all other health and safety codes. This committee facilitates monthly health and safety trainings and drills (scheduled and unscheduled) across all programs to ensure preparedness in the event of fire, earthquake, violence in the workplace, power outage, storm, terrorist, biohazard and other threats to health and safety. Activities include routine inspection and monitoring of facilities. Chaired by the Director of Workforce Development, meets monthly.

Training: Develops and facilitates trainings to enhance staff competencies in areas including client services, cultural competency and confidentiality. Chaired by the Director of Workforce Development, meets quarterly.

Clinical: Reviews program quality, client needs, clinical outcomes, and ensures that the needs of sub-populations are addressed. Chaired by the Vice President of Programs, meets semi-monthly.

Steering Committee: Responsible for strategic vision of the agency and provides oversight to all committees and operations. Sets and reviews agency goals and objectives, determines priorities and issues directives to be carried out by staff via regular management and staff meetings. Chaired by the Chief Executive Officer, meets monthly.

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

Program: HR360 Acute Psychiatric Stabilization (WRAPS)

Program (Residential)
City Fiscal Year: FY 2013-14

CMS#:6990

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

Appendix A-28

Co	ntractor: HealthRIGHT 360	Appendix A-29
	ogram: HR360 Fiscal Intermediary Contracts	Term: 7/1/13-6/30/14
	y Fiscal Year: FY 2013-14	
CIV	1S#:69 9 0	
1.	Identifiers: Program Name: Fiscal Intermediary Contracts Program Address: 1735 Mission St City, State, Zip Code: San Francisco, CA 94103 Telephone: (415) 762-3700 Program Code: N/A	
	 HR360 CBHS Administration HR360 HIV Set Aside Coordinator Project Homeless Connect TA Cooperative Program Project Homeless Everyday Connect TA Cooperative Program HR360 SF Violence Intervention Program (SFVIP) formerly CRN 	
	Contractor Address: 1735 Mission Street City, State, Zip Code: SF, CA 94103 Telephone: 415-762-3700	
2.	Nature of Document (check one)	
	☐ New ☐ Renewal ☐ Modification	
3.	Goal Statement- N/A	
4.	Target Population-N/A	
5.	Modality(ies)/Interventions- Please CRDC in Appendix B-29	
6.	Methodology- N/A	
7.	Objectives and Measurements- N/A	

8. Continuous Quality Assurance and Improvement- N/A

Appendix B Calculation of Charges Term: 7/1/12-6/30/13

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 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.

Appendix B-29 - Fiscal Intermediary Contracts

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Budget Summary
Appendix B-1 - Adult Residential
Appendix B-2 - BASN Adult Residential
Appendix B-3 - BASN Satellite (ONPD)
Appendix B-4 - BASN Social Detox Residential
Appendix B-5 - Bridges Residential
Appendix B-6 - AB109 Adult Residential
Appendix B-7 - AB109 Transitional (ONPD)
Appendix B-8 - HIV MDSP Residential
Appendix B-9 - HIV Detox Residential
Appendix B-10 - HIV Variable Length Residential
Appendix B-11 - HIV Lodestar Residential
Appendix B-12 -Post SFGH Residential (Men, Women, Dual Recovery)
Appendix B-13 - Adult Residential Satellite
Appendix B-14 - Social Detox Center (Residential)
Appendix B-15-..Transgender Recovery Program
Appendix B-16 – Intensive Treatment Services (WHITS)
Appendix B-17 - Women's Hope Residential
Appendix B-18 - Adult Outpatient Services
Appendix B-19 - African American Healing Center
Appendix B-20 - Bridges CM Outpatient
Appendix B-21 - Buprenorphine Medical Monitoring
Appendix B-22 - Family Strength Outpatient
Appendix B-23 - Southeast Health Opportunities Project (SHOP)
Appendix B-24 - Representative Payee
Appendix B-25 - Second Chances/With Open Arms (WOA)
Appendix B-26 - Adult Mental Health Medi-Cal
Appendix B-27 - Crisis Intervention (Fiscal Intermediary)
Appendix B-28 – Acute Psychiatric Stabilization (WRAPS)
```

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 Sixty Nine Million Four Hundred Fifty One Thousand, Seven Hundred Eighty Seven Dollars (\$69,451,787) for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation \$4,324,519 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 HealthRIGHT 360

FY13-14
CMS#6990

Amendment Number One

Amendment Number One July 1, 2013 of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

- (1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.
- (2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2010 through June 30, 2011	\$ 1,020,358
July 1, 2011 through June 30, 2012	\$ 14,011,729
July 1, 2012 through June 30, 2013	\$ 14,057,526
July 1, 2013 through June 30, 2014	\$ 14,415,062
July 1, 2014 through June 30, 2015	\$ 14,415,062
July 1, 2015 through December 31, 2015	\$ 7,207,531
Total: July 1, 2010 through December 31, 2015	\$ 65,127,268

- (3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.
- C. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.
- D. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.
 - E. In no event shall the CITY be liable for interest or late charges for any late payments.
- F. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

- Mariana - Mari			***************************************		ct Budget Sumr				
	DHCS L	egal Entity Number	00348	Pre	pared By/Phone #:	Paul Kroeger (41	5) 918-1820	Fiscal Year:	13-14
		Contractor Name	HealthRIGHT 3	60				Document Date;	1/30/14
		Appendix Number	B-1	B-2	B-3	B-4	B-5	B-6	B-7
	Provid	der/Program Name			BASN ONPD Residential	BASN Social Detox Residential	Bridges Residential	AB109 Residential	AB109 ONPD Residential
Provider Number			383805, 383806, 383834	383834	383807	383806	383806	383834	383807
Program Code			3805WR-RSD, 38062, 38342	88342	3807BT-CLV	84062	3806BR-RES	87342 .	86077
FUNDING TERM			7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	8/1/13-6/30/14	7/1/13-6/30/14	7/1/13-8/30/14
FUNDING USES					Wastan Street	200000000000000000000000000000000000000			
		Employee Benefits	2,595,188	411,580	51,541	35,243	60,434	531,466	99,639
		perating Expenses	1,037,839	235,012	37,908	23,418	21,277	279,242	150,518
**************************************		Capital Expenses	- I make	_		-		-	-
1	Subtot	al Direct Expenses	3,633,027	646,592	89,449	58,661	81,711	810,708	250,157
, 11)	0000	Indirect Expenses	435,964	77,591	10,734	7,039	9,805	97,284	30,018
		Indirect %	12.00%		12,00%	12.00%	12,00%	12.00%	12.00%
TOTAL FUNDING USES			4,068,991	724,183	100,183	65,700	91,516	907,992	280,175
TOTAL FUNDING USES	800000000000000000000000000000000000000								
CBHS MENTAL HEALTH FUNDING SOURCES	CFDA	FAMIS					0.00		
	AND	HMHMCC730515						_	
MH FED - SDMC Regular FFP (50%)		HMHMCC730515				<u> </u>			-
MH Realignment		HMHMCC730515							
MH COUNTY - General Fund		PHMS63-1405		<u> </u>	-		-		
MH PROJECT - MHSA		PHIVIS03-1403				<u> </u>	1		
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	<u> </u>			_	<u> </u>			Marie Control of the	
CEHS SUBSTANCE ABUSE FUNDING SOURCES	GFDA	FAMIS	100						Wife Control
SA FED - SAPT Fed Discretionary	93.959	HMHSCCRES227	950,437	*		-	-	-	-
SA FED - SAPT HIV Set-Aside	93.959	HMHSCCRES227	-	-	-	_		_	
SA FED - Drug Medi-Cal	93.778	HMHSCCRES227	*						
SA STATE - Parolee Services Network BASN		HMHSCCRES227		698,183	100,183	65,700	_		
SA STATE - PSR Drug Medi-Cal	-	HMHSCCRES227		300,122	100/100	32,100			_
SA STATE - PSR Drug Medi-Cal carryforward from 12-13		HMHSCCRES227	1,780,271					-	
SA COUNTY - General Fund	-	HMHSCCRES227	158,177		T .	<u> </u>			
SA COUNTY - General Fund - WO CODB		HMHSCCRES227	12,563	_				-	
SA GRANT - Fed SAMHSA SHOP	93,243	HC\$A03-14	12,500	<u> </u>				-	
SA GRANT - Fed DOJ Second Chance	16,812	HCSA02-14		1	_			-	
SA WORK ORDER - HSA FSET	10.561	HMHSCCADM377	837,543	_				-	-
SA WORK ORDER - APD CJ Realignment (AB109)	-	HMHSCCADM367				-	-	830,992	280,175
SA GRANT - State CDCR ISMIP	-	HMAD01-14	-	<u> </u>	-	-	91,516	-	-
					-	-	1	-	-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUR			3,738,991	698,183		65,700	91,516		280,175
	1000		100000000000000000000000000000000000000		M. 1218 - 1168 M	acamen e e			Apple Color
Community Health - DCYF CRN WO	-	HCHCCHCCRNWO	-	-		-		-	
COPC - General Fund	_	HCHAPADMINGF	-	-	-	-	р.	-	_
TOTAL OTHER DPH FUNDING SOURCES	 	1		 	<u> </u>	-	 		
TOTAL DPH FUNDING SOURCES	 	 	3,738,991	698,183	100,183	65,700	91,516	830,992	280,175
	502500000					93,700		0.00,592	
NON DPH - Patient/Client Fees			330,000					77,000	
TOTAL NON-DPH FUNDING SOURCES			330,000	· · · · · · · · · · · · · · · · · · ·		-	<u> </u>	77,000	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			4,068,991	724,183		65,700	91,516	907,992	280,175
TO THE LOUDING GOODGES (DELIMING HOUNDED)	1	J	, ¬,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	124,100	100,103	00,700	1 91,010	307,592	200,175

			pared By/Phone #:	The supplementary of the same	5) 018,1820	Fiscal Year:	13-14		
	egal Entity Number	HealthRIGHT 3		paled by/Filone #.	raul Kibegel (4)	3/ 810-1620			
						I		Document Date:	1/30/14
	·	Appendix Number	B-8	B-9	B-10	B-11	B-12	B-13	B-14
	Provid	der/Program Name	CARE MDSP Residential	CARE Detox Residential	CARE Variable Length Residential	CARE Lodestar Residential	SFGH Residential	Satellite ONPD Residential	Social Detox Residential
Provider Number			383806	383806	383834	383805	383805, 383806, 383834 3805SW-RES,	383805, 383807	383806
ļ		Program Code	3806CM-RES	3806CX-RSD	3834CV-RES	3805LC-RES	3806SG-RES, 3834G-RES	87067, 88077	88062
		FUNDING TERM		7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14
FUNDING USES	distriction of the latest	The state of the s							
		Employee Benefits	225,908	131,270	136,359	120,473	267,135	172,380	452,271
		perating Expenses	127,717	60,874	67,910	63,910	137,287	136,384	250,160
	~	Capital Expenses	000 005	400 411	704 800	404 000	404 400	200 704	700 404
	Subtot	al Direct Expenses	353,625	192,144	204,269 24,512	184,383	404,422	308,764 37,052	702,431 84,291
	W	indirect Expenses Indirect %	42,436 12,00%	23,057 12.00%	12.00%	22,126 12.00%	48,530 12.00%	12,00%	12.00%
TOTAL FUNDING USES	"	munect %	396,081	215,201	228,781	208,509	452,952	345,816	786,722
TOTAL PONDING USES	Kadavisu 455ki		390,001	213,201	220,701		432,332	3-7,010	700,722
CBHS MENTAL HEALTH FUNDING SOURCES	CFDA	FAMIS		Mary Comment of the C				The state of the s	
MH FED - SDMC Regular FFP (50%)		HMHMCC730515		_		-		Service Control of the Control of th	_
MH Realignment		HMHMCC730515	-	-		l		T	-
MH COUNTY - General Fund	÷	HMHMCC730515	-	*	_	-	+	<u> </u>	-
MH PROJECT - MHSA	-	PHMS63-1405			-	-			-
		,	-	-	-	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	S		_		-	-	_	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA	FAMIS							
SA FED - SAPT Fed Discretionary	93,959	HMHSCCRES227	-		-	-	-		
SA FED - SAPT HIV Set-Aside	93,959	HMHSCCRES227		-					
SA FED - Drug Medi-Cal	93,778	HMHSCCRES227	-	*	_		_	-	-
SA STATE - Parolee Services Network BASN		HMHSCCRES227		-		-			_
SA STATE - PSR Drug Medi-Cal		HMHSCCRES227	-						_
SA STATE - PSR Drug Medi-Cal carryforward from 12-13		HMHSCCRES227	-						-
SA COUNTY - General Fund		HMHSCCRES227	361,061	215,201	220,781	194,009	433,952	308,816	786,722
SA COUNTY - General Fund - WO CODB	-	HMHSCCRES227			 	-	ļ	ļ <u>.</u>	
SA GRANT - Fed SAMHSA SHOP	93.243	HCSA03-14		-	-			<u> </u>	-
SA GRANT - Fed DOJ Second Chance	16.812	HCSA02-14		· -	-	<u> </u>	-		
SA WORK ORDER - HSA FSET	10.561	HMHSCCADM377	-	 	 			 	-
SA WORK ORDER - APD CJ Realignment (AB109) SA GRANT - State CDCR ISMIP		HMHSCCADM367		<u> </u>	-		-	<u> </u>	-
DV QVVIA 1 - SIGIR ODOK 19MIL	 	HMAD01-14	-	<u> </u>		<u> </u>	 	 	
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUR	CES		361,061	· 215,201	220,781	194,009	433,952	308,816	786,722
OTHER DPH FUNDING SOURCES									
Community Health - DCYF CRN WO	- CONTRACTOR AND ST	HCHCCHCCRNWO	Anti-man Contraction -	_	-	-		-	
COPC - General Fund	-	HCHAPADMINGF		l -	_	-	-	<u> </u>	†
			-	1 -	-	-	-	-	-
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	_	-	_	-
TOTAL DPH FUNDING SOURCES			361,061	والتراجي والمستراجي والمستراجين والمستراجين		194,009	433,952	308,816	786,722
NON-DRHEUNDING/SOURGES							V		
NON DPH - Patient/Client Fees			35,000	-	8,000	12,500	19,000	37,000	desperant to the second
TOTAL NON-DPH FUNDING SOURCES			35,000		8,000	12,500			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	<u> </u>	J	396,061	215,201	228,781	206,509	452,952	345,816	786,722

		OI II I' Debai	tment of Public	Health Comma	or manger outing	riary			
	DHCS L	egal Entity Number	00348	Pre	pared By/Phone #:	Paul Kroeger (41	5) 918-1820	Fiscal Year:	13-14
		Contractor Name	HealthRIGHT 3	60		Document Date:	1/30/14		
		Appendix Number	B-15	B-16	B-17	B-18	B-19	B-20	B-21
Provider/Program Name			Transgender Residential	WHITS Residential	Women's Hope Residential	Adult Outpatient	African American Family Healing Outpatient	Bridges Outpatient	Buprenorphine Medical Monitoring Outpatient
		Provider Number	383805, 383806	383806	388910	383820	383873	383835	383820
		Program Code	3805TG-RES,	3806WT-RES	89102	38201, 3820OP	87301	85351	88201
		FUNDING TERM	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13~6/30/14
FUNDING USES			Wes-1256/98/88						
	Salaries &	Employee Benefits	228,088	190,183	441,847	873,773	208,910	243,521	45,584
	C	perating Expenses	106,186	94,539	146,441	251,173	73,237	83,322	166
·		Capital Expenses	er .				-	le .	_
	Subtot	al Direct Expenses	334,274	284,722	588,288	1,124,946	282,147	326,843	45,750
		Indirect Expenses	40,112	34,167	70,594	134,993	33,857	39,221	5,489
		Indirect %	12.00%	12.00%	12.00%		12.00%	12.00%	12.00%
TOTAL FUNDING USES	III. and what has		374,386	318,889	658,882	1,259,939	316,004	366,064	51,239
GBHS MENTAL HEALTH FUNDING SOURCES	CFDA	FAMIS	Mr. 1997						
MH FED - SDMC Regular FFP (50%)		HMHMCC730515		-		_	-		-
MH Realignment		HMHMCC730515		-		-		•	
MH COUNTY - General Fund	-	HMHMCC730515	-	*		-	-	-	-
MH PROJECT - MHSA	-	PHMS63-1405		-	-	<u> </u>	-	-	-
			-			-		<u> </u>	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	CFDA								-
	93,959	HMHSCCRES227	\$100.00		633,519		255405305300000		-
SA FED - SAPT Fed Discretionary SA FED - SAPT HIV Set-Aside	93.959	HMHSCCRES227			000,013	200,0-75			
SA FED - Drug Medi-Cal	93.778	HMHSCCRES227				15,000			
SA STATE - Parolee Services Network BASN	93.770	HMHSCCRES227	<u> </u>			13,000		<u> </u>	-
SA STATE - Paroles Services Network BASN SA STATE - PSR Drug Medi-Cal		HMHSCCRES227		ļ <u>-</u>	<u> </u>	15,000	7		-
SA STATE - PSR Drug Medi-Cal carryforward from 12-13		HMHSCCRES227			<u> </u>	10,000			
SA COUNTY - General Fund		HMHSCCRES227	354,386	318,889	22,363	944,294	316,004		51,239
SA COUNTY - General Fund - WO CODB		HMHSCCRES227	304,000	0.10,000	22,000	047,201	010,004		31,200
SA GRANT - Fed SAMHSA SHOP	93.243	HCSA03-14							_
SA GRANT - Fed DOJ Second Chance	16.812	HCSA02-14	<u> </u>	*		-			
SA WORK ORDER - HSA FSET	10,561	HMHSCCADM377					 		-
SA WORK ORDER - APD CJ Realignment (AB109)	-	HMHSCCADM367			-		-	_	-
SA GRANT - State CDCR ISMIP	-	HMAD01-14	_	_	-	-		366,064	-
			-	-	-	_			-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUR			354,386						51,239
OTHER DRHAFUNDING/SOURCES				300000000000000000000000000000000000000					
Community Health - DCYF CRN WO	-	HCHCCHCCRNWO	-		-	-	-	4-	
COPC - General Fund	-	HCHAPADMINGF	-		-	_	-	-	
TOTAL OTHER DPH FUNDING SOURCES					-	-	-		-
TOTAL OTHER DPH FUNDING SOURCES	-	 	354,386	318,889	655,882	1,259,939	316,004	365,064	51,239
NON-DPH FUNDING SOURCES							310,004	300,004	31,239
NON DPH - Patient/Client Fees			20,000		3,000	The second secon	-	_	a sa maga sa sa maga sa sa maga sa
TOTAL NON-DPH FUNDING SOURCES	<u> </u>		20,000	 	3,000				-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			374,386			printer and the second district of the second	316,004	366,064	51,239
	<u> </u>		27.1500	4.2,200	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	1	

	DHCS	egal Entity Number	OO348				5) 018-1820	Fiscal Year:	13-14		
	Divos										
					Document Date:	1/30/14					
· · · · · · · · · · · · · · · · · · ·		Appendix Number	B-22	B-23	B-24	B-25	B-26	B-27	B-28		
Provider/Program Name				SHOP	Representative Payee Program	Second Chances	Adult Mental Health Medi-Cal	Crisis Intervention	WRAPS		
		Provider Number	383820	383873	383835	383835	38CC	383800	38IT		
		Provider Inditiber	363620	363675	363633	363633	3000	303000	3011		
		Program Code		85731	88359	3835SC-ANS	38CC3	N/A	38IT3		
STANDARD CONTRACTOR OF THE PROPERTY OF THE PRO	man handaire	FUNDING TERM	7/1/13-6/30/14	9/30/13-9/29/14	7/1/13-6/30/14	10/1/13-9/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14		
EUNDING USES		(Contract of the Contract of									
		Employee Benefits	180,620	248,617	104,114	265,930	285,473	·····	54,803		
	C	perating Expenses	1,205	45,824	60,928	186,390	15,565	 	23,151		
		Capital Expenses		-				<u>-</u>	-		
	Subto	al Direct Expenses	181,825	294,441	165,042	452,320	301,038		77,954		
		Indirect Expenses	21,819	35,332	19,805	54,278	36,124	·	9,355		
		Indirect %	12.00%			12.00%			12.00%		
TOTAL FUNDING USES	en e	Mariana Serverana Ma	203,644	329,773	184,847	506,598	337,162		87;309		
NACTO SERVICES AND WAS A SERVICE.							100000000000000000000000000000000000000				
CBHS MENTAL HEALTH FUNDING SOURCES						Description of the second					
MH FED - SDMC Regular FFP (50%)		HMHMCC730515		-			74,773		-		
MH Realignment		HMHMCC730515	-	<u> </u>			224,810		-		
MH COUNTY - General Fund		HMHMCC730515			ļ.,. <u>-</u>	ļ	37,579	17,015	05.000		
MH PROJECT - MHSA	-	PHMS63-1405	-	-	 	<u> </u>	-	 	85,309		
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			-			<u> </u>	337,162	17,015	85,309		
CBHS SUBSTANCE ABUSE FUNDING SOURCES		FAMIS		200100152400216453745	-		······································	17,013	03,309		
SA FED - SAPT Fed Discretionary	93.959	HMHSCCRES227	-	-	-	estrations supplied to	-		-		
SA FED - SAPT HIV Set-Aside	93,959	HMHSCCRES227		<u> </u>	<u> </u>				_		
SA FED - Drug Medi-Cal	93,778	HMHSCCRES227						1	_		
SA STATE - Parolee Services Network BASN	00.170	HMHSCCRES227	t	t	t	<u> </u>		t	t		
SA STATE - PSR Drug Medi-Cal		HMHSCCRES227		<u> </u>		1	<u> </u>	 	 		
SA STATE - PSR Drug Medi-Cal carryforward from 12-13		HMHSCCRES227			<u> </u>	<u> </u>	_	 			
SA COUNTY - General Fund		HMHSCCRES227	203,644	† ·····	78,847	<u> </u>		-	1		
SA COUNTY - General Fund - WO CODB	-	HMHSCCRES227	200,044	1	1 1 1 1 1 1 1 1	†	1				
SA GRANT - Fed SAMHSA SHOP	93,243	HCSA03-14	-	329,773	-	 	1		<u> </u>		
SA GRANT - Fed DOJ Second Chance	16.812	HCSA02-14		-	-	506,598		1			
SA WORK ORDER - HSA FSET	10.561	HMHSCCADM377			-			1	 		
SA WORK ORDER - APD CJ Realignment (AB109)		HMHSCCADM367	_	-		-			_		
SA GRANT - State CDCR ISMIP	-	HMAD01-14	-	-	-	-	-	_	_		
			-			_	-	-			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCE			203,644						-		
OTHER DPH EUNDING SOURCES		No.						Table 1			
Community Health - DCYF CRN WO	-	HCHCCHCCRNWO	_	-	-	-		-	-		
COPC - General Fund		HCHAPADMINGF	1	-	-						
			-			_					
TOTAL OTHER DPH FUNDING SOURCES			-	_		_			-		
TOTAL DPH FUNDING SOURCES			203,644			506,598	Carlot M. Chicago				
NON-OPH FUNDING SOURCES					the state of the s						
NON DPH - Patient/Client Fees			-	-	106,000	-			2,000		
TOTAL NON-DPH FUNDING SOURCES			-	-	106,000	The second secon			2,000		
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			203,644	329,773	184,847	506,598	337,162	17,015	87,309		

	DHCS L	gal Entity Number		: Health Contra	***************************************	Paul Kroeger (41	5) 918-1820	Fiscal Year:	13-14
	200 E.	· · ·	HealthRIGHT 3		, pai 04 0 / 11 (10 10 11 /	7 401 111 9030 141	0) 0 10 3020		1/30/14
			***************************************	00			1	Document Date:	1/30/14
		Appendix Number	B-29						***
	HR360 FI Services								
		Provider Number	See CRDC						TOTAL

		Program Code	N/A						
		FUNDING TERM	7/1/13-12/31/13						7/1/13-9/30/14
FUNDING USES									
	Salaries &	Employee Benefits	940,225						9,617,767
	0	perating Expenses	138,368						3,855,951
		Capital Expenses							4
	Subtot	al Direct Expenses	1,078,593	_				4	13,473,718
		Indirect Expenses	129,436						1,616,844
		Indirect %	12.00%						12.00%
TOTAL FUNDING USES			1,208,029	-	-	-	-	-	15,090,562
		17.00						Fringe Benefits %:	30.87%
CBHS MENTAL HEALTH FUNDING SOURCES	CFDA	FAMIS							
MH FED - SDMC Regular FFP (50%)	-	HMHMCC730515	-						74,773
MH Realignment		HMHMCC730515	-	·					224,810
MH COUNTY - General Fund		HMHMCC730515							54,594
MH PROJECT - MHSA	-	PHMS63-1405	-						85,309
			-						-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	3		· -	-	-	4		-	439,486
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA	FAMIS							
SA FED - SAPT Fed Discretionary	93,959	HMHSCCRES227	-						1,869,601
SA FED - SAPT HIV Set-Aside	93.959	HMHSCCRES227	67,500						67,500
SA FED - Drug Medi-Cal	93.778	HMHSCCRES227							15,000
SA STATE - Parolee Services Network BASN	-	HMHSCCRES227	-						864,066
SA STATE - PSR Drug Medi-Cal	-	HMHSCCRES227	-						15,000
SA STATE - PSR Drug Medi-Cal carryforward from 12-13	-	HMHSCCRES227	-						1,780,271
SA COUNTY - General Fund		HMHSCCRES227	541,325					****	5,509,710
SA COUNTY - General Fund - WO CODB	-	HMHSCCRES227	-						12,563
SA GRANT - Fed SAMHSA SHOP	93.243	HCSA03-14	-				***************************************		329,773
SA GRANT - Fed DOJ Second Chance	16.812	HCSA02-14	-						506,598
SA WORK ORDER - HSA FSET	10.561	HMHSCCADM377	-						837,543
SA WORK ORDER - APD CJ Realignment (AB109)	-	HMHSCCADM367	-						1,111,167
SA GRANT - State CDCR ISMIP	_	HMAD01-14	-						457,580
			-						-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUR			608,825		J			-	13,376,372
OTHER DPH FUNDING SOURCES									
Community Health - DCYF CRN WO	-	нснеснескимо	499,204						499,204
COPC - General Fund	-	HCHAPADMINGF	100,000						100,000
TOTAL OTHER DPH FUNDING SOURCES			599,204	-	-			*	599,204
TOTAL DPH FUNDING SOURCES			1,208,029	-	-	-	-		14,415,062
NON-DPH FUNDING SOURCES	300000000000000000000000000000000000000						100 100 100 100 100		
NON DPH - Patient/Client Fees									675,500
TOTAL NON-DPH FUNDING SOURCES	 		 		 		-		675,500
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			1,208,029			 	-	 	15,090,562

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

Provider/ Provider/ Provider/ Mode/SFC (MH) Ser FRUNDING USES Salaries & Em Ope Capital Expenses (great Subtotal In	Program Name: Provider Number: Program Name Program Code or Modality (SA) Proce Description FUNDING TERM Program Name Program Code or Modality (SA) Program Code or Modality (SA) Program Name	Res-51 SA-Res Recov Long Term (over 30 days) 7/1/13-6/30/14 2,005,138 801,874	Adult Residential 3805WR-RSD, 38062, 38342 Res-51 SA-Res Recov Long Term (over 30 days) 7/1/13-6/30/14				Appendix #: Document Date: Fiscal Year:	1/30/14 13-14 13-14 TOTAL 7/1/13-6/30/14
Ser FUNDING USES Salaries & Em Ope Capital Expenses (grea	Program Name Program Name Program Code or Modality (SA) Proce Description FUNDING TERM Proce Benefits Proception Expenses Proception States (SA) Proception Stat	Adult Residential 3805WR-RSD, 38062, 38342 Res-51 SA-Res Recov Long Term (over 30 days) 7/1/13-6/30/14 2,005,138 801,874 2,807,012	Adult Residential 3805WR-RSD, 38062, 38342 Res-51 SA-Res Recov Long Term (over 30 days) 7/1/13-6/30/14 590,050 235,965				Fiscal Year:	13-14 TOTAL 7/1/13-6/30/14
Ser FUNDING USES Salaries & Em Ope Capital Expenses (grea	Program Name Program Code or Modality (SA) Proice Description FUNDING TERM Properties Properties Program Name Program Code	Adult Residential 3805WR-RSD, 38062, 38342 Res-51 SA-Res Recov Long Term (over 30 days) 7/1/13-6/30/14 2,005,138 801,874 2,807,012	Adult Residential 3805WR-RSD, 38062, 38342 Res-51 SA-Res Recov Long Term (over 30 days) 7/1/13-6/30/14 590,050 235,965					TOTAL 7/1/13-6/30/14
Ser FUNDING USES Salaries & Em Ope Capital Expenses (great	Program Code or Modality (SA) Evice Description FUNDING TERM mployee Benefits erating Expenses ater than \$5,000) Direct Expenses ndirect Expenses	3805WR-RSD, 38062, 38342 Res-51 SA-Res Recov Long Term (over 30 days) 7/1/13-6/30/14 2,005,138 801,874	3805WR-RSD 38062, 38342 Res-51 SA-Res Recov Long Term (over 30 days) 7/1/13-6/30/14 590,050 235,965					7/1/13-6/30/14
Ser FUNDING USES Salaries & Em Ope Capital Expenses (great	Program Code or Modality (SA) Evice Description FUNDING TERM mployee Benefits erating Expenses ater than \$5,000) Direct Expenses ndirect Expenses	3805WR-RSD, 38062, 38342 Res-51 SA-Res Recov Long Term (over 30 days) 7/1/13-6/30/14 2,005,138 801,874	3805WR-RSD 38062, 38342 Res-51 SA-Res Recov Long Term (over 30 days) 7/1/13-6/30/14 590,050 235,965	(0) (2) (4)				7/1/13-6/30/14
Ser FUNDING USES Salaries & Em Ope Capital Expenses (grea	or Modality (SA) rvice Description FUNDING TERM mployee Benefits erating Expenses ater than \$5,000) Direct Expenses ndirect Expenses	38062, 38342 Res-51 SA-Res Recov Long Term (over 30 days) 7/1/13-6/30/14 2,005,138 801,874 2,807,012	38062, 38342 Res-51 SA-Res Recov Long Term (over 30 days) 7/1/13-6/30/14 590,050 235,965		Waxasana aya da ka			7/1/13-6/30/14
Ser FUNDING USES Salaries & Em Ope Capital Expenses (grea	or Modality (SA) rvice Description FUNDING TERM mployee Benefits erating Expenses ater than \$5,000) Direct Expenses ndirect Expenses	Res-51 SA-Res Recov Long Term (over 30 days) 7/1/13-6/30/14 2,005,138 801,874 2,807,012	Res-51 SA-Res Recov Long Term (over 30 days) 7/1/13-6/30/14 590,050 235,965					7/1/13-6/30/14
Ser FUNDING USES Salaries & Em Ope Capital Expenses (grea	rvice Description FUNDING TERM mployee Benefits erating Expenses ater than \$5,000) Direct Expenses ndirect Expenses	SA-Res Recov Long Term (over 30 days) 7/1/13-6/30/14 2,005,138 801,874 2,807,012	SA-Res Recov Long Term (over 30 days) 7/1/13-6/30/14 590,050 235,965		Ways			7/1/13-6/30/14
FUNDING USES Salaries & Em Ope Capital Expenses (greating Subtotal I	mployee Benefits erating Expenses ater than \$5,000) Direct Expenses addrect Expenses	Long Term (over 30 days) 7/1/13-6/30/14 2,005,138 801,874 - 2,807,012	Long Term (over 30 days) 7/1/13-6/30/14 590,050 235,965		Water			7/1/13-6/30/14
FUNDING USES Salaries & Em Ope Capital Expenses (greating subtotal in the company of the comp	mployee Benefits erating Expenses ater than \$5,000) Direct Expenses addrect Expenses	30 days) 7/1/13-6/30/14 2,005,138 801,874 2,807,012	30 days) 7/1/13-6/30/14 590,050 235,965		Water to the state of the state			7/1/13-6/30/14
FUNDING USES Salaries & Em Ope Capital Expenses (greating Subtotal I	mployee Benefits erating Expenses ater than \$5,000) Direct Expenses addrect Expenses	7/1/13-6/30/14 2,005,138 801,874 - 2,807,012	7/1/13-6/30/14 590,050 235,965					
Salaries & Em Ope Capital Expenses (grea Subtotal I	mployee Benefits erating Expenses ater than \$5,000) Direct Expenses adirect Expenses	2,005,138 801,874 - 2,807,012	590,050 235,965		Uparios superior superior de la company			
Ope Capital Expenses (grea Subtotal I	erating Expenses ater than \$5,000) Direct Expenses adirect Expenses	801,874 - 2,807,012	235,965					2 595 188
Capital Expenses (grea Subtotal I	ater than \$5,000) Direct Expenses ndirect Expenses	2,807,012	-			ł		2,000,300
Subtotal I	Direct Expenses	2,807,012	R26 016					1,037,839
In	ndirect Expenses		826 U46	ļ				
		336.843		-			-	3,633,027
TATALE	FUNDING USES		99,121					435,964
	discussion constitution and the languages		925,136	to Advances Handelle Service	nedanos minimonomos arrestoros a	Santana e e e e e e e e e e e e e e e e e e	- Porestanin kasandali annua sisaan	4,068,991
CBHS MENTAL HEALTH FUNDING SOURCES								
· · · · · · · · · · · · · · · · · · ·	unio-				WARRINGTON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON A			
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	nisnaso) — c u · · · · · · · · · · · · · · · · · ·	eren	Simplessimmississississississi.		intinishassamoras saudib	engatera enganitalistik	-	· · · · · · · · · · · · · · · · · · ·
Editorial in the control of the cont	FAMIS	250.00						
	MHSCCRES227	950,437			,			950,437
	MHSCCRES227	1,780,271 158,177					 	1,780,271 158,177
	MHSCCRES227	130,177	12,563					12,563
	MHSCCADM377		837,543					837,543
DA WORK CROCK TROVI OLI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1					-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		2,888,885	850,106	-		-	-	3,738,991
					000.0030.0030.000	1000		17-41-17-12/2017
								-
TOTAL OTHER DPH FUNDING SOURCES		*	-	-	-	<u> </u>	-	
TOTAL DPH FUNDING SOURCES		2,888,885			_	-	-	3,738,991
NON DRY FUNDING SOURCES								
NON DPH - Patient/Client Fees		254,970						330,000
TOTAL NON-DPH FUNDING SOURCES		254,970		-	_	-	-	330,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		3,143,855			_	-	-	4,068,991
CBHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchase	98	29						
Substance Abuse Only - Non-Res 33 - ODF # of Group Se								
SA Only - Licensed Capacity for Medi-Cal Provider with Narc						<u> </u>	<u> </u>	
Cost Reimbursement (CR) or Fee-Fr			FFS			 	<u> </u>	
	Units of Service					 		
Cost Des (Int. DDI I Date (DDI PUNDING)	Unit Type		Bed Days			<u> </u>	ļ	
Cost Per Unit - DPH Rate (DPH FUNDING S			~ 	 		<u> </u>	<u> </u>	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUND Published Rate (Medi-Cal			95.07					Total LIDO
The state of the s	ted Clients (UDC)	**************	101					Total UDC: 444

DPH 3: Salaries & Benefits Detail

Program Code: 3805WR-RSD, 38062, 38342

Provider/Program Name: Adult Residential

Document Date: 1/30/14

Appendix 11:	B-1
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	TOTAL		State & G (HMH	ed Discretionary, PSR DMC CF, ieneral Fund ISCCRES227) H Funding Sources	(HMH) General (HMH	SET Work Order ISCCADM377) Fund WO CODB ISCCRES227) H Funding Sources						
	Term:	7/1/13-6/30/14	Term:	7/1/13-6/30/14	Term:	7/1/13-6/30/14	Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
f.P. of Programs	0.298	44,638	0.230	34,489	0.068	10,149						
Program Director	1.750	105,000	1.352	81,127	0.398	23,873						
Clinical Coordingtor	0.500	20,000	0.386	15,453	0.114	4,547						
Director of QA & Compliance	0,460	45,996	0.355	35,538	0.105	10,458						
Manager of Licensing & Certification	0.570	28,571	0,440	22,152	0.130	6,519		***************************************				
Care Coordinators	14.000	444,780	10,817	343,654	3,183	101,126				44.344.444.444		
Overnight Monitor	3,000	90,000	2.318	69,537	0.682	20,463						
Veekend Coordinator	0,556	19,455	0.430	15,032	0.126	4,423						
r.C. Admin, Assistant (Nexus)	1,439	51,656	1.112	39,911	0.327	11,745						
Director Of Facility Operations	0,268	22,108	0.207	17,081	0.061	5,027						
Maintenance Worker	0.853	32,209	0,659	24,886	0.194	7,323						
Fransportation & Facility Manager	0.472	30,320	0.365	23,426	0,107	6,894						
Varehousa Coordinator	0.564	25,009	0,436	19,323	0.128	5,686						·
Driver	2,278	70,652	1.760	54,588	0.518	16,064						
Cook/Food Service	3,296	121,134	2.547	93,593	0.749	27,541						
Director of Food Services	0,358	28,678	0.277	22,158	0.081	6,520						
Client Services Manager	0,539	26,940	0.416	20,815	0.123	6,125						
Client Services Support	1.585	44,380	1.225	34,290	0.360	10,090						
Family Services Coordinator	0.35	19,903	0.270	15,378	0.079	4,525						
Medical Services Director	0.58	47,712	0.447	36,864	0.132	10,848						
Viedical Services Support	1.95	63,242	1.506	48,863	0.443	14,379					<u> </u>	
Physician	0.01	1,425	0.011	1,101	0.003	324						
V.P. of Mental Health Services	0,38	47,855	0.297	36,975	0.087	10,880		<u> </u>		, , , , , , , , , , , , , , , , , , , ,		
Mental Health Training Director	0,43	28,141	0.335	21,743	0,098	6,398		VVIII II I				
Administrative Assistant	0.41	13,070	0.315	10,098	0.093	2,972						
Therapist	3.48	166,368	2.685	128,542	0.790	37,826				A HILL AND	T	
Mental Health Manager	0.72	51,442	0.559	39,748	0.165	11,696		**************************************		·		
Director of Workforce Development	0.54	46,836	0.415	36,187	0.122	10,649						<u> </u>
Education Coordinator	0,40	16,131	0.311	12,463	0.092	3,668						
Computer Lab Tech	0.48	15,076	0,367	11,648	0,108	3,428				***************************************	1	
Hausing & Community Service	0,60	21,122	0.467	16,320	0.137	4,802				***********	1	
Employment Counselor	1.53	47,483	1.183	36,687	0,348	10,796					1	
T Specialist - Data Control	0.51	20,235	0.396	15,634	0.116	4,601						
Psychlatrist	0,87	99,421	0.668	76,816	0.197	22,605					1	
Psychologist	0.37	23,972	0.286	18,522	0.084	5,450			1		1	
			1			<u> </u>					T	
Totals:	46,398	1,981,060	35,850	1,530,640	10,55	450,420	-	P1441111111111111111111111111111111111	<u> </u>			
Employee Fringe Benefits:	31,00%	614,128	31,00%	474,498	31.00%	139,630					T]
Empoyee (inge benerie,	01,55/6	017,120	01.0070	1	. 01.0070	100,000	L	L	اـــــــا	lw		J

Program Code: 3805WR-RSD, 38062, 38342
Provider/Program Name: Adult Residential

Appendix #: B-1

Document Date: 1/30/14

Expenditure Category	TOTAL	SAPT Fed Discretionary, State PSR DMC CF, & General Fund (HMHSCCRES227) & Non-DPH Funding Sources	HSA FSET Work Order (HMHSCCADM377) General Fund WO CODB (HMHSCCRES227) & Non-DPH Funding Sources			
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:
Occupancy	*		·			
Rent	243,377	188,042	55,335			
Utilities (Telephone, Electricity, Water, Gas)	277,426	214,350	63,076			
Building Repair/Maintenance	141,106	109,024	32,082			
Materials & Supplies		W				
Office Supplies	12,101	9,350	2,751			
Photocopying			_	Nun-		
Printing	2,663	2,058	605			
Program Supplies	248,877	192,292	56,585			
Computer Hardware/Software	9,601	7,418	2,183			
General Operating			-			
Training/Staff Development	3,000	2,318	682			
Insurance	56,156	43,388	12,768			
Professional License	15,270	11,798	3,472			
Permits		-				2
Equipment Lease & Maintenance	26,694	20,625	6,069			
Staff Travel		_				
Local Travel	1,568	1,211	357			
Out-of-Town Travel	_	_				
Field Expenses	P4-	_				
Consultant/Subcontractor	-					
/	_					1
		-				
Other	_	_	_			
		_				
	٠	-				
		-				

	DEU		of Public Heatl		g/Data Collecti	on (CRUC)			
	***		HealthRIGHT 30	····			*****	Appendix #:	B-2
	Provid	***************************************	BASN Resident	<u>iai</u>			HANNE MANAGEMENT	Document Date:	1/30/14
		Provider Number:	383834			1		Fiscal Year:	13-14
]			
'		Program Name	BASN Residential						
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Program Code	88342			***************************************			
	lode/SFC (MI	l) or Modality (SA)	Res-51						·
			SA-Res Recov	- 111//M				<u> </u>	NII., A - 1110 - 5
			Long Term (over	;					
	5	Service Description	30 days)	W		ļ		•••	TOTAL
	isiisaan ahkakiilisiikaan	FUNDING TERM	The second secon	Sammandos de la companya de la comp		i MASSITESSESSESSOLESSA.		vendas establistica establistica establis	7/1/13-6/30/14
FUNDING USES		# The rest of the last of the				1898			.44 500
		Employee Benefits	411,580 235,012			 		****	411,580 235,012
Cantal		perating Expenses reater than \$5,000)	230,012						230,012
Capitai		al Direct Expenses	646,592						646,592
w)))))))))))))))))))))))))))))	Subtot	Indirect Expenses	77,591						77,591
	TOTA	L FUNDING USES	The state of the s		-			_	724,183
CBHS MENTAL HEAUTH FUNDING SOURCES									
	3010 03300000								
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	3		-	-			-	-	*
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA	FAMIS		30.00			1.000		
SA STATE - Parolee Services Network BASN	-	HMHSCCRES227	698,183						698,183
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUR			698,183	-	-			-	698,183
OTHER DRH FUNDING SOURGES		100							
				***************************************					-
TOTAL OTHER DPH FUNDING SOURCES			-	-		***************************************	4	_	
TOTAL DPH FUNDING SOURCES	nelestronnessie en en en	Pares Assumentally or	698,183	in transaction and a state of the state of t		A DESIRED ESTAMBACIONAS AS		Trasamont references extensive pro-	698,183
NON-DPH-RUNDING SOURCES									
NON DPH - Patient/Client Fees			26,000			<u> </u>			26,000
TOTAL NON-DPH FUNDING SOURCES			26,000				-		26,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	VACED IN HUZINIYA DE	2511607550000000	724,183	- validi istoolisma saasa valid	SOME OF BUILDING AND	n earlsmaninussansole		#	724,183
CBHS UNITS OF SERVICE AND UNIT COST			-						
		ased (if applicable)				ļ			
Substance Abuse Only - Non-Res 33 - OD		<u> </u>	<u> </u>	 					
SA Only - Licensed Capacity for Medi-Cal Pr Cost Reimbursemer				 		<u> </u>			
Cost Reimoursemen	7,424			-					
	Bed Days		 						
Cost Per Unit - DPH Rate (D				 					
Cost Per Unit - Contract Rate (DPH & I						 			
Published			 	 		 	Total UDC:		
T dollared		ated Clients (UDC)			 	 			47

n	DI	4	ą-	80	laries	£.	Ron	afite	Date	d

Program Code: 88342
Provider/Program Name: BASN Residential

Appendix #: B-2

der/Program Name: BASN Residential

Document Date: 1/30/14

		TOTAL		BASN ISCCRES227) H Funding Sources								
	Term:	7/1/13-6/30/14	Term:	7/1/13-6/30/14	Term;		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE		FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0,050	6,910	0.050	6,910								
Program Director	0,360	23,400	0,360	23,400								
Director of QA & Compliance	0,070	7,000	0,070	7,000								
Manager of Licensing & Certification	0.100	4,902	0.100	4,902								_
Managing Director of Clinical Services	0.050	4,850	0.050	4,850								
Supervising Care Coordinators	0.250	9,623	0.250	9,623								
Care Coordinators	1.500	57,000	1.500	57,000								
HIV/AIDS Clinical Manager	0.050	2,190	0.050	2,190	4							
Overnight Monitor	0.500	15,000	0,500	15,000								
Weakend Coordinator	0.200	7,000	0,200	7,000								
T.C. Admin. Assistant (Nexus)	0.260	9,161	0.260	9,161								
Director Of Facility Operations	0.060	4,866	0.060	4,886								
Maintenance Worker	0.220	6,820	0,220	6,820								
Transportation & Facility Manager	0,060	4,007	0,060	4,007								
Warehouse Coordinator	0,100	4,376	0.100	4,376		•						
Driver	0.340	10,426	0,340	10,426								
Cook/Food Service	0.690	21,390	0.690	21,390							1	
Director of Food Services	0.071	5,703	0.071	5,703								
Cilent Services Manager	0.090	4,742	0.090	4,742								
Client Services Support	0.280	8,400	0,280	8,400								
Family Services Coordinator	0.040	. 2,467	0,040	2,487								
Medical Services Director	0,090	7,679	0.090	7,679								
Medical Services Support	0,270	8,663	0.270	8,663								
Physician	0.005	520	0,005	520								
V.P. of Mental Health Services	0.060	7,347	0.060	7,347								1
Mental Héalth Training Director	0.050	3,750	0.050	3,750					.,		1	
Director of Mental Health Services	0.050	2,988	0,050	2,968								1
Mental Health Care Coordinators	0.130	4,121	0,130	4,121				2200	7	***************************************		
Therapist	0.390	19,705	0,390	19,705								
Mental Health Manager	0.070	4,144	0.070	4,144								
Director of Workforce Development	0.090	4,707	0.090	4,707							T	
Education Coordinator	. 0.020	870	0,020	870								
Computer Lab Tech	0.060	1,936	0.060	1,936								
Housing & Community Service	0.050	1,942	0.050	1,942					}			
Employment Counselor	0.150	4,507	0.150	4,507				·				
IT Specialist - Data Control	0.080	3,395	0.080	3,395								
Psychiatrist	0.130	14,496	0,130	14,496								
Psychologist	0.050	3,200	0,050	3,200							1	
								_				
Totals:	7.086	314,183	7.086	314,183								
Employee Fringe Benefits:	31,00%	97,397	31,00%	97,397							T	

TOTAL SALARIES & BEN	EFITS	411,580	411,580		-	**************************************	

Program Code: 88342
Provider/Program Name: BASN Residential

Document Date: 1/30/14

Appendix #:	B-2	

Expenditure Category	TOTAL	BASN (HMHSCCRES227) & Non-DPH Funding Sources				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Tem:
Occupancy						
Rent	35,833	35,833	, tt ttt			
Utilities (Telephone, Electricity, Water, Gas)	40,335	40,335				
Building Repair/Maintenance	21,557	21,557				
Materials & Supplies	-					
Office Supplies	2,500	2,500				
Photocopying	2,737	2,737	· · · · · · · · · · · · · · · · · · ·			
Printing	500	500		***************************************		
Program Supplies	68,564	68,564				
Computer Hardware/Software	1,750	1,750				
General Operating	_	*				
Training/Staff Development	1,500	1,500				
Insurance	8,266	8,266	M 1400			
Professional License	2,326	2,326				
Permits	_	-				
Equipment Lease & Maintenance	2,268	2,268				
Staff Travel	-				•	
Local Travel	500	500				
Out-of-Town Travel	-					
Field Expenses						
Consultant/Subcontractor	_					
				,		
Other		·				
Client Transportation	13,800	13,800				
Food	32,576	32,576				
	_	`				

TOTAL OPERATING EXPENSE 235,012 - - -

	DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC) Contractor Name: HealthRIGHT 360 Appendix #:								
	Provid	ier/Program Name:	THE RESERVE OF THE PERSON OF T		* * * * * * * * * * * * * * * * * * *			Document Date:	B-3 1/30/14
100000000000000000000000000000000000000		Provider Number:			17 /P-12 II MANUARY		***	Fiscal Year:	13-14
					1	1	[1	
			BASN ONPD			·	11		
		Program Name							
		Program Code			ļ				
	Mode/SFC (M	H) or Modality (SA)			<u> </u>		<u> </u>		
·			SA-Res Recov Long Term (over						
	;	Service Description	, ,						TOTAL
	W-5-/414444	FUNDING TERM							7/1/13-6/30/14
FUNDING USES									
	Salaries &	Employee Benefits	51,541						51,541
		perating Expenses	37,908						37,908
Capita		reater than \$5,000)							be (
	Subto	tal Direct Expenses				-	-	-	89,449
		Indirect Expenses		<u> </u>					10,734
		L FUNDING USES	100,183	Version/Asso.	- No Secretary and a second limit of the second		- VIOVISIANIDINASSASSASSASSASSASSASSASSASSASSASSASSASS	A AVASIDUMATICANTINAS	100,183
CBHS MENTAL HEALTH FUNDING SOURCES	CBH5 MENTAL HEALTH/FUNDING SOURCES								_
TOTAL CBHS MENTAL HEALTH FUNDING SOURCE	S S		-				-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA	FAMIS							
SA STATE - Parolee Services Network BASN		HMHSCCRES227	100,183						100,183
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUR			100,183		-		-	-	100,183
OTHER OPHICUNDING SOURCES									
	-						<u> </u>		
TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES	<u> </u>		100.183	 	· 			 	100,183
NON-OPH FUNDING SOURCES		(1005/04)0658955(45.0)46650		Villandalian,			655	-	100,103
NON DPH - Patient/Client Fees					1				
TOTAL NON-DPH FUNDING SOURCES	-			 		_			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	 		100,183	 					100.183
CBHS UNITS OF SERVICE AND UNIT COST	i Voleni i i							NAME OF THE PERSON	100,103
		nased (if applicable)		313,77,70005	The second secon			The state of the s	
Substance Abuse Only - Non-Res 33 - OL			 	 					
SA Only - Licensed Capacity for Medi-Cal P			***************************************						
Cost Reimburseme									
	2,847								
	Bed Days								
Cost Per Unit - DPH Rate (
Cost Per Unit - Contract Rate (DPH &					<u> </u>				
Publishe					ļ		Total UDC:		
	Undupli	cated Clients (UDC)	32	<u> </u>			<u> </u>		32

DPH 3: Salaries & Benefits Detail

Program Code: 3807BT-CLV

Provider/Program Name: BASN ONPD Residential

Document Date: 1/30/14

Appendix #:	B-3

		TOTAL	(НМН	BASN ISCCRES227)								
	Term:	7/1/13-6/30/14	Term:	7/1/13-6/30/14	Term:		Term:	Term:		Term:		
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0,003	500	0.003	500								
V.P of QA & Compliance	0,003	300	0.003	300		(
Program Director	0,025	1,706	0,025	1,706								
Managing Director of Clinical Services	0.003	291	0.003	291								
Overnight Monitor	1,000	31,000	1.000	31,000								
Case Managers	0.050	1,800	0.050	1,800		······································						
Director Of Facility Operations	0.008	659	800.0	659		·····	1.					
Coordinator Warehouse	0,002	110	0.002	110								
Maintenance Worker	0,053	1,632	0.053	1,632								
Transportation & Facility Manager	0.006	388	0.006	388				•		·		
Driver	0.031	958	0.031	958								
		-				***						
	+	-										
		-									ļ	
	-	-				···-						
	~	-						<u> </u>				
		-										
	-											
		-										
	-	-										
Totals:	1.184	39,344	1,184	39,344		The state of the s		_			_	_
					ų				·			
Employee Fringe Benefits:	31.00%	12,197	31.00%	12,197					<u> </u>		<u>.</u>	
TOTAL SALARIES & BENEFITS		51,541]	51,541] [] 1		1		1	
IVIAL SALARIES & BENEFITS		01,041	J	51,541	j	Marsumpunan		en de la companya de	4		_	***************************************

Program Code:	380/B1-CLV
Provider/Program Name:	BASN ONPD Residential
Document Date:	1/30/14

Appendix #:	•	B-3
. 4-1		

Expenditure Category	TOTAL.	BASN (HMHSCCRES227)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy		+				
Rent	8,453	8,453	1-17		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Utilities (Telephone, Electricity, Water, Gas)	11,224	11,224				
Building Repair/Maintenance	2,177	2,177				
Materials & Supplies	-	-				
Office Supplies	345	345				·
Photocopying	_	-				
Printing	56	56				
Program Supplies	8,880	8,880				
Computer Hardware/Software	322	322				
General Operating		-	·			
Training/Staff Development		-				
Insurance	1,671	1,671				
Professional License	567	567				
Permits						
Equipment Lease & Maintenance	2,239	2,239				
Staff Travel						
Local Travel	37	37				
Out-of-Town Travel	н					
Field Expenses	-	4				
Consultant/Subcontractor	-					
	H	-				
		+				
Other						
Client Transportation	1,049	1,049				
Food	888	888				
	-					

TOTAL OPERATING EXPENSE 37,908 - - -

Provider/Program Name: BASN Social Detox Residential Document Date: 1/30/14		HealthRIGHT 36		3			Appendix #:	B-4	
Provider Number. 383806 Fiscal Year. 13-14		BASN Social De	tox Residential		DPIMILIA TO			1/30/14	
BASN Social Program Name Dator Residential Dator Residenti						- the management of the second	****		,
Program Name Detox Residential Program Code 84/952		ANTONIA PARA AMARIAM MANAGANA						***************************************	
Program Code 84/062 Mode/SFC (MH) or Modally (SA) Res-50 SA-Res Fee Service Description Service Description Desc									
ModelSFC (MH) or Modellity (SA) Res-50 SA-Res Free Standing Res Dedox							*****		
Service Description Service Description FUNDING TERM 7707AL FUNDING USES Salarios & Employee Benefits 58,243 771/13-6/30/14 77	A A A	······································							
Service Description	MOO	e/SFC (WIH) or Wodality (SA)							
Service Description Detox TOTAL									
Salario & Employee Benefits 35,243			Detox						
Salarios & Employee Benefits 35,243 35,245 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 23,47 2			7/1/13-6/30/14		(1999/199	7/1/13-6/30/14
Capital Expenses 23,418 23,4	And the Asia rate of the Asia and Asia								Part of the second seco
Capital Expenses (greater than \$5,000)	\$					· · · · · · · · · · · · · · · · · · ·			35,243
Subtotal Direct Expenses 58,661 - - 58,6 Indirect Expenses 7,039 7,0 TOTAL FUNDING USES 65,700 - - - - - CBHS MENTAL HEALTH FUNDING SOURCES - - - - CBHS SUBSTANCE ABUSE FUNDING SOURCES - - - - - CBHS SUBSTANCE ABUSE FUNDING SOURCES - - - - - TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES 65,700 65,700 TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES 65,700 - - - - - TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES 65,700 - - - - - TOTAL OTHER DPH FUNDING SOURCES 65,700 - - - - - TOTAL OTHER DPH FUNDING SOURCES 65,700 - - - - - TOTAL OTHER DPH FUNDING SOURCES 66,700 - - - - - 65,700 NON DPH - Patient/Client Fees - - - - - 65,700 TOTAL NON-DPH FUNDING SOURCES - - - - - 65,700 TOTAL FUNDING SOURCES (DPH AND NON-DPH) 65,700 - - - - 65,700 SUBSTANCE ABUSE OF SERVICE AND UNIT COST: Number of Beds Purchased (if applicable) 3 Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic TX Program Cast Reimbursement (CR) or Fee-For-Service (FFS) FFS	0.34	X		, , , , , , , , , , , , , , , , , , ,					23,418
Indirect Expenses 7,039 7,0 TOTAL FUNDING USES 65,700	Capital Ex							_	52 561
TOTAL FUNDING SURCES TOTAL CBHS MENTAL HEALTH FUNDING SOURCES TOTAL CBHS MENTAL HEALTH FUNDING SOURCES CBHS SUBSTANCE ABUSE FUNDING SOURCES SA STATE - Parolee Services Network BASN - HMHSCCRES227 TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES 65,700 TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES 65,700				-					7,039
Comparison				-	*	<i>μ</i>	-	65,700	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES GBHS SUBSTANCE ABUSE FUNDING SOURCES SA STATE - Parolee Services Network BASN - HMHSCCRES227 65,700	CEHS MENTAL HEALTH FUNDING SOURCES		A STATE OF THE PARTY OF THE PAR						
Care						A STATE OF THE PARTY OF THE PAR			-
SA STATE - Parolee Services Network BASN - HMHSCCRES227 65,700 65,700	TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-	-	-	+		-	-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES OTHER DPH FUNDING SOURCES TOTAL OTHER DPH FUNDING SOURCES TOTAL OTHER DPH FUNDING SOURCES 65,700	CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA FAMIS							
OTHER DPH FUNDING SOURCES	SA STATE - Parolee Services Network BASN	- HMHSCCRES227	65,700						65,700
OTHER DPH FUNDING SOURCES TOTAL OTHER DPH FUNDING SOURCES		A LUMB AND THE STATE OF THE STA							
TOTAL OTHER DPH FUNDING SOURCES				ances and summer consessed	**************************************	- conservation -	- inadasilisiDomonidakaidomid	*	65,700
TOTAL DPH FUNDING SOURCES NON DPH - Patlent/Client Fees TOTAL NON-DPH FUNDING SOURCES TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH) (65,700 65,7 (BHS:UNITS OF SERVICE AND UNIT COST Number of Beds Purchased (if applicable) 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) FFS	OTHERIDPA FUNDING SOURCES			200				i i i i i i i i i i i i i i i i i i i	
TOTAL DPH FUNDING SOURCES NON DPH - Patlent/Client Fees TOTAL NON-DPH FUNDING SOURCES TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH) (65,700 65,7 (BHS:UNITS OF SERVICE AND UNIT COST Number of Beds Purchased (if applicable) 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) FFS	TOTAL OTHER DOLLERWOING COURCES							_	-
NON DPH - Patlent/Client Fees TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH) (BHS; UNITS OF, SERVICE AND UNIT COST) Number of Beds Purchased (if applicable) Substance Abuse Only - Norr-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			65.70D			-			65,700
NON DPH - Patient/Client Fees TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH) TOTAL FUNDING SOURCES (DPH AND NON-DPH) Number of Beds Purchased (if applicable) Substance Abuse Only - Norr-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									
TOTAL FUNDING SOURCES (DPH AND NON-DPH) GBHS:UNITS OF SERVICE AND UNIT COST Number of Beds Purchased (if applicable) Substance Abuse Only - Norr-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							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	103153530	-
CBHS:UNITS OF SERVICE AND UNIT COST Number of Beds Purchased (if applicable) 3 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) FFS	TOTAL NON-DPH FUNDING SOURCES		-	_		-	-	-	-
Number of Beds Purchased (if applicable) 3 Substance Abuse Only - Norr-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	TOTAL FUNDING SOURCES (DPH AND NON-DPH)		65,700	-	_	4		~	65,700
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) FFS	GBAS UNITS OF SERVICE AND UNIT COST								
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program Cost Reimbursement (CR) or Fee-For-Service (FFS) FFS		4							
Cost Reimbursement (CR) or Fee-For-Service (FFS) FFS									
Units of Service 985 I I I	Cost Reimbursement (<u> </u>					
	·				<u> </u>				
Unit Type Bed Days	On Deally Delby On						ļ		
	The state of the s							-	
						 			Total UDC:
	i ublisteu A			<u> </u>				 	10(3) 0000:

DPH 3: Salaries & Benefits Detail

Program Code: 84062

Provider/Program Name: BASN Social Detox Residential

Document Date: 1/30/14

Appendix #: B-4

		TOTAL	(HMH	BASN ISCCRES227)				•				
	Term:	7/1/13-6/30/14	Term;	7/1/13-6/30/14	Term:		Term;		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.005	824	0.005	824								
Program Director	0.025	1,644	0.025	1,644				**************************************				
V.P. of QA & Compliance	0.009	900	0.009	900					~~~~~			
Manager of Licensing & Certification	0.010	518	0.010	518				·				
Managing Director of Clinical Services	0.001	144	0.001	144								
Care Coordinators	0.250	9,000	0.250	9,000								
HIV/AIDS Clinical Manager	0.030	1,260	0.030	1,260								
Overnight Monitor	0.030	900	0.030	900								
T.C. Admin, Assistant (Nexus)	0.025	874	0.025	. 874								
Director Of Facility Operations	0.004	330	0.004	330								
Maintenance Worker	0,010	314	0.010	314		***************************************					<u> </u>	
Transportation & Facility Manager	0,010	642	0.010	642								
Warehouse Coordinator	0.011	478	0.011	478								
Driver	0,030	930	0.030	930								
Cook/Food Service	0.090	2,790	0.090	2,790								
Director of Food Services	0.009	720	0.009	720								
Client Services Manager	0.001	29	0.001	29								
Client Services Support	0.001	34	0.001	34								
Family Services Coordinator	0,002	109	0.002	109	·)
Medical Services Director	0.009	718	0,009	718								
Medical Services Support	0.030	977	0.030	977								
Physician	0.000	31	0.000	31								
V.P. of Mental Health Services	0.006	799	0.006	799								
Mental Health Training Director	0.003	258	0.003	258								
Director of Mental Health Services	0.014	745	0.014	745								
Mental Health Care Coordinators	0.001	43	0.001	43								,
Mental Health Manager	0,005	325	0.005	.325								
IT Specialist - Data Control	0.010	400	0.010	400								
Psychologist	0.003	167	0,003	167								
Totals:	0.634	26,903	0.634	26,903		-	_		-		-	-
						- Managara						
Employee Fringe Benefits:	31.00%	8,340	31.00%	8,340								
									_			
TOTAL SALARIES & BENEFITS		35.243		35.243	1]	

Program Code: 84062

Provider/Program Name: BASN Social Detox Residential

Appendix # B-4

enriogram Name.	DAGN SUCIAL	DEMY Vesidenti	aı
Document Date:	1/30/14		

Expenditure Category	TOTAL	BASN (HMHSCCRES227)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy	± .					
Rent	1,795	1,795				
Utilities (Telephone, Electricity, Water, Gas)	5,498	5,498				
Building Repair/Maintenance	2,110	2,110				
Materials & Supplies	-					
Office Supplies	114	114				
Photocopying	_					
Printing	35	35				
Program Supplies	7,684	7,684				
Computer Hardware/Software	75	75				
General Operating		-				
Training/Staff Development	_	**				
Insurance	1,026	1,026				
Professional License	220	220				
Permits	*	-				
Equipment Lease & Maintenance	494	494				
Staff Travel	+				1	
Local Travel	21	21	·		///	·
Out-of-Town Travel	_					
Field Expenses						
Consultant/Subcontractor	*	_				
		-				
	_	_				
Other		F			1	
Client Transportation	1,331	1,331				
Food	3,015	3,015				

TOTAL OPERATING EXPENSE 23,418 - - .

	ent of Public Heat		igiDala Collecti	on (CRUC)	***************************************		
	me: HealthRIGHT 3				***************************************	Appendix #:	B-5
	me: Bridges Reside	ntial		,		Document Date:	1/30/14
Provider Num	ber: 383806			1		Fiscal Year:	13-14
	Bridges				1		
Program N	1						
Program C							
Mode/SFC (MH) or Modality							,,,
	\$A-Res Recov		<u> </u>				
	Long Term (over						
Service Descri							TOTAL
FUNDING TE		tri saanastamaan on on saasaan	Samuelli (Samerani e e e e e e e e e e e e e e e e e e e	SASSESSESSESSESSESSESSESSESSESSESSESSESS	insellerensnesse.	tressente Wall Meraniana	8/1/13-6/30/14
FUNDING USES							
Salaries & Employee Ben					<u> </u>		60,434
Operating Exper				<u> </u>	 	·	21,277
Capital Expenses (greater than \$5, Subtotal Direct Expe		<u></u>	 		 	 	81.711
Suototal Direct Exper		-	-	-	-		9,805
TOTAL FUNDING U						_	. 91,516
GBHS MENTAL HEALTH-FUNDING SOURCES	PARTITUDE ACCOUNTS AND ADDRESS OF						
							-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	_	-	-	-	_	
CBH5 SUBSTANCE ABUSE FUNDING SOURCES CFDA FAMIS		0.0000000000000000000000000000000000000			Taranga ya		
SA GRANT - State CDCR ISMIP - HMAD01-14	91,516				12 12 13 13 13 13 13 13 13 13 13 13 13 13 13		91,516
				<u> </u>			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	91,516		-	-	-	-	91,516
OTHER DRH FUNDING SOURCES							
							-
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-		-
TOTAL DPH FUNDING SOURCES	91,516		-	-		-	91,516
NONEDRI FUNDING SOURCES							
		ļ					-
TOTAL NON-DPH FUNDING SOURCES		-			-	_	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	91,516		-	-	-	-	91,516
CBHS UNITS OF SERVICE AND UNIT COST							Marie Commission Commi
Number of Beds Purchased (if applications)				<u> </u>			
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (class		 			 		
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Prog			ļ				
Cost Reimbursement (CR) or Fee-For-Service (ļ	
Units of Se				ļ			
Unit		 			<u> </u>		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES C			ļ	ļ			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCE			 			<u> </u>	7
Published Rate (Medi-Cal Providers (Unduplicated Clients (U		 	 		 	<u> </u>	Total UDC:
Ondupacated Otents to	30		<u> </u>		<u></u>		30

DPH 3: Salaries & Benefits Detail

Program Code:	3806BR-RES
Provider/Program Name:	Bridges Residential
Document Date:	1/30/14

Appendix #:	B-5	

		TOTAL		DCR ISMIP MAD01-14)		,						
	Term:	8/1/13-6/30/14	Term:	8/1/13-6/30/14	Term:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salarles	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0,007	1,038	0,007	1,038								
Program Director	0.032	2,099	0.032	2,099								
V.P. of QA & Compliance	0.010	985	0.010	985	***************************************							
Manager of Licensing & Certification	0.013	650	0.013	650								
Managing Director of Clinical Services	0.003	292	0.003	292								*****
Supervising Care Coordinators	0.002	78	0.002	78								
Care Coordinators	0.300	10,800	0.300	10,800								
HIV/AIDS Clinical Manager	0.310	1,301	0.310	1,301			ļ					
Overnight Monitor	0.060	1,500	0.050	1,500								
Weekend Coordinator	0,005	175	0.005	175								
T.C. Admin. Assistant (Nexus)	0.031	1,086	0.031	1,086		· · · · · · · · · · · · · · · · · · ·						
Director Of Facility Operations	0,003	228	0.003	228								
Maintenance Worker	0.013	417	0.013	417								-1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2
Transportation & Facility Manager	0.009	590	0.009	590								
Warehouse Coordinator	0.013	582	0,013	582								
Driver	0,040	1,240	0.040	1,240								
Cook/Food Service	0,100	3,100	0.100	3,100								
Director of Food Services	0.012	926	0.012	926						,		
Client Services Manager	0.016	810	0.016	810								
Client Services Support	0.034	1,028	0.034	1,028								
Family Services Coordinator	0.003	194	0,003	194								
Medical Services Director	0.010	830	0.010	830								
Medical Services Support	0.150	6,809	0.150	6,809								
Physician	0.000	34	0.000	34								_
V.P. of Mental Health Services	800,0	938	0.008	938								
Mental Health Training Director	0.005	379	0.005	379								
Director of Mental Health Services	0,007	410	0.007	410								
Mental Health Care Coordinators	0.006	193	0,006	193								
Therapist	0.090	4,500	0.090	4,500								
Mental Health Manager	0,018	1,077	0.018	1,077								
Director of Workforce Development	0,001	30	0.001	30	İ							
Housing & Community Service	0.008	309	0,008	309								
IT Specialist - Data Control	0.011	435	0.011	435								
Psychologist	0.017	1,070	0,017	1,070								
			_	-								
Totals:	1,337	46,133	1.337	46,133					_	_		
Employee Fringe Benefits:	31.00%	14,301	31,00%	14,301		_						
			,		,		-					
TOTAL SALARIES & BENEFITS		60,434		60,434]							-

Program Code: 3806BR-RES
Provider/Program Name: Bridges Residential
Document Date: 1/30/14

Appendix #	B-5
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Expenditure Category	TOTAL	CDCR ISMIP (HMAD01-14)				
·	Term: 8/1/13-6/30/14	Term: 8/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy	-	-				
Rent	1,686	1,686				
Utilities (Telephone, Electricity, Water, Gas)	4,469	4,469				
Building Repair/Maintenance	2,246	2,246				
Materials & Supplies		-				
Office Supplies	141	141				
Photocopying		-				
Printing	42	42				
Program Supplies	6,949	6,949				
Computer Hardware/Software	123	123			-	
General Operating						
Training/Staff Development	_					
Insurance	958	958				
Professional License	194	194				
Permits	-	•				
Equipment Lease & Maintenance	511	511				
Staff Travel		-				
Local Travel	21	21				
Out-of-Town Travel		_				
Field Expenses	_	_				
Consultant/Subcontractor		_				
	_					
Other						
Client Transportation	1,170	1,170				
Food	2,767	2,767				

TOTAL OPERATING EXPENSE 21,277 - - -

Contractor Name	: HealthRIGHT 3		igipaa Johooa	J. ((J. (J.)		Appendix #:	B-6
Provider/Program Name						Document Date:	1/30/14
Provider Number					······	Fiscal Year:	13-14
Orally The Manual Control of the Manual Cont						1,000,100.	
	AB109	AB109 Reentry				7	
Program Nam		Pod Counseling					
Program Cod		N/A			·····	ļ	
Mode/SFC (MH) or Modality (SA		Anc-68	***************************************	<u></u>			
	SA-Res Recov Long Term (over	SA-Ancillary Svcs					
Service Description		Case Mgmt				,	TOTAL
FUNDING TERM		7/1/13-6/30/14					7/1/13-6/30/14
FUNDING USES					(0.1)		
Salaries & Employee Benefit	485,616	45,850					531,466
Operating Expense		-					279,242
Capital Expenses (greater than \$5,000							-
Subtotal Direct Expense		45,850	-	_			810,708
Indirect Expense		5,502					97,284
TOTAL FUNDING USE		51,352		-		Transport of the Control of the Cont	907,992
CBHS MENTAL HEALTH FUNDING SOURCES							
			<u> </u>				
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		- Vandeskaansele van 420 au	- 2000/98/20046	- Biografia			Per Control of the Control
GBHS SUBSTANCE ABUSE FUNDING SOURCES CFDA FAMIS			6888				
SA WORK ORDER - APD CJ Realignment (AB109) - HMHSCCADM36	7 779,640	51,352	ļ	<u> </u>		ļ	830,992
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	779,640	51,352		**************************************			830,992
OTHER DPH FUNDING SOURCES				on Salar de la companya de la compa	::::::::::::::::::::::::::::::::::::::		
							_
TOTAL OTHER DPH FUNDING SOURCES	_	-		-	-		_
TOTAL DPH FUNDING SOURCES	779,640	51,352	-			_	830,992
NON-DPH-FUNDING SOURCES				STATE OF THE STATE			
NON DPH - Patient/Client Fees	77,000						77,000
TOTAL NON-DPH FUNDING SOURCES	77,000	-	-	-	-	-	. 77,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	856,640	51,352		-		-	907,992
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes		***************************************					
SA Only - Licensed Capacity for Medi-Cat Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS		CR					
Units of Service		920					
Unit Typ		Staff Hour				<u> </u>	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES On		55.82		``			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES		55.82		 			
Published Rate (Medi-Cal Providers Only						 	Total UDC;
Unduplicated Clients (UDC	30	16		<u> </u>	<u> </u>	1	46

Program Code:	Residential: 87342.	Reentry Poo	Counseling: N/A

Provider/Program Name: AB109 Residential

Document Date; 1/30/14

		TOTAL	APD (V (HMI	CJ Realignment Vork Order HSCCADM367) H Funding Sources	APD (entry Pod Counseling CJ Reslignment Vork Order HSCCADM367)						
	Term:	7/1/13-8/30/14	Тести:	7/1/13-6/30/14	Term:	7/1/13-6/30/14	Term;		Term:		Term:	
Position Title	FTE	Salaries	FTE ·	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0,060	8,306	0,060	8,306	-	-						
Program Oirector	0.410	25,648	0.410	26,648	-							
V.P. of QA & Compliance	0,080	8,127	0.080	8,127	-	-						
Manager of Licensing & Cartification	0.120	5,837	0.120	5,837								
Managing Director of Clinical Services	0.020	2,174	0.020	2,174							ļ	
Supervising Care Coordinators	5,400	15,187	0,400	15,187		<u> </u>				, , , , , , , , , , , , , , , , , , ,	<u> </u>	
Care Coordinators	1.680	60,510	1,680	80,510								
HIV/AIDS Clinical Manager	0,030	1,245	0.030	1,245	-					***************************************		
Overnight Monitor	0.590	17,630	0,590	17,630							1	· · · · · · · · · · · · · · · · · · ·
Weakend Coordinator	0,230	7,895	0.230	7,895						·		
T.C. Admin. Assistant (Nexus)	0.290	10,062	0.290	10,082	-	•						
Director Of Facility Operations	0.070	6,100	0.070	6,100			ļ					
Maintenance Worker	0.260	8,112	0,260	8,112	<u> </u>	-						
Transportation & Facility Manager	0.080	5,351	0.080	5,351	<u> </u>						ļ	
Warshouse Coordinator	0.120	5,116	0.120	5,116								
Driver	0,480	14,784	0,480	14,784		•						
Cook/Food Service	0.690	21,344	0.690	21,344		•					ļ	
Director of Food Services	0.090	6,893	0,090	6,893	<u> </u>	-					ļ	
Client Services Manager	0.110	5,374	0.110	5,374					ļ.,		ļ	
Client Services Support	0,300	9,099	0.300	9,099					<u> </u>		ļ	
Family Services Coordinator	0.070	4,254	0.070	4,254					ļ			
Medical Services Director	0.120	9,523	0.120	9,523								
Medical Services Support	0.340	10,891	0,340	10,891	-							
Physician	0.003	334	0,003	334	-	-						
V.P. of Mental Health Services	0.070	9,072	0.070	9,072			ļ					
Mental Health Training Director	0.060	4,426	0.050	4,426						**** ,** ,, ,, ,, ,,,,,,,,,,,,,,,,,,,,,		
Director of Mental Health Services	0.050	2,962	0,050	2,962								
Mental Health Care Coordinators	0.190	6,132	0.190	6,132		<u> </u>						
Therapist	0.320	15,823	0.320	15,823								
Mental Health Manager	0,070	4,045	0.070	4,045								
Director of Workforce Development	0,160	8,118	0.150	8,118	,							
Education Coordinator	0.079	3,143	0.079	3,143	-							
Computer Lab Tech	0.140	4,575	0,140	4,575	-	-						
Housing & Community Service	0,120	4,689	0.120	4,689		_						
Employment Counselor	0.370	11,606	0.370	11,606	-							
IT Specialist - Data Control	0.100	4,124	0.100	4,124		-						
Psychiatrist	0.180	17,988	0.160	17,988								
Psychologist	0,050	3,200	0,050	3,200								
Reentry Pod Counselor	1,000	35,000			1,000	35,000						
	<u> </u>		<u> </u>									
Totals:	9.582	405,699	8,582	370,699	1,000	35,000				_	_	
	,				T		γ					
Employee Fringe Benefits:	31.00%	125,767	31.00%	114,917	31.00%	10,850	<u></u>		<u>. </u>		1	
TOTAL MAJ ADIES & DENEEITS		524 4CC	1	. 405 646	1	45.050	1	······································	1		1	

Program Code: Residential: 87342. Reentry Pod Counseling: N/A

Provider/Program Name: AB109 Residential

Document Date: 1/30/14

Appendix #:	B-6	

Expenditure Category	TOTAL	AB109 Residential APD CJ Realignment Work Order (HMHSCCADM367) & Non-DPH Funding Sources	AB109 Reentry Pod Cnsing APD CJ Realignment Work Order (HMHSCCADM367)			
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:
Occupancy						
Rent	58,324	58,324				
Utilities (Telephone, Electricity, Water, Gas)	50,562	50,562				
Building Repair/Maintenance	25,263	25,263		***************************************		
Materials & Supplies	_	_				
Office Supplies	3,234	3,234				
Photocopying	_					
Printing	673	673				
Program Supplies	67,998	67,998				
Computer Hardware/Software	1,986	1,986				
General Operating		м				
Training/Staff Development	837	837				
Insurance	10,292	10,292				
Professional License	3,166	3,166				
Permits	-	_				
Equipment Lease & Maintenance	7,137	7,137				
Staff Travel	-	-				
Local Travel	390	390				
Out-of-Town Travel						
Field Expenses	_	*				
Consultant/Subcontractor		-				
	•	-				
	_	*				
Other		*				
Client Transportation	16,381	16,381				
Food	32,999	32,999				
	_	*				

TOTAL OPERATING EXPENSE

279,242

279,242

	UPH	l 2: Department			ig/Data Collecti	on (CRDC)			
MATANE.			HealthRIGHT 3				***************************************	Appendix #:	B-7
	Provid	er/Program Name:		Residential		······································		Document Date:	1/30/14
		Provider Number:	383807					Fiscal Year:	13-14
		Program Name	AB109 ONPD Residential]	
		Program Code	86077						
	Mode/SEC (MI	or Modality (SA)	Res-51						
	Moderon O (INI	If or wooding (org)	SA-Res Recov						
			Long Term (over						
		Service Description	30 days)						TOTAL
		FUNDING TERM	7/1/13-6/30/14						7/1/13-6/30/14
FUNDING USES									
		Employee Benefits	99,639						99,639
		perating Expenses	150,518						150,518
Capita		reater than \$5,000)	*		<u></u>				
	Subtot	al Direct Expenses	250,157		-		* *	-	250,157
	***	Indirect Expenses	30,018					***************************************	30,018
CBHS MENTAL HEALTH FUNDING SOURCES		L FUNDING USES		usueskasanamiumitetask 500	-	Urania dallar	-		280,175
CBHS MENIAL REALIFF UNDING SOURCES									
TOTAL CBHS MENTAL HEALTH FUNDING SOURCE	<u>.</u>						_		
CBHS SUBSTANCE ABUSE FUNDING SOURCES		FARMS				40:30015800006			
SA WORK ORDER - APD CJ Realignment (AB109)	- Annual Contract of the Contr	HMHSCCADM367	280.175	18658700000000000000000000000000000000000		100000000111000			280,175
SA WORK ORDER - AP D GO Realiginment (AD109)	-	TIMITOCOADIMOOT	200, (70						200,110
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUR	RCES		280,175	-				_	280,175
OTHER DRH FUNDING SOURCES	17.70					17/10/2014/9			
			WWW.150.575510350.700144-544-544-54		to the state of th	1999000			- Automatian and a second
TOTAL OTHER DPH FUNDING SOURCES			-	-			-	-	-
TOTAL DPH FUNDING SOURCES			280,175	-			-	-	280,175
NON-DPH FUNDING SOURCES			100000000000000000000000000000000000000						
TOTAL NON-DPH FUNDING SOURCES			-	-	-			-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			280,175	-	_			-	280,175
CEHS UNITIES OF SERVICE AND UNITIONS IN									
		ased (if applicable)	21						
Substance Abuse Only - Non-Res 33 - OI									
SA Only - Licensed Capacity for Medi-Cal P									
Cost Reimburseme	nt (CR) or Fee					700000000000000000000000000000000000000			
		Units of Service	6,805						
		Unit Type	Bed Days						
Cost Per Unit - DPH Rate (
Cost Per Unit - Contract Rate (DPH &			41.17		<u> </u>				
Publishe		Cal Providers Only)				<u> </u>			Total UDC:
	Unauplic	ated Clients (UDC)	53	<u> </u>	<u> L</u>	-			53

Program	Codo	38380
r maram	Code:	JOJOU

Provider/Program Name: AB109 ONPD Residential

Document Date: 1/30/14

Appendix #:	B-7
ANDOOR ICHA TEL	U −′

Position Title V.P. of Programs Program Director V.P. of QA & Compliance Managar of Licensing & Certification Managing Director of Clinical Services Supervising Care Coordinators Care Coordinators Overnight Monitor T.C. Admin. Assistant (Nexus) Director Of Facility Operations Maintenance Worker Transportation & Facility Manager Warehouse Coordinator Driver Cook/Food Services Cilent Services Manager Cifent Services Support Family Services Coordinator Medical Services Support Physician V.P. of Mental Health Services Mental Health Training Director Director of Mental Health Services Mental Health Care Coordinators	Term: PTE 0.007 0.050 0.011 0.012 0.025 0.104 0.260 0.100 0.033 0.238 0.029 0.011 0.165	7/1/13-6/30/14 Salarles 1,019 3,250 1,080 601 2,425 3,964 9,000 3,000 2,050 2,751 7,313 1,869	Tem: PTE 0.007 0.050 0.011 0.012 0.025 0.104 0.250 0.100 0.030 0.033 0.236	7/1/13-6/30/14 Salaries 1,019 3,260 1,080 601 2,426 3,964 9,000 3,000 2,050 2,751	Term:	Salaries	Term:	Salaries	Term:	Salaries	Term:	Salaries
V.P. of Programs Program Director V.P. of QA & Compliance Managar of Licensing & Certification Managing Director of Clinical Services Supervising Care Coordinators Care Coordinators Overnight Monitor T.C. Admin. Assistant (Nexus) Director Of Facility Operations Maintenance Worker Transportation & Facility Manager Warehouse Coordinator Driver Cook/Food Services Director of Food Services Cilent Services Manager Cilent Services Coordinator Medical Services Coordinator Medical Services Support Physician V.P. of Mental Health Services Mental Health Training Director Director of Mental Health Services Mental Health Care Coordinators	0.007 0.050 0.011 0.012 0.025 0.104 0.250 0.100 0.030 0.033 0.236 0.029	1,019 3,250 1,080 601 2,425 3,964 9,000 3,000 2,050 2,751 7,313 1,869	0.007 0.050 0.011 0.012 0.025 0.104 0.250 0.100 0.030	1,019 3,250 1,080 601 2,425 3,964 9,000 3,000 2,050	FTE	Sataries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director V.P. of QA & Compliance Manager of Licensing & Certification Managing Director of Clinical Services Supervising Care Coordinators Care Coordinators Overnight Monitor T.C. Admin. Assistant (Nexus) Director Of Facility Operations Maintenance Worker Transportation & Facility Manager Warehouse Coordinator Driver Cook/Food Services Director of Food Services Cilent Services Manager Cilent Services Coordinator Medical Services Coordinator Medical Services Support Physician V.P. of Mental Health Services Mental Health Training Director Mental Health Training Director Mental Health Care Coordinators Mental Health Care Coordinators	0.050 0.011 0.012 0.025 0.104 0.250 0.100 0.030 0.033 0.238 0.029 0.011	3,260 1,080 601 2,425 3,964 9,000 3,000 2,050 2,751 7,313 1,869	0,050 0,011 0,012 0,025 0,104 0,250 0,100 0,030 0,033	3,250 1,080 601 2,425 3,964 9,000 3,000 2,050								
V.P. of QA & Compliance Manager of Licensing & Certification Managing Director of Clinical Services Supervising Care Coordinators Care Coordinators Overnight Monitor F.C. Admin. Assistant (Nexus) Director Of Facility Operations Maintenance Worker Frensportation & Facility Manager Warehouse Coordinator Driver Cook/Food Services Director of Food Services Cilent Services Manager Crient Services Coordinator Medical Services Director Medical Services Support Physician V.P. of Mental Health Services Mental Health Training Director Director of Mental Health Services Mental Health Care Coordinators	0.011 0.012 0.025 0.104 0.250 0.100 0.030 0.033 0.296 0.029	1,080 601 2,425 3,964 9,000 3,000 2,050 2,751 7,313 1,869	0.011 0.012 0.025 0.104 0.250 0.100 0.030 0.033	1,080 601 2,425 3,964 9,000 3,000 2,050								
Manager of Licensing & Certification Managing Director of Clinical Services Supervising Care Coordinators Care Coordinators Director Of Facility Operations Maintenance Worker Frensportation & Facility Manager Warehouse Coordinator Driver Cook/Food Services Director of Food Services Cifent Services Manager Chent Services Coordinator Medical Services Director Medical Services Support Physician V.P. of Mental Health Services Mental Health Training Director Medical Care Coordinator Director of Mental Health Services Mental Health Care Coordinators	0.012 0.025 0.104 0.250 0.100 0.030 0.033 0.238 0.029	601 2,425 3,964 9,000 3,000 2,050 2,751 7,313 1,869	0.012 0.025 0.104 0.250 0.100 0.030 0.033	601 2,425 3,964 9,000 3,000 2,050								
Managing Director of Clinical Services Supervising Care Coordinators Care Coordinators Diversity Monitor F.C. Admin. Assistant (Nexus) Director Of Facility Operations Maintenance Worker Frensportation & Facility Manager Warehouse Coordinator Driver Cook/Food Services Director of Food Services Cilent Services Manager Chent Services Coordinator Medical Services Director Medical Services Support Physician V.P. of Mental Health Services Mental Health Training Director Director of Mental Health Services Mental Health Care Coordinators	0.025 0.104 0.250 0.100 0.030 0.033 0.236 0.029 0.011	2,425 3,964 9,000 3,000 2,050 2,751 7,313 1,869	0.025 0.104 0.250 0.100 0.030 0.033	2,425 3,964 9,000 3,000 2,050		Andrew						
Supervising Care Coordinators Care Coordinators Dvemight Monitor F.C. Admin. Assistant (Nexus) Director Of Facility Operations Maintenance Worker Frensportation & Facility Manager Warehouse Coordinator Driver Cook/Food Service Director of Food Services Cilent Services Manager Crient Services Coordinator Medical Services Coordinator Medical Services Support Physician V.P. of Mental Health Services Mental Health Training Director Director of Mental Health Services Mental Health Care Coordinators	0.104 0.250 0.100 0.030 0.033 0.236 0.029	3,964 9,000 3,000 2,050 2,751 7,313 1,869	0.104 0.250 0.100 0.030 0.033	3,964 9,000 3,000 2,050								
Care Coordinators Ovemight Monitor T.C. Admin. Assistant (Nexus) Director Of Facility Operations Maintenance Worker Transportation & Facility Manager Warehouse Coordinator Driver Cook/Food Service Director of Food Services Cilent Services Manager Client Services Coordinator Medical Services Coordinator Medical Services Support Physician V.P. of Mental Health Services Mental Health Training Director Director of Mental Health Services Mental Health Care Coordinators	0.250 0.100 0.030 0.033 0.238 0.029 0.011	9,000 3,000 2,050 2,751 7,313 1,869	0.250 0.100 0.030 0.033	9,000 3,000 2,050								
Overnight Monitor F.G. Admin. Assistant (Nexus) Director Of Facility Operations Maintenance Worker Fransportation & Facility Manager Warehouse Coordinator Driver Cook/Food Services Director of Food Services Cilent Services Manager Cifent Services Coordinator Medical Services Director Medical Services Support Physician V.P. of Mental Health Services Mental Health Training Director Director of Mental Health Services Mental Health Training Director Director of Mental Health Services Mental Health Care Coordinators	0.100 0.030 0.033 0.236 0.029 0.011	3,000 2,050 2,751 7,313 1,869	0.100 0.030 0.033	3,000 2,050								
T.C. Admin. Assistant (Nexus) Director Of Facility Operations Maintenance Worker Fransportation & Facility Manager Warehouse Coordinator Driver Cook/Food Service Director of Food Services Cilent Services Manager Cilent Services Support Family Services Coordinator Medical Services Director Medical Services Support Physician V.P. of Mental Health Services Mental Health Training Director Director of Mental Health Services Mental Health Care Coordinators	0.030 0.033 0.236 0.029 0.011	2,050 2,751 7,313 1,869	0.030	2,050								
Director Of Facility Operations Maintenance Worker Fransportation & Facility Manager Warehouse Coordinator Driver Cook/Food Service Director of Food Services Cilent Services Manager Client Services Support Family Services Coordinator Medical Services Director Medical Services Support Physician V.P. of Mental Health Services Mental Health Training Director Director of Mental Health Services Mental Health Care Coordinators	0.033 0.236 0,029 0.011	2,751 7,313 1,869	0.033						ļ			
Maintenance Worker Transportation & Facility Manager Warehouse Coordinator Driver Cook/Food Services Director of Food Services Cilent Services Manager Cifent Services Support Family Services Coordinator Medical Services Director Medical Services Support Physician V.P. of Mental Health Services Mental Health Training Director Director of Mental Health Services Mental Health Care Coordinators	0.236 0,029 0.011	7,313 1,869		2,751	1							
Fransportation & Facility Manager Warehouse Coordinator Driver Cook/Food Services Director of Food Services Cilent Services Manager Cifent Services Support Family Services Coordinator Medical Services Director Medical Services Support Physician V.P. of Mental Health Services Mental Health Training Director Director of Mental Health Services Mental Health Care Coordinators	0,029 0.011	1,869	0,238		<u> </u>							
Warehouse Coordinator Driver Cook/Food Service Director of Food Services Cilent Services Manager Cilent Services Support Family Services Coordinator Medical Services Director Medical Services Support Physician V.P. of Mental Health Services Mental Health Training Director Director of Mental Health Services Mental Health Care Coordinators	0.011			7,313								
Driver Cook/Food Services Director of Food Services Cilent Services Manager Gient Services Support Family Services Coordinator Medical Services Director Medical Services Support Physician V.P. of Mental Health Services Mental Health Training Director Director of Mental Health Services Mental Health Care Coordinators			0.029	1,869		·						
Cook/Food Services Director of Food Services Cilent Services Manager Cilent Services Support Family Services Coordinator Medical Services Director Medical Services Support Physician V.P. of Mental Health Services Mental Health Training Director Director of Mental Health Services Mental Health Care Coordinators	0,165	499	0.011	499								
Director of Food Services Cilent Services Manager Cilent Services Support Family Services Coordinator Medical Services Director Medical Services Support Physician V.P. of Mental Health Services Mental Health Training Director Director of Mental Health Services Mental Health Care Coordinators		5,102	0,165	5,102								
Cilent Services Manager Client Services Support Family Services Coordinator Medical Services Director Medical Services Support Physician V.P. of Mental Health Services Mental Health Training Director Director of Mental Health Services Mental Health Care Coordinators	0.080	2,480	0.080	2,480								4115
Client Services Support Family Services Coordinator Medical Services Director Medical Services Support Physician V.P. of Mental Health Services Mental Health Training Director Director of Mental Health Services Mental Health Care Coordinators	0.098	7,811	0,098	7,811								
Family Services Coordinator Medical Services Director Medical Services Support Physician V.P. of Mental Health Services Mental Health Training Director Director of Mental Health Services Mental Health Care Coordinators	0.009	464	0.009	464								
Medical Services Director Medical Services Support Physician V.P. of Mental Health Services Mental Health Training Director Director of Mental Health Services Mental Health Care Coordinators	0.031	927	0.031	927								
Medical Services Support Physician V.P. of Mental Health Services Mental Health Training Director Director of Mental Health Services Mental Health Care Coordinators	0,017	989	0.017	989								
Physician V.P. of Mental Health Services Mental Health Training Director Director of Mental Health Services Mental Health Care Coordinators	0.017	1,370	0.017	1,370								
V.P. of Mental Health Services Mental Health Training Director Director of Mental Health Services Mental Health Care Coordinators	0.058	1,897	0,058	1,897								
Mental Health Training Director Director of Mental Health Services Mental Health Care Coordinators	0.000	37	0,000	37								
Director of Mental Health Services Mental Health Care Coordinators	0.010	1,250	0.010	1,250								
Mental Health Care Coordinators	0.004	310	0,004	310								
	0.011	601	0,011	601								
	0.060	1,945	0.060	1,945								
Mental Health Manager	0.019	1,118	0.019	1,118								***************************************
Director of Workforce Development	0.056	2,794	0.056	2,794								V-1.C#7//**
Education Coordinator	0,030	1,216	0.030	1,216						***************************************		
Computer Lab Tech	0.045	1,494	0.045	1,494								*************************************
Housing & Community Service	0,066	2,520	0.066	2,520								
Employment Counselor	0.046	1,428	0.046	1,428		***************************************		****			1 1	
Psychiatrist	0.009	1,013	0.009	1,013						***************************************		
Psychologist	0.007	473	0,007	473		, , , , , , , , , , , , , , , , , , , 						
	-	.,,		- 7.0								
Totals:	1.736	76,060	1.736	76,060	-	·	1 - 1		_		1 . 1	
	***************************************	trong and the transfer and the same of			***************************************	A11-14		***	die rener and			
Employee Fringe Benefits:	31.00%	23,579	31,00%	23,579			T					
					·				·		1	
TOTAL SALARIES & BENEFITS		99,639		99,639] [_	7 F	-] [] [

Program Code: 383807

Provider/Program Name: AB109 ONPD Residential

Document Date: 1/30/14

Appendix #:	B-7	

Expenditure Category	TOTAL	APD CJ Realignment (AB109) Work Order (HMHSCCADM367)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy	-					
Rent	17,848	17,848				
Utilities (Telephone, Electricity, Water, Gas)	53,345	53,345				
Building Repair/Maintenance	8,507	8,507				
Materials & Supplies						
Office Supplies	709	709				
Photocopying		•				
Printing	120	120				
Program Supplies	45,121	45,121				
Computer Hardware/Software	444	444				
General Operating	-	-				
Training/Staff Development	165	165				
Insurance	7,451	7,451				
Professional License	2,845	2,845				
Permits	_					
Equipment Lease & Maintenance	7,419	7,419				
Staff Travel		•				
Locai Travel	357	357				
Out-of-Town Travel		_				
Field Expenses	-	_				
Consultant/Subcontractor	_	-				
		_				
Other	_	-			·	
Client Transportation	2,231	2,231				
Food	3,956	3,956				
	-	_				

TOTAL OPERATING EXPENSE 150,518 150,518 - - - -

processors and the second seco	ne: HealthRIGHT 3					Appendix #:	B-8
Provider/Program Nar	ne: CARE MDSP R	esidential.				Document Date:	1/30/14
Provider Numb						Fiscal Year:	13-14
				1			
Drawana Na	CARE MDSP						
Program Na Program Co							
Mode/SFC (MH) or Modailty (
Moderal O (Mill) of Modality (SA-Res Recov			· · · · · · · · · · · · · · · · · · ·			
	Long Term (over						
Service Descript							TOTAL
FUNDING TE							7/1/13-6/30/14
FUNDING USES							
Salaries & Employee Bene							225,908
Operating Expen						<u> </u>	127,717
Capital Expenses (greater than \$5,0						 	000 000
Subtotal Direct Expen						<u> </u>	353,625 42,436
TOTAL FUNDING US			<u> </u>		<u> </u>		396,061
GBHS MENTAL HEALTH FUNDING SOURCES		2.2.2.000.0000.0000.000	**************************************			0:700100000000000	390,001
CONTROL CONTRO		a di walingen di wa					-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-	-		-	-
CHIS SUBSTANCE ABUSE FUNDING SOURCES CFDA FAMIS							
SA COUNTY - General Fund - HMHSCCRES	27 361,061						361,061
							-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	361,061		_		-	-	361,061
OTHER DRH FUNDING SOURCES							
							-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	*	-	204.004
TOTAL DPH FUNDING SOURCES NON-DPH FUNDING SOURCES	361,061	-	- Tallanian orangan managan	**************************************		-	361,061
NON DPH - Patient/Client Fees	35,000						05.000
TOTAL NON-DPH FUNDING SOURCES	35,000						35,000 35,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	396,061	<u> </u>					396,061
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applica	والمستبدرات والمستفودة فلنفق والمارية والمحرفة والمستبدرة والمراطقة	1					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (class							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Prog							
Cost Reimbursement (CR) or Fee-For-Service (F				***************************************		***************************************	
Units of Ser							20.25.000
Unit T	ype Bed Days						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES O	nty) 196.76					, , , , , , , , , , , , , , , , , , , ,	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURC							
Published Rate (Medi-Cal Providers O							Total UDC:
Unduplicated Clients (U	OC) 49				<u></u>		49

DPH 3: Salaries & Benefits Detail

Program Code;	3806CM-RES
Provider/Program Name;	CARE MDSP Residential
Document Date:	1/30/14

Appendix #:	B-8

& N		(HM	eneral Fund HSCCRES227) PH Funding Sources												
14 1	Term:	Term:	7/1/13-6/30/14	Term;		Term;		Term:		Torm:					
FI	FTE	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries				
843 0	0.026	0.026	3,843												
103 0	0.140	0.140	9,103			1			***************************************						
105 0	0.041	0.041	4,105												
608 0	0.052	0,052	2,608												
722 0	0.007	0,007	722		-										
237 0	0,033	0.033	1,237				· · · · · · · · · · · · · · · · · · ·	ļ							
023 1	1.056	1,056	38,023												
526 0	0.108	0.108	4,526												
046 0	0.168	0,168	5,046												
B93 C	0.026	0.026	893												
465 0	0,128	0.128	4,485												
119 0	0.014	0,014	1,119			1,									
,026 0	0.065	0.065	2,026			[
182 0	0.034	0.034	2,182												
,398 0	0.054	0.054	2,398												
,840 C	0,156	0.156	4,840												
,413 C	0.368	0,368	11,413												
,939 (0.037	0.037	2,939												
	0.061	0,061	3,063												
,066	0.136	0,136	4,066												
632	0.011	0,011	832												
708 0	0.045	0.045	3,708												
741 (0.146	0.146	4,741												
161 (0.802	0.002	161						l		1				
	0.031	0.031	3,937												
	0.021	0.021	1,581												
	0.032	0.032	1,753												
	0.028	0.028	907												
	0.412	0.412	20,603												
	0.082	0.082	4,855												
	0.016	0.016	788												
	0.001	0.001	42	T		1				1					
	0.002	0.002		1	1		****	1		1	İ				
	0,002	0.006	T					T		1					
	0.017	0.017	519			**************************************		1		1 "	<u> </u>				
	0.051	0.051	2,053					1		1					
	0.106	0.106	12,220	 				1		1					
*****	0.079	0.079	5,065	†	İ					 					
<u>''</u>		- 0,010		T	<u> </u>		114.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	1		1					
,449	3.798	3.798	172,449	-			_	1							
***************************************	<u> </u>				!	المر بدوست			-	an barran aranga an	ł.,,,				
,459 3	31 00%	31 00%	53 450					1							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01.0070	, 01,00%	., 56,458		L				I	- 1	<u> </u>				
,4!	31.00%	_	 1	_											

Program Code: 3806CM-RES

Provider/Program Name:	CARE	MDSP	Residential

D	ocu	ıment	Date:	1/30/	14

Appendix #.	B-8

Expenditure Category	TOTAL.	General Fund (HMHSCCRES227) & Non-DPH Funding Sources				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy						
Rent	11,893	11,893	· · · · · · · · · · · · · · · · · · ·			-
Utilities (Telephone, Electricity, Water, Gas)	27,226	27,226				
Building Repair/Maintenance	11,294	11,294				
Materials & Supplies	N	<u> </u>				
Office Supplies	710	710				
Photocopying	+					
Printing	210	210				
Program Supplies	42,228	42,228				
Computer Hardware/Software	474	474				
General Operating	_	4-				
Training/Staff Development	72	72				
Insurance	5,714	5,714				
Professional License	1,154	1,154				
Permits	+	-				
Equipment Lease & Maintenance	2,638	2,638				•
Staff Travel						
Local Travel	116	116				
Out-of-Town Travel		_				
Field Expenses		-				
Consultant/Subcontractor		-				
		A.				

Other	*	<u>.</u>				
Client Transportation	7,198	7,198	,(H-A-)-(E			
Food	16,790	16,790				
		*				

TOTAL OPERATING EXPENSE

127,717

127,717

	UPI	d 2: Department			ig/Data Collec	tion (CRDC)		Appendix #:	B-9
	Contractor Name: HealthRIGHT 360 Provider/Program Name: CARE Detox Residential								
	Provid			esidentiai				Document Date:	
		Provider Number:	383806	··········	Y			Fiscal Year:	13-14
			CARE Detox						
		Program Name	Residential						
		Program Code	3806CX-RSD						
1	Mode/SFC (M	IH) or Modality (SA)	Res-51			*****************	1		
			SA-Res Recov						
			Long Term (over						
		Service Description	30 days)		······				TOTAL
or the control of the	500. de 1 de 1 de 1 de 1 de 1 de 1 de 1 de	FUNDING TERM	7/1/13-6/30/14	0.015.0108.015.02.02.02.02.02.00.00.00	nististanunsi.				7/1/13-6/30/14
FUNDING USES		Employee Benefits							7500
	131,270				<u> </u>		131,270 60,874		
		Operating Expenses	60,874						00,074
Capita		reater than \$5,000) Ital Direct Expenses	192,144						192,144
	Sunto	Indirect Expenses	23,057		 				23,057
	TOTA	AL FUNDING USES	215,201			_	-	_	215,201
OBHS MENIZAL HEALTH EUNDING SOURCES			210,201		S. C. Carlon				
	3				THE PROPERTY OF THE PROPERTY O				-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCE	S		_	-				-	~
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA	FAMIS							
SA COUNTY - General Fund	_	HMHSCCRES227	215,201						215,201
									-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUR		1000	215,201	-			-	-	215,201
OTHER DRIVEUNDING SOURCES								18	
·									-
TOTAL OTHER DPH FUNDING SOURCES			-	,			-	-	-
TOTAL DPH FUNDING SOURCES			215,201	-		-		-	215,201
NON:DEA EUNDING SOURCES									
NON DPH - Patlent/Client Fees									
TOTAL NON-DPH FUNDING SOURCES			_	-		-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	<u> </u>		215,201					_	215,201
CEHS UNITS OF SERVICE AND UNIT COST							2270.11.11.11.11.11.11.11.11.11.11.11.11.11		
		hased (if applicable)	4		<u> </u>		<u> </u>		
Substance Abuse Only - Non-Res 33 - OI							ļ		2011
SA Only - Licensed Capacity for Medi-Cal P								ļ	
Cost Reimburseme	nt (CR) or Fe		FFS						
		Units of Service			 		 	ļ.,	
ALABARA BRUSA	DDI CINDO	Unit Type			1		<u> </u>	-	Deck at the state of the state
Cost Per Unit - DPH Rate (ļ		ļ	<u> </u>	
Cost Per Unit - Contract Rate (DPH &			143.28						Ŧ.1.1150
Publishe		-Cal Providers Only) cated Clients (UDC)			 	+	 		Total UDC:
	Unqupii	cated Cilents (UDC)	Z4		<u> </u>				24

DPH 3: Salaries & Benefits Detail

Program Code:	3806CX-RSD
Provider/Program Name:	CARE Detox Residential
Document Date:	1/30/14

Widelian A. D-a	B-9	Appendix #;
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		TOTAL		eneral Fund ISCCRES227)								
	Term:	7/1/13-6/30/14	Term:	7/1/13-6/30/14	Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FJE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
.P. of Programs	0.015	2,209	0.015	2,209								
rogram Director	0.084	5,464	0.084	5,464								
.P. of QA & Compliance	0.023	2,276	0.023	2,276		· · · · · · · · · · · · · · · · · · ·						
fanager of Licensing & Certification	0.030	1,488	0.030	1,488								
lanaging Director of Clinical Services	0.003	289	0.003	289								
upervising Care Coordinators	0.026	976	0.026	976								
care Coordinators	0,579	20,835	0.579	20,835								
IV/AIDS Clinical Manager	0.054	2,281	0.054	2,281							ļ	
overnight Monitor	0.103	3,087	0.103	3,087					<u> </u>			
Veekend Coordinator	0.023	816	0,023	816					4		ļ	
C. Admin, Assistant (Nexus)	0.074	2,600	0.074	2,600		ulegy of the guidanting and the control of the cont		,	 		ļ	
Director Of Facility Operations	0.010	839	0.010	839					ļ			
faintenance Worker	0.041	1,271	0,041	1,271				~~~			ļ	
ransportation & Facility Manager	0.019	1,245	0.019	1,245					ļ		ļ	
Varehouse Coordinator	0.031	1,369	0.031	1,369							ļ	
river	0,086	2,671	0.086	2,671								
Copk/Food Service	0,213	6,608	0.213	6,608					<u> </u>		ļ	
Director of Food Services	0.022	1,736	0.022	1,736							ļ	
Sient Services Menager	0.034	1,714	0.034	1,714		*****						
Zient Services Support	0.078	2,338	0.078	2,338							ļ	
amily Services Coordinator	600.0	513	0.009	513							<u> </u>	
fedical Services Director	0.026	2,168	0,026	2,166								
fiedical Services Support	0.082	2,670	0.082	2,670								
Physician	0.001	88	0.001	88								
P, of Mental Health Services	0.018	. 2,211	0.018	2,211							<u> </u>	
lental Health Training Director	0.014	1,028	0.014	1,028								
Director of Mental Health Services	0.016	893	0.016	893								
Mental Health Care Coordinators	0.019	808	0.019	608	<u> </u>							
herapist	0.229	11,472	0.229	11,472		· · · · · · · · · · · · · · · · · · ·						
fental Health Manager	0.052	3,080	0.052	3,080								
Director of Workforce Development	0.008	389	0.008	389								
lousing & Community Service	0.006	217	0.006	217								
imployment Counselor	0.009	278	0.009	278								
T Specialist - Data Control	0.025	1,003	0.025	1,003		A+###				¥11-11111		
sychiatrist	0.056	6,441	0.056	5,441								
Psychologist	0.079	5,037	0.079	5,037		***************************************						
	_	-		-								
Totals:	2.197	100,206	2.197	100,206	ļ	- WANTED					<u> </u>	Lanso, I
Employee Fringe Benefits;	31.00%	31,064	31.00%	31,064		····	-				<u> </u>	
TOTAL SALARIES & BENEFITS		131,270]	131,270	1 1				٦ ،		٦ .	

Program Code: 3806CX-RSD

Provider/Program Name: CARE Detox Residential

Document Date: 1/30/14

B-9

Expenditure Category	TOTAL	General Fund (HMHSCCRES227)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy						
Rent	5,868	5,868				***************************************
Utilities (Telephone, Electricity, Water, Gas)	12,004	12,004			WHEN THE PROPERTY OF THE PROPE	***************************************
Building Repair/Maintenance	4,715	4,715	11111			
Materials & Supplies		,				
Office Supplies	334	334	4000000			
Photocopying		-	449,494			
Printing	103	103				
Program Supplies	21,491	21,491				
Computer Hardware/Software	267	267				•
General Operating		-				
Training/Staff Development	45	45				
Insurance	2,624	2,624				
Professional License	548	548				
Permits	_	-				
Equipment Lease & Maintenance	1,202	1,202				
Staff Travel						
Local Travel	67	67				
Out-of-Town Travel	*	-				
Field Expenses		_				
Consultant/Subcontractor		_				
	_	-				
	-					
Other		_				
Client Transportation	3,425	3,425				
Food	8,181	8,181				-

TOTAL OPERATING EXPENSE 60,874 60,874 - - -

DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC) Contractor Name: HealthRIGHT 360 Appendix #:							
Provider/Program Name:			fial			Document Date:	
Provider Number:					<u> </u>	Fiscal Year:	13-14
	CARE Variable					1,000,1000	
	Length						
Program Name							
Program Code							
Mode/SFC (MH) or Modality (SA)							
	SA-Res Recov Long Term (over						
Service Description						1	TOTAL
FUNDING TERM							7/1/13-6/30/14
	egantela (
Salaries & Employee Benefits							136,359
Operating Expenses							67,910
Capital Expenses (greater than \$5,000)							-
Subtotal Direct Expenses		-	-	-		-	204,269
Indirect Expenses							24,512
TOTAL FUNDING USES		-	noconomica (1985) - Obaki ilaki	- Postavinos viente de l'alternation de la constantion de la constantion de la constantion de la constantion de l	295	-	228,781
CBHS MENTAL HEALTH FUNDING SOURCES							_
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	~	-	-	-	-	-
CBHS SUBSTANCE/ABUSE FUNDING SOURCES GFDA FAMIS					B		
SA COUNTY - General Fund - HMHSCCRES227	220,781						220,781
							-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	220,781	PASSER PROGRAMMENT AND ADDRESS OF THE PASSER	annistranis (Section 1990) (Section 1990)	ann treumasan Hidelinavi van sastem	-	-	220,781
OTHER DPH FUNDING SOURCES		 					_
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-	_	
TOTAL DPH FUNDING SOURCES	220,781	-	_	-	-	÷	220,781
NON-DPH FUNDING SOURCES	7.2727.59						
NON DPH - Patient/Client Fees	8,000						8,000
TOTAL NON-DPH FUNDING SOURCES	8,000	-	-	-	-	-	8,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	228,781	_	-	-	-	-	228,781
CBHS UNITS OF SERVICE AND UNIT COST	الترازين والترازين والمنافئة المستحد والمتاريخ	100					
Number of Beds Purchased (if applicable	· · · · · · · · · · · · · · · · · · ·	·					Charles Co.
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes							30.00
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						ļ	
Cost Reimbursement (CR) or Fee-For-Service (FFS	· · · · · · · · · · · · · · · · · · ·		<u> </u>			 	
Units of Service				ļ			
Unit Type Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only						·	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES		 	 		 	<u> </u>	
Published Rate (Medi-Cal Providers Only							Total UDC:
Unduplicated Clients (UDC							10tat ODC:

Program Code: 3834CV-RES

Provider/Program Name: CARE Variable Length Residential

Document Date: 1/30/14

Appendix #: B-10

		TOTAL	(HMH	eneral Fund ISCCRE9227) H Funding Sources							·	
	Term:	7/1/13-6/30/14	Term:	7/1/13-6/30/14	Term:		Term:	·	Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.014	2,090	0.014	2,090	.,			,,,,,,				
Program Director	0.100	6,500	0.100	6,500				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ļ			
V.P. of QA & Compliance	0.021	2,115	0,021	2,115								***************
Manager of Licensing & Certification	0.029	1,480	0.029	1,480								
Managing Director of Clinical Services	0.008	792	0.008	792							ļ	
Supervising Care Coordinators	0,058	2,140	0.056	2,140							<u> </u>	
Gare Coordinators	0.500	18,000	0.500	18,000		······································					ļ	
HIV/AIDS Clinical Manager	0,024	1,010	0.024	1,010								
Overnight Monitor	0,150	4,500	0.150	4,500								
Weekend Coordinator	0,052	1,834	0.052	1,834								
T.C. Admin, Assistant (Nexus)	0,075	2,642	0.075	2,642							<u> </u>	
Director Of Facility Operations	0,017	1,436	0.017	1,436								
Maintenance Worker	0.059	1,836	0.059	1,836								
Transportation & Facility Manager	0,018	1,149	0.018	1,149								
Warehouse Coordinator	0.030	1,321	0.030	1,321					,			
Driver	0.100	3,100	0,100	3,100								
Cook/Food Service	0.200	6,200	0.200	6,200								
Director of Food Services	0.021	1,678	0.021	1,678					· · · · · · · · · · · · · · · · · · ·			
Client Services Manager	0.030	1,506	0.030	1,506								
Client Services Support	0,078	2,325	0,078	2,325	/						1	
Family Services Coordinator	0.011	639	0,011	639								
Medical Services Director	0.026	2,174	0,026	2,174								
Madical Services Support	0,090	2,925	0.090	2,925		**		7				* · · · · · · · · · · · · · · · · ·
Physician	0,000	83	0.001	83			+					
V.P. of Mental Health Services	0.017	2,129	0.017	2,129							 	
Mental Health Training Director	0,015	1,116	0.015	1,116	***************************************		·					
Director of Mental Health Services	0.012	687	0.012	687								
Mental Health Care Coordinators	0.050	1,625	0.050	1,625			 					***************************************
		7,500	0.150	7,500			 	l			<u> </u>	
Therapist	0,150	1,785	0.150	1,785			+				 	
Mental Health Manager	0.030	3,675					 				 	
Director of Workforce Development			0.074	3,675			 				 	
Education Coordinator	0.010	395 1,410	0.010	395					-		 	
Computer Lab Tech	0.043		0.043	1,410		·	 		 		-	
Housing & Community Service	0.026	993	0.026	993	· · · · · ·		 				 	
Employment Counselor	0,106	3,290	0,106	3,290	<u> </u>	-	+				+	
IT Specialist - Data Control	0.027	1,061	0.027	1,061	 				1		 	***************************************
Psychiatrist	0.050	5,750	0.050	5,750					 		 -	
Psychologist	0.050	3,200	0.050	3,200	 		-		-		+	
					 			ļ		ļ	 	
Totals:	2,370	104,091	2,370	104,091	-	<u> </u>		<u> </u>	<u> </u>	<u> </u>	1	<u></u>
					· · · · · · · · · · · · · · · · · · ·	T	т	T	Τ	Т	т	I
Employee Fringe Benefits:	31.00%	32,268	31.00%	32,268	<u> </u>	1	: L	<u> </u>	<u> </u>		Д	L
			1		1	<u> </u>	٠ ٦	, , , , , , , , , , , , , , , , , , , ,	1	F	٦	
TOTAL SALARIES & BENEFITS		136,359	1	136,359	I		<u>-</u> 1		Ţ	I	4	ı

Program Code: 3834CV-RES

Provider/Program Name: CARE Variable Length Residential

Document Date: 1/30/14

Appendix #: B-10	Appendix #:	B-10	
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Expenditure Category	TOTAL	General Fund (HMHSCCRES227) & Non-DPH Funding Sources				
	Term; 7/1/13-6/30/14	Term; 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy		**	· · · · · · · · · · · · · · · · · · ·			
Rent	14,581	14,581	<u> 20</u>			
Utilities (Telephone, Electricity, Water, Gas)	13,100	13,100				
Building Repair/Maintenance	6,622	6,622	7/11/16/17-7-			
Materials & Supplies						
Office Supplies	757	757				
Photocopying	_	4				
Printing	152	152				
Program Supplies	15,291	15,291				
Computer Hardware/Software	660	660				
General Operating						
Training/Staff Development	102	102			-	
Insurance	2,488	2,488				
Professional License	577	577				
Permits	_	_				
Equipment Lease & Maintenance	1,580	1,580				
Staff Travel	_	-				
Local Travel	88	88				
Out-of-Town Travel		_				
Field Expenses	_	-				
Consultant/Subcontractor		•				
	_					
		_				
Other						
Client Transportation	3,716	3,716				
Food	8,196	8,196				
	-	_				

TOTAL OPERATING EXPENSE

67,910

67,910

	Contractor Name: HealthRIGHT 360 Appendix #:							
Provider/Program Name: CARE Lodestar Residential Document Date:								B-11 1/30/14
	383805				4	Fiscal Year:	13-14	
				, , , , , , , , , , , , , , , , , , ,				A CONTRACTOR OF THE PARTY OF TH
	Densem Nama	CARE Lodestar Residential						
Program Name								
Mode/SEC (Program Code MH) or Modality (SA)	3805LC-RES Res-51			4			
moderos o (i	virij or widdainy (Ory	SA-Res Recov		W ************************************				
		Long Term (over				,		
	Service Description	30 days)						TOTAL
Comment of the commen	FUNDING TERM	7/1/13-6/30/14	wallstallistisliste jiranik		WAREAUGENEENEENEES (CANDON)		menususimestas/III/IIIIIII	7/1/13-6/30/14
UNDING USES								
	& Employee Benefits	120,473 63,910						120,473
	Operating Expenses (greater than \$5,000)	03,910				<u> </u>		63,910
	otal Direct Expenses	184,383						184,383
Subtotal Direct Expenses Indirect Expenses								22,126
TOTAL FUNDING USES			-	4	-	-	-	206,509
BHS MENTAL HEALTH FUNDING SOURCES				WHI I TO SEE THE				
								_
OTAL CBHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	-	-	
BHS SUBSTANCE ABUSE FUNDING SOURCES	or it was a constitution and a second							
A COUNTY - General Fund -	HMHSCCRES227	194,009						194,009
OTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		194,009	Washishin day salah		Avenumstra samenessa vantalaminus	-	- heannann ann ann an ann an an	194,009
THER DPH FUNDING SOURCES		Higgs 1						
OTAL OTHER DPH FUNDING SOURCES					_		_	
OTAL DPH FUNDING SOURCES	 	194,009		,				. 194,009
IONIDPH FUNDING SOURGES							E.G.	
ION DPH - Patient/Client Fees	and the second s	12,500	ACCOMPANIES FOR			400000000000000000000000000000000000000	essenson angers (Charles)	12,500
OTAL NON-DPH FUNDING SOURCES		12,500		-	-	-	-	12,500
OTAL FUNDING SOURCES (DPH AND NON-DPH)		206,509	-		-	-	-	206,509
BIRS UNITS OF SERVICE AND UNIT COST								
Number of Beds Pure		6						
Substance Abuse Only - Non-Res 33 - ODF # of Grou								
SA Only - Licensed Capacity for Medi-Cal Provider with								
Cost Reimbursement (CR) or Fo	FFS							
	1,835		N .	ļ				
Cost Per Unit - DPH Rate (DPH FUND)	Unit Type	Bed Days 105.72						1000000
Cost Per Unit - Contract Rate (DPH & Non-DPH FI		112.53		<u> </u>				
Published Rate (Med							Total UDC:	
	licated Clients (UDC)							10(a) 0.5G.

Program Code: ='B	11 (RD	C'!D	6
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Provider/Program Name: CARE Lodestar Residential

Document Date: 1/30/14

Appendix #: B-11

		TOTAL	(HMF	eneral Fund ISCCRES227) If Funding Sources								
	Term:	7/1/13-6/30/14	Term;	7/1/13-6/30/14	Tems:		Term:		Term:		Term:	
Position Title	ST4	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
/.P. of Programs	0.014	2,090	0.014	2,090								
rogram Director	0.077	5,024	0,077	5,024		·						
/.P. of QA & Compliance	0,022	2,175	0.022	2,175								
fanager of Licensing & Certification	0.026	1,289	0.026	1,289						·····	ļ	
Managing Director of Clinical Services	0.006	538	0.006	538								
Supervising Care Coordinators	0.121	4,615	0.121	4,615				***************************************				
Care Coordinators	0,523	18,830	0.523	18,830								
HV/AIDS Clinical Manager	0.031	1,309	0.031	1,309		·····						
Overnight Monitor	0.137	4,096	0.137	4,096								
F.C. Admin. Assistant (Nexus)	0.064	2,232	0.064	2,232					ļ		ļ	
Director Of Facility Operations	0,009	721	0.009	721			1 1			***************************************	ļ	
Maintenance Worker	0.043	1,344	0.043	1,344							ļ	
Fransportation & Facility Manager	0.028	1,796	0.028	1,796	<u> </u>		1		ļ		<u> </u>	
Warehouse Coordinator	0.026	1,152	0.026	1,152		· · · · · · · · · · · · · · · · · · ·						
Driver	0,160	4,971	0,180	4,971							ļ	
Cook/Food Service	0.153	4,742	0.153	4,742								
Director of Food Services	0.020	1,576	0.020	1,576								
Client Services Manager	0.027	1,342	0.027	1,342	1			was and a constant	ļ			
Client Services Support	0.070	2,114	0.070	2,114								
Family Services Coordinator	0,024	1,348	0.024	1,348			1					
Medical Services Director	0.029	2,381	0.029	2,381								
Medical Services Support	0.105	3,404	0.105	3,404		.,						
Physician	0.001	76	0.001	76					<u> </u>			
V.P. of Mental Health Services	0.019	2,374	0.019	2,374		······································						
Mental Flealth Training Director	0.010	726	0.010	726		***			ļ			
Director of Mental Health Services	0.017	943	0.017	943							1	
Mental Health Care Coordinators	0.062	2,003	0.082	2,003						A. 144 A		
Therapist	0,111	5,524	0.111	5,524								
Mental Health Manager	0.032	1,875	0.032	1,875								
Director of Workforce Development	0.010	504	0.010	504								
Education Coordinator	0.005	184	0.005	184								
Computer Lab Tech	0.007	234	0,007	234								
Housing & Community Serylce	0.010	372	0,010	372	ļ				ļ			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Employment Counselor	0.023	715	0.023	715							ļ.,	
T Specialist - Data Control	0.026	1,045	0.026	1,045								
Psychiatrist	0.038	4,405	0.038	4,405								
Sychologist	0,030	1,895	0.030	1,895								
		·						·····				
Tot	tals: 2.116	91,964	2.116	91,964	-			ANNUAL PROPERTY OF THE PARTY OF				
NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE	 			r	T				1			
Employee Fringe Bene	fits: 31.00%	28,509	31.00%	28,509			<u>.ll</u>	_	<u></u>			
TOTAL DALADIES & DENIE		420.473		400.470	1 :	<u> </u>	—		٦.		7	

TOTAL SALARIES & BENEFITS 120,473 120,473 -

Program Code: 3805LC-RES

Provider/Program Name: CARE Lodestar Residential

Document Date: 1/30/14

Appendix #:	B-11	

Expenditure Category	TOTAL	General Fund (HMHSCCRES227) & Non-DPH Funding Sources				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy	_					
Rent	7,322	7,322				
Utilities (Telephone, Electricity, Water, Gas)	15,332	15,332				
Building Repair/Maintenance	5,899	5,899				
Materials & Supplies	_	-				
Office Supplies	602	602				
Photocopying						
Printing	145	145				
Program Supplies	14,080	14,080				
Computer Hardware/Software	249	249				***************************************
General Operating						
. Training/Staff Development	185	185				***************************************
Insurance	3,238	3,238				
Professional License	1,435	1,435				
Permits	-	_				
Equipment Lease & Maintenance	1,460	1,460				
Staff Travel		_				
Local Travel	108	108			······	
Out-of-Town Travel	,	_				
Field Expenses		-				
Consultant/Subcontractor		_				
		٠				
		-				
Other		_				
Client Transportation	4,569	4,569				
Food	9,286	9,286				
		-				

TOTAL OPERATING EXPENSE 63,910 63,910 -

Provide the second seco	ent of Public Heat	· · · · · · · · · · · · · · · · · · ·	ig/Data Collecti	on (CRUC)			D 40
	ne: HealthRIGHT 3 ne: SFGH Residen					Appendix #:	B-12 1/30/14
						Document Date:	~~** *********************************
Provider Numi	per: 383805, 38380	0, 363834	1	1		Fiscal Year:	13-14
			1				
Program Na	me SFGH Residential						
	3805\$W-RES,						·
5	3806SG-RES,						
Program C Mode/SFC (MH) or Modality (
Model SPC (IMP) of Modality (SA-Res Recov			<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	Long Term (over						
Service Descrip							TOTAL
FUNDING TE	Service Management of Continuous	(CANSOLINGORESCONOSCIONAS A CARACTER (A CA	technologies 48 college suite de mon	Edistria (Oriente)	· · · · · · · · · · · · · · · · · · ·	A TOTAL NOVEMBER OF THE PROPERTY OF THE PROPER	7/1/13-6/30/14
FUNDING USES	**************************************						267.426
Salaries & Employee Bene		1		<u> </u>			267,135 137,287
Operating Expen Capital Expenses (greater than \$5,0				1	-	1	137,207
Subtotal Direct Expen		-				-	404,422
Indirect Expen							48,530
TOTAL FUNDING US		-	-	The state of the s		-	452,952
GBHS MENTAL HEALTH FUNDING SOURCES							
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-	-			-	_
CBHS SUBSTANCE ABUSE FUNDING SOURCES CFDA FAMIS							
SA COUNTY - General Fund - HMHSCCRES	227 433,952	<u> </u>					433,952
	402.050			 			433,952
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES OTHER DRH FUNDING SOURCES	433,952	-	-	200000000		-	433,502
O'HERDHI FUNDING SOUNCES				Washingstease-			-
TOTAL OTHER DPH FUNDING SOURCES		-	_			-	-
TOTAL DPH FUNDING SOURCES	433,952	_	-		-		433,952
NON-DPH/HUNDING SOURCES							
NON DPH - Patient/Client Fees	19,000						19,000
TOTAL NON-DPH FUNDING SOURCES	19,000		-				19,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	452,952		T SSUMMERSHUSSONS AND ADDRESS OF THE STATE O	s anningraphologia		a Unavarioni de securida de se	452,952
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applica		<u> </u>	<u> </u>			 	
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (clas SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Prog		-		 		 	
Cost Reimbursement (CR) or Fee-For-Service (F	·		-	 			
Units of Ser	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			1			
Unit 1			1			<u> </u>	100000000000000000000000000000000000000
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES C							
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURC							
Published Rate (Medi-Cal Providers C							Total UDC:
Unduplicated Clients (U	DC) 45		į.				45

manelly #	₽_10

Program Code: <u>3805SW-RES</u>, <u>3806SG-RES</u>, <u>3834G-RES</u>
ProvidedProgram Name: <u>SFGH Residential</u>

Document Date: 1/30/14

TOTAL SALARIES & BENEFITS

		TOTAL .	General Fund (HMHSCCRES227) & Non-DPH Funding Sources									
	Term	7/1/13-6/30/14	Term:	7/1/13-6/30/14	Term:	Term:			Term;		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FYE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0,029	4,419	0,029	4,419								
Program Director	0,192	12,456	0.192	12,456								
V.P. of QA & Compliance	0.044	4,399	0,044	4,399								
Manager of Licensing & Certification	0.058	2,914	0.058	2,914]							·
Managing Director of Clinical Services	0.009	918	0.009	918								/ ···· · · · · · · · · · · · · · · · ·
Supervising Care Coordinators	0.221	8,392	0.221	8,392								
Care Coordinators.	0,986	35,489	0.986	35,489								
HIV/AIDS Clinical Manager	0,039	1,644	0,039	1,644		***************************************			ļ			
Oyemight Monitor	0.295	8,861	0.295	8,861								
Weekend Coordinator	0.067	2,332	0.067	2,332			ļ	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
T.C. Admin. Assistant (Nexus)	0.139	4,848	0.139	4,848					ļ			
Director Of Facility Operations	0.029	2,388	0.029	2,388							<u> </u>	
Maintenance Worker	0,112	3,464	0.112	3,464								
Transportation & Facility Manager	0,049	3,155	0,049	3,155			<u> </u>	···				
Warehouse Coordinator	0.058	2,580	0,058	2,580								
Driver	0.274	8,506	0.274	8,506								
Cook/Food Service	0.345	10,700	0,345	10,700								
Director of Food Services	0.042	3,383	0,042	3,383							<u> </u>	
Client Services Manager	0,055	2,775	0.055	2,775					ļ			
Client Services Support	0.152	· 4,653	0.152	4,553							ļ	
Family Services Coordinator	0.046	2,646	0,046	2,646								
Medical Services Director	0.059	4,864	0.059	4,864								
Medical Services Support	0.193	6,288	0,193	6,288								
Physician	0.002	171	0.002	171			<u> </u>					
V.P. of Mental Health Services	0,038	4,812	0.038	4,812								·
Mental Health Training Director	0,026	1,972	0,026	1,972								
Director of Mental Health Services	0.030	1,624	0.030	1,624								
Mental Health Care Coordinators	0.106	3,448	0.106	3,448								
Therapist	0.341	17,068	0.341	17,068								
Mentel Health Manager	0.059	3,524	0,059	3,524								
Director of Workforce Development	0.101	5,049	0.101	5,049								
Education Coordinator	0,037	1,477	0.037	1,477								
Computer Lab Tech	0.026	85,4	0.026	854								
Housing & Community Service	0.086	3,253	0.086	3,253		-					<u> </u>	
Employment Counselor	0.143	4,445	0,143	4,445								
IT Specialist - Data Control	0,052	2,064	0.052	2,064	,,,							
Psychlatrist	0.086	9,880	0.086	9,880								
Psychologist	0.036	2,305	0.036	2,305								
				-								
Totals:	4,662	203,920	4.662	203,920			<u> </u>	,	<u> </u>		<u> </u>	
p	···		·		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·					
Employee Fringe Benefits:	31.00%	63,215	31.00%	63,215	<u>L</u>	<u> </u>	<u> </u>				<u> </u>	<u> </u>

267,135

267,135

Program Code: 3805SW-RES, 3806SG-RES, 3834G-RES

Provider/Program Name: SFGH Residential

Document Date: 1/30/14

Appendix #:	B-12	
PUDDOLINIA TE.	.0-12	

Expenditure Category	1 70					
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy		-	•	7		
Rent	22,010	22,010				
Utilities (Telephone, Electricity, Water, Gas)	27,630	27,630				
Building Repair/Maintenance	12,843	12,843			44	
Materials & Supplies		-		747500000000000000000000000000000000000		
Office Supplies	1,335	1,335	**************************************		4,,,,,,,,	
Photocopying		_				
Printing	369	369				
Program Supplies	33,938	33,938	44			
Computer Hardware/Software	1,013	1,013				
General Operating		-				
Training/Staff Development	423	423				
Insurance	5,637	5,637		- L-MALL		
Professional License	2,607	2,607				
Permits	_					
Equipment Lease & Maintenance	2,987	2,987				
Staff Travel	_	_				
Local Travel	263	263				
Out-of-Town Travel						
Field Expenses	-					
Consultant/Subcontractor	-	_				
	-	н				
Other	_	-				
Client Transportation	8,668	8,668				
Food	17,564	17,564				
·		-				

TOTAL OPERATING EXPENSE 137,287 - - -

DPH 2: Departme	e: HealthRIGHT 3		ig/Data Conecti	on (ondo)		Appendix #;	B-13
Provider/Program Nam	Document Date:	1/30/14					
A CONTRACTOR OF THE CONTRACTOR	er: 383805, 38380					Fiscal Year:	13-14
	000000, 00050			<u> </u>		1.0001 1001.	10 17
	Satellite ONPD						
Program Nar							**************************************
Program Co							
Mode/SFC (MH) or Modality (S		ļ			***************************************		
·	SA-Res Recov Long Term (over						
Service Descripti							TOTAL
FUNDING TER							7/1/13-6/30/14
FUNDING USES							
Salaries & Employee Benet	its 172,380						172,380
Operating Expens	es 136,384						136,384
Capital Expenses (greater than \$5,00							_
Subtotal Direct Expens		-	_	_	_	-	308,764
Indirect Expens							37,052
TOTAL FUNDING US			-	Distriction Section 1800	-	-	345,816
GBHS MENTAL HEALTH FUNDING SOURGES							
					<u> </u>		-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			- - 70019102200500000000000000000000000000000	Section of Property	olionintalius duni dan alitarsi		use and the second seco
GBHS SUBSTANCE ABUSE FUNDING SOURGES CFDA FAMIS							
SA COUNTY - General Fund - HMHSCCRES2	27 308,816		 	<u> </u>			308,816
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	308,816						308,816
OTHER DRH FUNDING SOURCES				V5V40Acaa			
STOP THE OF THE OWNER OF THE OWNER O		and the second s	C STATE OF THE STA		inssitati ilanomaanaan ka		_
TOTAL OTHER DPH FUNDING SOURCES	-	_	_		-	-	-
TOTAL DPH FUNDING SOURCES	308,816	-	-	-	-	_	308,816
NON-OPH FUNDING SOURCES			2011				
NON DPH - Patient/Client Fees	37,000						37,000
TOTAL NON-DPH FUNDING SOURCES	37,000	*	-		-	-	37,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	345,816		-	-	_	-	345,816
CBHS UNITS OF SERVICE AND UNIT GOST							
Number of Beds Purchased (if applicab							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classe					- Company and the company and		
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Progra							
Cost Reimbursement (CR) or Fee-For-Service (FF							
Units of Serv			<u> </u>				100
Unit Ty		· · · · · · · · · · · · · · · · · · ·				ļ	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Or			_				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCE			<u> </u>				
Published Rate (Medi-Cal Providers Or Unduplicated Clients (UE							Total UDC:
Ondupricated Orients (OE	(V)] 64		1				84

onendly #	B-13

Prog	ram Code:	87067, 88077	
 _		A L. W. ALIER B. LL. C.	

Provider/Program Name: <u>Satellite ONPD Residential</u>

Document Date: 1/30/14

		TOTAL	(HMH	neral Fund SCCRES227) If Funding Sources								
	Term:	7/1/13-6/30/14	Term:	7/1/13-6/30/14	Term:	Term: Term; Term:			Term;			
Position Title	FTE	Salaries	FTÉ	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.005	688	0.005	688		***						
Program Director	0.144	9,348	0.144	9,348								
/.P. of QA & Compliance	0.071	7,120	0.071	7,120		***************************************						
fanager of Licensing & Certification	0.009	439	0.009	439			ļ					,
Managing Director of Clinical Services	0.007	653	0.007	653								
Supervising Care Coordinators	0,076	2,899	0,076	2,899			ļ				ļ	
Care Coordinators	1.040	37,423	1.040	37,423			ļ				ļ	
Overnight Monitor	0.064	1,923	0,064	1,923			 					
Weekend Coordinator	0,001	41	0,001	41							ļ	
r.C. Admin, Assistant (Naxus)	0.021	726	0.021	726			 				ļ	
Director Of Facility Operations	0,028	2,281	0,028	2,281			ļ					
Maintenance Worker	0.182	5,645	0.182	5,645	ļ		ļ		ļ	<u> </u>	ļ	
Fransportation & Facility Manager	0.021	1,343	0.021	1,343			ļ		<u> </u>		 	
Varehouse Coordinator	0,009	381	600,0	381			ļ				ļ	
Orlver	0.107	3,313	0.107	3,313							ļ	
Conk/Food Service	0.041	1,280	0.041	1,280								
Director of Food Services	0.064	5,086	0.064	5,086					ļ		<u> </u>	
Client Services Manager	0.008	406	0,008	408					ļ			
Dient Services Support	0.027	818	0.027	818			ļ		ļ		ļ	
Family Services Coordinator	0.013	763	0.013	763			ļ		· .			
Aedical Services Director	0.012	1,005	0.012	1,005						<u> </u>	ļ	
Medical Services Support	0.044	1,416	0.044	1,416			ļ				ļ	
Physician	0.000	28	0.000	28	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						ļ	
V.P. of Mental Health Services	0,007	898	0.007	898							ļ	·
Mental Health Training Director	0.004	265	0,004	265	ļ		 				<u> </u>	
Director of Mental Health Services	0.006	325	0.006	325					ļ	·····	ļ	
Mental Health Care Coordinators	0.036	1,163	0,036	1,163		*****	ļ	ļ			ļ	
Therapist	0.134	6,682	0.134	6,682	ļ		ļ		L			
Mental Health Manager	0,010	593	0.010	593						ļ <u>.</u>	ļ	
Director of Workforce Development	0.202	10,110	0.202	10,110	ļ		<u> </u>		ļ		ļ	
ducation Coordinator	0.063	2,537	0.063	2,537							ļ	
Computer Lab Tech	0.134	4,437	0.134	4,437							ļ	
Housing & Community Service	0.093	3,550	0.093	3,550	ļ		ļ <u> </u>	,	<u> </u>		ļ	
Employment Counselor	0.270	8,383	0.270	8,383			 					
T Specialist - Data Control	0.080	3,184	0.080	3,184	 				 		 	
Psychiatrist	0.037	4,223	0.037	4,223	ļ		 		ļ	ļ	ļ	
Psychologist	0.003	213	0.003	213	ļ		 		ļ	<u></u>	1	
	<u> </u>		ļ <u>-</u>		 					<u> </u>		
Totals:	3.073	131,588	3.073	131,588	1		1	<u> </u>	<u> </u>	Automotive	1	
	1		1		7	F	T	1	7	<u> </u>	7	
Employee Fringe Benefits:	31.00%	40,792	31,00%	40,792	<u> </u>	L	<u> </u>	<u> </u>	<u> </u>	<u> </u>	1]
TOTAL SALARIES & BENEFITS		172,380]	172.380	1	F	7		7		٦	[
INTIAL SALARIES & DENETHS		1 7/2,380	1	17Z.380	1						. 1	

			[·	
TOTAL SALARIES & BENEFITS	172,380	172,380			

Program Code: 87067, 88077

Provider/Program Name: Satellite ONPD Residential

Document Date: 1/30/14

Appendix #:	B-13

Expenditure Category	TOTAL	General Fund (HMHSCCRES227) & Non-DPH Funding Sources				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy	-	***************************************	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		~4	
Rent	29,244	29,244	LAMAN WWW.			
Utilities (Telephone, Electricity, Water, Gas)	38,829	38,829				
Building Repair/Maintenance	7,532	7,532				
Materials & Supplies	_	*				
Office Supplies	1,194	1,194				
Photocopying	-	_				
Printing	195	195	411.4			
Program Supplies	34,495	34,495				
Computer Hardware/Software	1,115	1,115				
General Operating						
Training/Staff Development	1,461	1,461				
Insurance	5,782	5,782				
Professional License	1,962	1,962				
Permits		-				
Equipment Lease & Maintenance	7,745	7,745				
Staff Travel	_	-				
Local Travel	127	127				
Out-of-Town Travel		_				
Field Expenses	-					
Consultant/Subcontractor	_	-				
				•		
Other	-					
Client Transportation	3,629	3,629				
Food	3,074	3,074				
	<u> </u>	-	<u> </u>			<u> </u>

TOTAL OPERATING EXPENSE

136,384

136,384

	Contractor Name:	HealthRIGHT 3		ig/Data Collecti	on (CKDC)		Appendix #:	· B-14
у	Provider/Program Name:	······································			***************************************		Document Date:	1/30/14
NOTIFICAL AND AND AND AND AND AND AND AND AND AND	Provider Number:		-ora ora a caracteristic and a caracteristic a			· · · · · · · · · · · · · · · · · · ·	Fiscal Year:	13-14
	71011101111001					***************************************	11000110011	<u> </u>
		Social Detox						
	Program Name							
	Program Code	88062				·····		100 BARTON AND A CO.
Mode	e/SFC (MH) or Modality (SA)	Res-50 SA-Res Free	****					
		Standing Res						
	Service Description	Detox						TOTAL
	FUNDING TERM			1				7/1/13-6/30/14
FUNDING USES								
S	alaries & Employee Benefits	452,271						452,271
	Operating Expenses	250,160				VII.	1	250,160
Capital Exp	penses (greater than \$5,000)							700 404
	Subtotal Direct Expenses Indirect Expenses		-			-	<u> </u>	702,431 84,291
	TOTAL FUNDING USES		-		_	_		786,722
CEHS MENTAL HEALTH FUNDING SOURCES		700,722				4		
				120000000000000000000000000000000000000				-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	-	-	-
	CFDA FAMIS							
SA COUNTY - General Fund	- HMHSCCRES227	786,722	·					786,722
								-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		786,722		-	-	-	-	786,722
OTHER DPHIFUNDING SOURCES								
					, , , , , , , , , , , , , , , , , , ,			
TOTAL OTHER DPH FUNDING SOURCES		786,722	*	-		-	-	700 700
TOTAL DPH FUNDING SOURCES NON-DPH FUNDING SOURCES			**************************************	-		- SDS-0760300-0584-0581411000-	-	786,722
MONDO STEEDING SCONGES								
TOTAL NON-DPH FUNDING SOURCES					_	_		
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		786,722	-			-	 	786,722
CBHS UNITS OF SERVICE AND UNIT COST		7						100,722
The state of the s	eds Purchased (if applicable)	35		The state of the s	31.30.30.30.30.00.00.00.00.00.00.00.00.00.			
Substance Abuse Only - Non-Res 33 - ODF #					1		1	
SA Only - Licensed Capacity for Medi-Cal Provio				***************************************				
Cost Reimbursement (C	R) or Fee-For-Service (FFS)							
	Units of Service							
	Unit Type		ļ	<u> </u>				
Cost Per Unit - DPH Rate (DPH						***************************************	ļ	
Cost Per Unit - Contract Rate (DPH & Non-								
Published Ra	te (Medi-Cal Providers Only)					ļ		Total UDC:
	Unduplicated Clients (UDC)	140	1	J		1		140

Program Code: 88062

Provider/Program Name: Social Detox Residential

Document Date: 1/30/14

Appendix#: B-14

	TOTAL		General Fund (HMHSCCRES227)						Term:			
	Term:	7/1/13-6/30/14	Term:	7/1/13-6/30/14	Term;		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.054	8,115	0,054	8,115	- 1						<u> </u>	
Program Director	0.245	15,903	0.245	15,903				·				······
V.P. of QA & Compliance	0,083	8,292	0.083	8,292							ļ	
Manager of Licensing & Certification	0,100	5,043	0.100	5,043		P. 144 144 THE LAND AND ADDRESS OF THE LAND AND ADDRES					ļ	
Managing Director of Clinical Services	0.013	1,259	0.013	1,259				n.w.w.e.				
Care Coordinators	4.251	153,044	4.251	153,044				······································				
HIV/AIDS Clinical Manager	0.261	10,958	0,261	10,958				7-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
Overnight Monitor	0.670	20,102	0.670	20,102				· · · · · · · · · · · · · · · · · · ·	ļ		<u> </u>	
T.C. Admin. Assistant (Nexus)	0.243	8,458	0.243	8,458			1					
Director Of Facility Operations	0.022	1,778	0.022	1,778								·
Maintenance Worker	0,103	3,195	0.103	3,195								
Transportation & Facility Manager	0.067	4,269	0,067	. 4,269								
Warehouse Coordinator	0,106	4,689	0.106	4,689								
Driver	0.280	8,691	0.280	8,691								
Cook/Food Service	0,732	22,707	0.732	22,707								
Director of Food Services	0.072	5,782	0.072	5,782								
Family Services Coordinator	0.020	1,135	0.020	1,135								
Medical Services Director	0.083	6,827	0.083	6,827								
Medical Services Support	0.289	9,383	0.289	9,383								
Physician	0.003	294	0.003	294								
V.P. of Mental Health Services	0.061	7,654	0.061	7,654								
Mental Health Training Director	0.040	3,014	0.040	3,014								
Director of Mental Health Services	0.055	3,029	0.055	3,029								
Mental Health Care Coordinators	0.021	677	0.021	677								, , , , , , , , , , , , , , , , , , , ,
Therapist	0.001	60	0.001	60								
Mental Health Manager	0,141	8,401	0.141	8,401								
IT Specialist - Data Control	0.081	3,230	0.081	3,230								
Psychologist	0.029	1,861	0.029	1,861								
Admissions Counselor	0.544	17,395	0.544	17,395				****			1	***************************************
	-			-								-
Totals:	8,670	345,245	8,670	345,245	_			+	-			
						***************************************			· · · · · · · · · · · · · · · · · · ·			
Employee Fringe Benefits:	31.00%	107,026	31.00%	107,026			.]		T/			
TOTAL SALARIES & BENEFITS		452,271		452,271] [1	.] [-]	

Program Code:	88062	Appendix #:_	ham.dda/a-t	B-14	
Provider/Program Name:	Social Detox Residential				
Document Date:	1/30/14				

Expenditure Category	TOTAL	General Fund (HMHSCCRES227)					
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:	***************************************
Occupancy	-	•					
Rent	19,681	19,681					
Utilities (Telephone, Electricity, Water, Gas)	50,186	50,186					
Building Repair/Maintenance	39,613	39,613					
Materials & Supplies	-	-					
Office Supplies	1,056	1,056			,		
Photocopying	_	7					
Printing	407	407					
Program Supplies	77,689	77,689					
Computer Hardware/Software	485	485					
General Operating	_						
Training/Staff Development	105	105					
Insurance	10,442	10,442					
Professional License	2,086	2,086					
Permits ·		•					
Equipment Lease & Maintenance	4,858	4,858		£			
Staff Travel	_						
Local Travel	216	216					
Out-of-Town Travel		-					
Field Expenses		*		, .			
Consultant/Subcontractor	_						
	_	-					
						·	
Other			,				
Client Transportation	13,124	13,124					
Food	30,212	30,212					

TOTAL OPERATING EXPENSE 250,160 250,160

			HealthRIGHT 36		igiData Collecti		· · · · · · · · · · · · · · · · · · ·	Appendix #:	B-15
			Transgender Re		; + ++++++++++++++++++++++++++++++++++	VII. COLUMN TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE T		Document Date:	1/30/14
			383805, 383806					Fiscal Year:	13-14
	············	Flovider Namber.	303003, 303000		<u> </u>			riscai (edi.	15-14
			Transgender						
		Program Name	Residential						
				•					
		n	3805TG-RES,		F				
· · · · · · · · · · · · · · · · · · ·	I - I - (OFO /ht)	Program Code							
V	lode/SFU (MF	l) or Modality (SA)	Res-51 SA-Res Recov						
			Long Term (over						
	s	ervice Description	30 days)						TOTAL
		FUNDING TERM	7/1/13-6/30/14						7/1/13-6/30/14
FUNDING: USES WAR									
	Salaries & E	Employee Benefits	228,088						228,088
		perating Expenses	106,186						106,186
Capital		eater than \$5,000)							-
***************************************		al Direct Expenses	334,274		-		-	<u> </u>	334,274
		Indirect Expenses	40,112		ļ				40,112
Transfer on State Val.		_ FUNDING USES	374,386	BOODS AND AND AND AND AND AND AND AND AND AND		-	Virtisa	-	374,386
GBHS MENTAL HEALTH FUNDING SOURCES									
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES						-	_	_	
CBHS SUBSTANCE ABUSE FUNDING SOURCES		FAMIS	Transcer of Control		0.0000000000000000000000000000000000000		(S) (S) (S) (S) (S) (S) (S) (S) (S) (S)		
SA COUNTY - General Fund		HMHSCCRES227	354,386			The state of the s	1		354,386
SA COUNTY - General Fund		TIMI IOOONLOZZI	304,000						- 50-4,000
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUR	CES		354,386		*	-	-	-	354,386
OTHER DPH FUNDING SOURCES							38 87 - 10 - 12 - 12 - 12 - 12 - 12 - 12 - 12		
Sewant County of the County of									-
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES			354,386	-	-	-		-	354,386
NON-DRH FUNDING SOURCES							(1)		
NON DPH - Patient/Client Fees			20,000						20,000
TOTAL NON-DPH FUNDING SOURCES			20,000	-	-	-	-	_	20,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			374,386	-	,	_		+	374,386
CBHS UNITS:OF SERVICE AND UNIT COST									
		ased (if applicable)							
Substance Abuse Only - Non-Res 33 - OD									
SA Only - Licensed Capacity for Medi-Cal Pr									
Cost Reimbursemen	nt (CR) or Fee-		FFS						
		Units of Service	2,669						
	NO. 1 E	Unit Type							
	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)				<u> </u>				
					<u> </u>	1			TatalUDC
Published		Cal Providers Only) ated Clients (UDC)							Total UDC: 36
	Ondubuc	area cuenta (GDC)	1 30	L	J	1	<u> </u>		. 30

Program Code: 3805TG-RES, 3806TD-RES
Provider/Program Name: Transgender Residential

vider/Program Name: <u>Transgender Residential</u>

Document Date: <u>1/30/14</u>

		TOTAL	(HMH)	neral Fund SCCRES227) H Funding Sources								
	Term:	7/1/13-6/30/14	Term:	7/1/13-6/30/14	Term:	** ***	Term:	Term:			Term:	
Position Title	FTE	Salaries	FYE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
/,P. of Programs	0.022	3,277	0.022	3,277		***	<u> </u>				<u> </u>	
rngram Director	0.131	8,483	0,131	8,483								
/.P. of QA & Compliance	0,035	3,469	0,035	3,469								
lanager of Licensing & Certification	0.040	2,018	0,040	2,018								
Managing Director of Clinical Services	0.010	923	0.010	923								
upervising Care Coordinators	0.270	10,277	0.270	10,277		~					ļ .	
care Coordinators	0,815	29,323	0.815	29,323						***************************************		·
IIV/AIDS Clinical Manager	0,026	1,111	0.026	1,111		***************************************				·		
overnight Monitor	0.258	7,689	0.256	7,669						Section 1		-c-at-Haver
.C. Admin, Assistant (Nexus)	0.121	4,248	0.121	4,248								
Director Of Facility Operations	0.014	1,165	0,014	1,165								
Maintenance Worker	0.065	2,001	0.085	2,001								
fransportation & Facility Manager	0.050	3,194	0.050	3,194					<u> </u>			
Vajahouse Coordinator	0.040	1,759	0.040	1,759								
Driver	0,288	8,935	0,288	8,935								
Cook/Food Service	0.207	6,415	0.207	6,415								
Director of Food Services	0.027	2,186	0.027	2,186								
Zient Services Manager	0.035	1,738	0.035	1,738								
Client Services Support	0.099	2,981	0.099	2,981								111111111111111111111111111111111111111
amily Services Coordinator	0.051	2,931	0.051	2,931								
Medical Services Director	0.049	4,018	0.049	4,018								
Aedical Services Support	0.186	6,060	0,186	6,060								
Physician	0,001	117	0.001	117								
/.P. of Mental Health Services	0.032	3,992	0.032	3,992								
Vental Health Training Director	0.015	1,100	0.015	1,100								
Director of Mental Health Services	0.022	1,208	0.022	1,208				, ,				
Mental Health Care Coordinators	0.134	4,350	0.134	4,360								
Therapist	0,474	23,696	0.474	23,696						(4)-1/		
Vental Health Manager	0.059	3,509	0.059	3,509						711111111111111111111111111111111111111		
Director of Workforce Development	0.090	4,517	0.090	4,517								
Education Coordinator	0.038	1,534	0.038	1,534					1	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Computer Lab Tech	0.064	2,115	0.064	2,115			1				1	
lousing & Community Service	0.025	988	0.025	986	,							
Employment Counsèlor	0.105	3,249	0,105	3,249								
T Specialist - Data Control	0.035	1,385	0.035	1,385					-			
Psychiatrist	0.063	7,203	0.063	7,203								
Psychologist	0.015	951	0.015	961		4.0000	1 1				1	
	-	-	-		,	· · · · · · · · · · · · · · · · · · ·						
Total	s: 4.009	174,113	4.009	174,113	_							
			į						odanera merenan	Innimiantian formation page 1	***************************************	····
Employee Fringe Benefit	s: 31,00%	53,975	31.00%	53,975		1	.] [
	-4 5.11XX /II		. # WEW.19)	23,010	·	d	1	····		I		L

			1	r		
TOTAL SALARIES & BENEFITS	228,088	228,088			-	***

Program Code: 3805TG-RES, 3806TD-RES

Provider/Program Name: Transgender Residential

Document Date: 1/30/14

Appendix #:	B-15

Expenditure Category	TOTAL	General Fund (HMHSCCRES227) & Non-DPH Funding Sources				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy		-				
Rent	19,348	19,348				
Utilities (Telephone, Electricity, Water, Gas)	25,759	25,759				
Building Repair/Maintenance	10,038	10,038				
Materials & Supplies						
Office Supplies	1,363	1,363				
Photocopying		_				
Printing	314	314				THE PARTY OF THE P
Program Supplies	18,188	18,188				
Computer Hardware/Software	500	500		·		
General Operating						
Training/Staff Development	168	168				
Insurance	5,039	5,039				
Professional License	2,237	2,237				
Permits	*	_				
Equipment Lease & Maintenance	2,197	2,197				
Staff Travel		-				
Local Travel	76	76				
Out-of-Town Travel	_					
Field Expenses						
Consultant/Subcontractor		_				
		_				
		-				
Other	_	_			·	
Client Transportation	7,012	7,012				
Food	13,947	13,947				

TOTAL OPERATING EXPENSE

106,186

106,186

		Contractor Name:	HealthRIGHT 36		IIgiData Ogijo	2.011 (01.00)		Appendix #:	B-16
	Provid	ler/Program Name:					***************************************	Document Date:	
With the second	1 10110	Provider Number:		1331			<u>, , , , , , , , , , , , , , , , , , , </u>	Fiscal Year:	13-14
, , , , , , , , , , , , , , , , , , , ,		T TOVIGOT TRANSCE.	00000					1	1
			WHITS						
		Program Name	Residential						
		Program Code	3806WT-RES						
	/lode/SFC (MI	H) or Modality (SA)	Res-51						
	, , , , , , , , , , , , , , , , , , , ,	SA-Res Recov							
			Long Term (over 30 days)						
	Service Description FUNDING TER								TOTAL 7/1/13-6/30/14
FUNDING USES	PUNDING IERM	7/1/13-6/30/14						771713-6/30/14	
	190,183	NAMES AND ASSOCIATION OF THE PROPERTY OF THE P			25. 25. 25. 25. 25. 25. 25. 25. 25. 25.		190,183		
		Employee Benefits perating Expenses	94,539		1			· · · · · · · · · · · · · · · · · · ·	94,539
Capital		reater than \$5,000)							-
		al Direct Expenses	284,722			- ,	-		284,722
	***************************************	Indirect Expenses	34,167						34,167
		L FUNDING USES		-		•	-		318,889
CBHS MENTAL HEALTH FUNDING SOURCES								The second secon	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCE	<u> </u>		-						-
CBHS SUBSTANCE ABUSE FUNDING SOURCES	GFDA	FAMIS						TO THE SECOND SECOND	
SA COUNTY - General Fund	Casasania magazania	HMHSCCRES227	318,889						318,889
									-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUR			318,889	-		-	-	-	318,889
OTHER DRH FUNDING SOURCES									
TOTAL OTHER DPH FUNDING SOURCES			-		·	_	+	_	-
TOTAL DPH FUNDING SOURCES NON-DPH FUNDING SOURCES	STOREGUERO NEGOLIO.		318,889	Olosianical disc				-	318,889
NON DPH - Patient/Client Fees									
TOTAL NON-DPH FUNDING SOURCES			-				_		
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	***************************************		318,889					-	318,889
		nased (if applicable)		536491487533814123			300000000000000000000000000000000000000		
Substance Abuse Only - Non-Res 33 - OD									10.60.00
SA Only - Licensed Capacity for Medi-Cal P									
	Cost Reimbursement (CR) or Fee-For-Service (FFS)								
	Units of Service								
	Unit Type								
	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)								
Cost Per Unit - Contract Rate (DPH &									
Publisher		Cal Providers Only)		<u> </u>	 				Total UDC:
	Unduplic	cated Clients (UDC)	22	<u> L</u>					22

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Program Code: 3806WT-RES Provider/Program Name: WHITS Residential Document Date: 1/30/14

Appendix #.___ B-16

	TOTAL		General Fund (HMHSCCRES227)			,					Linear Angel Property and Prope	
	Term;	7/1/13-6/30/14	Term:	7/1/13-6/30/14	Term:		Term:		Term;		Term;	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of Programs	0.022	3,309	0,022	3,309								
Program Director	0.099	6,459	0,099	6,459		***************************************						
V.P. of QA & Compliance	0.034	3,374	0.034	3,374		4						
Manager of Licensing & Certification	0.041	2,048	0,041	2,048								*
Managing Director of Clinical Services	0,005	480	0.005	480		· · · · · · · · · · · · · · · · · · ·						T
Care Coordinators	0,091	32,742	0.091	32,742							ļ .	
HIV/AIDS Clinical Manager	0.106	4,457	0,106	4,457				,,				
Overnight Monitor	0.114	3,423	0.114	3,423		C						
T.C. Admin. Assistant (Nexus)	0.098	3,422	0.098	3,422							<u> </u>	
Director Of Facility Operations	0,009	706	0.009	706					ļ			
Maintenance Worker	0.043	1,333	0,043	1,333			<u> </u>		ļ			
Transportation & Facility Manager	0.027	1,749	0,027	1,749		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					<u></u>	
Warehouse Coordinator	0.043	1,904	0.043	1,904								
Driver	0.114	3,544	0,114	3,544								
Cook/Food Service	0.299	9,256	0,299	9,256								
Director of Food Services	0.029	2,296	0.029	2,296								
Client Services Manager	0.052	2,594	0.052	2,594					<u> </u>			
Client Services Support	0.109	3,263	0.109	3,263							<u> </u>	
Family Services Coordinator	0.025	1,438	0.025	1,438								
Medical Services Director	0.040	3,296	0.040	3,296								
Medical Services Support	0.120	3,900	0,120	3,900								
Physician	0.001	123	0.001	123								
V.P. of Mental Health Services	0.025	3,097	0.025	3,097								
Mental Health Training Director	0,020	1,500	0.020	1,500								
Director of Mental Health Services	0.030	1,850	0.030	1,650								
Mental Health Care Coordinators	0.010	325	0.010	325								
Mental Health Medi-Cal Admin Coord.	0.189	8,772	0.189	8,772								
Therapist	0.450	22,500	0.450	22,500								
Mental Health Manager	0.090	5,355	0,090	5,355								
Director of Workforce Development	0.001	62	0.001	62								
Housing & Community Service	0.006	246	0,006	246								
IT Specialist - Data Control	0.050	2,000	0.050	2,000							T	
Psychiatrist	0.004	437	0.004	437								
Psychologist	0.064	4,118	0.064	4,118								
	-		-									
Totals:	2.460	145,178	2.460	145,178					J			
Employee Fringe Benefits:	31.00%	45,005	31,00%	45,005	<u> </u>						<u> </u>	
			· · · · · · · · · · · · · · · · · · ·	/////////////////////////////////////	7		·				-4	
TOTAL SALARIES & BENEFITS		190,183		190,183	1.		וֱ				j	

Program Code: 3806WT-RES

Provider/Program Name: WHITS Residential

Document Date: 1/30/14

Appendix#	B-16
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Expenditure Category	TOTAL	General Fund (HMHSCCRES227)				
	Term: 7/1/13-6/30/14	Term; 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy						40%
Rent	8,497	. 8,497				
Utilities (Telephone, Electricity, Water, Gas)	21,934	21,934				
Building Repair/Maintenance	8,650	8,650				
Materials & Supplies		-	<u> </u>			
Office Supplies	449	449				
Photocopying		and the second s				
Printing	193	193				
Program Supplies	31,525	31,525				
Computer Hardware/Software	213	213	4.1.			
General Operating		4				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Fraining/Staff Development	66	66				
Insurance	4,642	4,642				
Professional License	896	896				
Permits	***************************************	-				
Equipment Lease & Maintenance	2,162	2,162				
Staff Travel						
Local Travel	98	. 98				
Out-of-Town Travel	_	_				
Field Expenses		_				
Consultant/Subcontractor		*				
		~				
	•	-				
Other						
Client Transportation	1,996	1,996				
Food	13,218	13,218				
		. н				

TOTAL OPERATING EXPENSE 94,539 94,539 - -

		Contractor Name:			9			Appendix #:	B-17
	Provid	der/Program Name:						Document Date:	1/30/14
	<u></u>	Provider Number:			· · · · · · · · · · · · · · · · · · ·	7/7 - 17 - 10 - 10 - 10 - 10 - 10 - 10 - 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Fiscal Year:	13-14
				14.1				7.11-11-1-11-11-11-11-11-11-11-11-11-11-1	
		Dengara Nama	Women's Hope					*	
		Program Name Program Code	Residential 89102	anta tunumm			<u> </u>		
<u> </u>	Ande/SEC (M	H) or Modality (SA)	Res-51				1		

	Service Description								
	30 days)		<u> </u>				7/1/13-6/30/14		
FUNDING USES	7/1/13-6/30/14			1990	University of the second		171713-0730714		
CONTROL CONTRO		Employee Benefits	441,847					(95), (48), (48), (49),	441,847
		perating Expenses	146,441						146,441
Capital		reater than \$5,000)							_
	Subto	tal Direct Expenses	588,288	-		-	-	-	588,288
		Indirect Expenses	70,594				<u> </u>		70,594
		L FUNDING USES	658,882		-		-	- Charles (School about to transce and	658,882
CBHS MENTAL HEALTH FUNDING SOURCES									
TOTAL CBHS MENTAL HEALTH FUNDING SOURCE	<u></u>			_				 	
CBHS SUBSTANCE ABUSE FUNDING SOURCES	GFDA	FAMIS							
SA FED - SAPT Fed Discretionary		HMHSCCRES227	633,519						633,519
SA COUNTY - General Fund	-	HMHSCCRES227	22,363						22,363
									-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUR			655,882	-	-		-	-	655,882
OTHER DRHIFUNDING SOURCES									
TOTAL OFFICE PRINTING COURSES							 	 	
TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES			655,882		_				655,882
NON-DPH FUNDING SOURCES	ROTHE STORY	Ministra de la compansión de la compansi							000,002
NON DPH - Patient/Client Fees			3,000			NSOF V.S.			3,000
TOTAL NON-DPH FUNDING SOURCES			3,000	_	-				3,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			658,882	-	-		-	_	658,882
CHHS UNITS OF SERVICE AND UNIT COST						1970 N			
		nased (if applicable)		<u> </u>	 		<u> </u>		
Substance Abuse Only - Non-Res 33 - OD					ļ	_			
SA Only - Licensed Capacity for Medi-Cal P			 	 	 				
Çost Kelmbursemei	Cost Reimbursement (CR) or Fee-For-Service (FFS Units of Service			 	 	 		 	
Units of Servic Unit Typ			5,338 Bed Days		 				
Cost Per Unit - DPH Rate (I	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only			1:					
Cost Per Unit - Contract Rate (DPH &									
	Rate (Medi-	Cal Providers Only)							Total UDC:
	Unduple	cated Clients (UDC)	35						35

Program Code: 89102

Provider/Program Name: Women's Hope Residential

Document Date: 1/30/14

Appendix #: B-17

		TOTAL	& G (HMH)	ed Discretionary seneral Fund ISCCRES227) H Funding Sources								
	Term:	7/1/13-6/30/14	Term:	7/1/13-6/30/14	Term:		Term:		Term:		Term:	······································
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.359	23,323	0.359	23,323			1	····				A.M./W.D.D.W.D.// / /
Managing Director of Clinical Services	0,064	6,210	0.064	6,210								
Supervising Care Coordinators	0.800	30,400	0.800	30,400			ļ					
Care Coordinators	1.772	63,803	1.772	63,803			<u> </u>					
Clinical Coordinator	0.171	6,320	0.171	6,320								
Overnight Monitor	0.347	10,409	0.347	10,409								
Weekend Coordinator	1.112	38,937	1.112	38,937								
T.C. Admin, Assistant (Nexus)	0.446	13,376	0.446	13,376								
Director Of Facility Operations	0.001	47	0.001	47		y				***************************************		
Maintenance Worker	0,081	2,505	0,081	2,505						***************************************		
Transportation & Facility Manager	0.004	284	0.004	284								
Driver	0.015	474	0.015	474								
Cook/Food Service	0.400	12,401	0.400	12,401								
Director of Food Services	0.031	2,504	0.031	2,504			1					
Parenting Counselor	1.840	55,337	1.840	55,337								
Medical Services Director	0,032	2,613	0.032	2,613								0-14000
Therapist	1.181	59,059	1.181	59,059								
Mental Health Manager	0,002	146	0.002	146								
Director of Workforce Development	0.029	1,430	0.029	1,430								
Education Coordinator	0.009	349	0.009	349								
Computer Lab Tech	0.014	455	0.014	455								·
Housing & Community Service	0.040	1,515	0.040	1,515								
Employment Counselor	0.060	1,865	0.060	1,865								
IT Specialist - Data Control	0.058	2,303	0.058	2,303								
Psychiatrist	0.011	1,223	0.011	1,223								
	-	_				·						
Totals:	8,879	337,288	8,879	337,288		-		_		_		v
Employee Fringe Benefits:	31,00%	104,559	31,00%	104,559				_		_		
									•		_	
TOTAL SALARIES & BENEFITS		441,847		441,847								

Program Code: 89102

Provider/Program Name: Women's Hope Residential

Document Date: 1/30/14

Appendix #: B-17

Expenditure Category	TOTAL	SAPT Fed Discretionary & General Fund (HMHSCCRES227) & Non-DPH Funding Sources				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy	-					
Rent	3,679	3,679	-			
Utilities (Telephone, Electricity, Water, Gas)	39,768	39,768				
Building Repair/Maintenance	16,633	16,633				***************************************
Materials & Supplies		_				
Office Supplies	2,589	2,589				
Photocopying	-					
Printing	262	262				
Program Supplies	26,512	26,512				
Computer Hardware/Software	313	313				
General Operating		_				
Training/Staff Development	378	378		4		
Insurance	3,942	3,942				
Professional License	1,505	1,505				
Permits	-	_				
Equipment Lease & Maintenance	11,559	11,559				
Staff Travel		_				
Local Travel	40	40				
Out-of-Town Travel	_					
Field Expenses						
Consultant/Subcontractor	_					
	_	49				
	-					-
Other	-					
Client Transportation	11,007	11,007				
Food	28,254	28,254				
	<i>J</i> .	_				

		THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OW	HealthRIGHT 3	n Cost Reportir 60	igroata comost	31. (31.23)		Appendix #:	B-18
	Provid	der/Program Name:					THE PARTIES AND A STATE OF THE PARTIES AND A STA	Document Date:	1/30/14
		Provider Number;			· · · · · · · · · · · · · · · · · · ·			Fiscal Year:	13-14
		Program Name	Adult Outpatient	Adult Outpatient				,	
		-	Non-DMC;	Non-DMC:		77724			
<u> </u>	/lode/SFC (M	Program Code H) or Modality (SA)	3820OP Nonres-33	3820OP Nonres-34					***************************************
	100000000000000000000000000000000000000	· · · · · · · · · · · · · · · · · · ·						,	
		Candaa Danasintias	SA-Nonresidntl	SA-Nonresidnti ODF Indv	£				TOTAL
		Service Description FUNDING TERM	ODF Grp 7/1/13-6/30/14	7/1/13-6/30/14		week, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		{	7/1/13-6/30/14
FUNDING USES	Distriction of the Court	FONDING TERM	777713-0730714	771713-0730714			Transportation (
	Calariac 8	Employee Benefits	771,209	102,564					873,773
		perating Expenses		29,483	 				251,173
Canital		reater than \$5,000)	-	207,03	<u> </u>				201,170
Capitor		fal Direct Expenses	992,899	132,047		+			1,124,946
*****		Indirect Expenses		15,845					134,993
With the second	TOTA	L FUNDING USES		147,892	-	-	-		1,259,939
GBHS MENTAL HEALTH FUNDING SOURCES			Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Ca		Ukan Salah				
TAX TAX TAX TAX TAX TAX TAX TAX TAX TAX									
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	S		-	7	-	+	-	-	-
CBHS/SUBSTANCE ABUSE FUNDING SOURCES	CFDA	FAMIS							
SA FED - SAPT Fed Discretionary	93.959	HMHSCCRES227	252,116	33,529					285,645
SA FED - Drug Medi-Cal	93.778	HMHSCCRES227	13,239	1,761					15,000
SA STATE - PSR Drug Medi-Cal		HMHSCCRES227	13,239	1,761					15,000
SA COUNTY - General Fund	<u> </u>	HMHSCCRES227	833,453	110,841					944,294
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUR	CES		1,112,047	147,892		-	-		1,259,939
OTHER DPH FUNDING SOURCES	CAN AND COLUMN								1,200,000
			0.0000000000000000000000000000000000000				200001505000000000000000000000000000000		-
TOTAL OTHER DPH FUNDING SOURCES				-	+	-		-	-
TOTAL DPH FUNDING SOURCES			1,112,047	147,892	-	+	-	-	1,259,939
NON-DPH FUNDING SOURCES						45			
TOTAL NON-DPH FUNDING SOURCES					-		-	_	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			1,112,047	147,892	-	-	-	*	1,259,939
CBHS UNITS OF SERVICE AND UNIT COST			170.00						
Number o	of Beds Purch	nased (if applicable)						100000000000000000000000000000000000000	
Substance Abuse Only - Non-Res 33 - OD	**************************************								
SA Only - Licensed Capacity for Medi-Cal P	rovider with N	larcotic Tx Program							
Cost Reimbursemer	nt (CR) or Fe	e-For-Service (FFS)	FFS	FFS					
	12,234	1,627							
	Unit Ty								
	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES C								
Cost Per Unit - Contract Rate (DPH &				90,90					
Published	$\overline{}$	Cal Providers Only						<u> </u>	Total UDC:
	Undupli	cated Clients (UDC)	364	43					407

Program Code: 38201, 38200P

Provider/Program Name: Adult Outpatient

Document Date: 1/30/14

Appendix #: B-18

		TOTAL	Dn & G	ed Discretionary, ug Medi-Cal teneral Fund ISCCRES227)								
	Term:	7/1/13-6/30/14	Term:	7/1/13-6/30/14	Term:		Term:	-	Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	1.157	63,643	1.157	63,643								
V.P. of QA & Compliance	0.071	7,106	0.071	7,106								
Managing Director of Clinical Services	0.088	8,562	0.088	8,562								
Case Managers	9.298	334,745	9,298	334,745								
Clinical Coordinator	1.898	69,379	1.898	69,379				1.4.1.				
Admin. Assistant	0.859	30,369	0.859	30,369								
Director Of Facility Operations	0.047	3,840	0.047	3,840								
Maintenance Worker	0.483	14,986	0.483	14,986					l			
Transportation & Facility Manager	0,155	9,947	0.155	9,947								
Driver	0,546	16,915	0.546	16,915								
Cook/Food Service	0.056	1,731	0.056	1,731								
Family Services Coordinator	0,165	9,386	0.165	9,386								
V.P. of Mental Health Services	0.027	3,318	0.027	3,318								·
Mental Health Training Director	0.188	14,084	0.188	14,084								
Director of Mental Health Services	0.019	1,036	0.019	1,036								
Mental Health Manager	0.137	8,156	0.137	8,156								
IT Specialist - Data Control	0.115	4,580	0.115	4,580				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
Psychologist	0.045	2,906	0.045	2,906				· · · · · · · · · · · · · · · · · · ·		La C		
LCSW	1.140	62,313	1.140	62,313							<u> </u>	
	-	-	-	-							<u> </u>	~~~~~~~~
Totals:	16.494	667,002	16.494	667,002			- -		_			-
								· · · · · · · · · · · · · · · · · · ·			-	Luce was a second
Employee Fringe Benefits:	31.00%	206,771	31,00%	206,771			_				.1	_
								4-4		I	··· · · · · · · · · · · · · · · · · ·	
TOTAL SALARIES & BENEFITS	[873,773		873,773]		.] [.]			

 Program Code:
 38201, 38200P

 Provider/Program Name:
 Adult Outpatient

 Document Date:
 1/30/14

Appendix #:	B-18
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Expenditure Category	TOTAL -	SAPT Fed Discretionary, Drug Medi-Cal & General Fund (HMHSCCRES227)				
	Term: 7/1/13-6/30/14	Term; 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy	_					
Rent	146,668	146,668				
Utilities (Telephone, Electricity, Water, Gas)	33,935	33,935	***************************************			
Building Repair/Maintenance	3,641	3,641				
Materials & Supplies	_					
Office Supplies	973	973	<u></u>			
Photocopying	*	*				
Printing	2,055	2,055				
Program Supplies	15,969	15,969				
Computer Hardware/Software	4,867	4,867				
General Operating						
Training/Staff Development	1,035	1,035				
Insurance	4,629	4,629				
Professional License	3,047	3,047				
Permits	-					
Equipment Lease & Maintenance	9,542	9,542				
Staff Travel	+	-		·		
Local Travel	66	66				
Out-of-Town Travel	_					
Field Expenses	-					
Consultant/Subcontractor		-				
	-					
Other	-	-				
Client Transportation	12,497	12,497				
Food	12,249	12,249			700 700 700 700 700 700 700 700 700 700	

TOTAL OPERATING EXPENSE

251,173

251,173

	<u> </u>	Contractor Name:	HealthRIGHT 3		ig/Data Conecti	on (onso)		Appendix #:	B-19
	Provid	der/Program Name:		,	g Outpatient	***************************************		Document Date:	1/30/14
	120510	Provider Number:		arr carring a rocates	g outpationt			Fiscal Year:	13-14
<u> Стрица и по по по по по по по по по по по по по </u>		T TOTAGO TRAMBOT.	African American	African American				1 ISSUITEDIA	, (V 1-7
			Family Healing	Family Healing				l'	
		Program Name		Outpatient					**************************************
		Program Code	87301	87301	-				
	Mode/SFC (M	H) or Modality (SA)	Nonres-33	Nonres-34					
`			SA-Nonresidntl	SA-Nonresidntl					
	:	Service Description	ODF Grp	ODF Indv					TOTAL
		FUNDING TERM	7/1/13-6/30/14	7/1/13-6/30/14					7/1/13-6/30/14
FUNDING USES									
	Salaries &	Employee Benefits	175,066	33,844					208,910
		perating Expenses	61,373	11,864	ļ. <u></u>				73,237
Capita		reater than \$5,000)							
W. L. Marchan, and M. C. C. C. C. C. C. C. C. C. C. C. C. C.	Subto	tal Direct Expenses	236,439	45,708	-	-	-		282,147
	TOTA	Indirect Expenses	28,372 264,811	5,485 51,193		<u> </u>			33,857 316,004
CBHS MENTAL HEALTH FUNDING SOURCES		L FUNDING USES	204,811				ANYON NO SERVICE CONTROL	-	
DB45/MEM/AP4EXELHITENDING/SQURGES	100 100 100 100 ANN 100 ANN 100 ANN 100 ANN 100 ANN 100 ANN 100 ANN 100 ANN 100 ANN 100 ANN 100 ANN 100 ANN 1				370 (87)				-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCE	S			-	-	-	_	-	*
OBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA	FAMIS	og grande (19						
SA COUNTY - General Fund	-	HMHSCCRES227	264,811	51,193					316,004
									_
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUR			264,811	51,193		-		-	316,004
OTHER DPH FUNDING SOURCES									
									-
TOTAL OTHER DPH FUNDING SOURCES	<u> </u>	ļ	264,811	51,193	-	 		-	040.004
TOTAL DPH FUNDING SOURCES NON-DPH FUNDING SOURCES			204,011			-	**************************************	-	316,004
	1 - 1 / 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /				V 7/20/20/20				
TOTAL NON-DPH FUNDING SOURCES	<u> </u>		-	-	- 	-	<u> </u>		
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			264,811	51,193	-	-		~	316,004
CBHS UNITS OF SERVICE AND UNIT COST	Maria (Maria)	42.00		10/10/07/07					
Number	of Beds Purch	nased (if applicable)							
Substance Abuse Only - Non-Res 33 - Of	OF # of Group	Sessions (classes)	665						
SA Only - Licensed Capacity for Medi-Cal F									
Cost Reimburseme	7	FFS							
	3,135	606							
	Staff Hour 84,47	Staff Hour 84,47				<u> </u>			
	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only				ļ			<u> </u>	
Cost Per Unit - Contract Rate (DPH &				84.47		ļ		<u>'</u>	
Publishe		Cal Providers Only) cated Clients (UDC)		35		 	<u> </u>	<u> </u>	Total UDC:
l	Undupik	valed Gherris (UDC)	1 00				<u> </u>	1	101

Program Code: 87301

Provider/Program Name: African American Family Healing Outpatient

Document Date: 1/30/14

Appendix #: B-19

		TOTAL		eneral Fund SCCRES227)								
	Term:	7/1/13-6/30/14	Term:	7/1/13-6/30/14	Term;		Term:		Term:		Term;	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.500	27,500	0,500	27,500							<u> </u>	
Case Managers	3.606	129,830	3.606	129,830								
Director Of Facility Operations	0.019	1,605	0.019	1,605								
Maintenance Worker	0.017	538	0.017	538								
		-		-								
			-	-	*****							
	-	_	,									
	_		-	-								
	-											
		-		_					,			
·			- 1									***************************************
		_		_								
	-							·			'	
	-	+		-								
	-		-	_								
	-	_	-									
	-	<u> </u>	-	•								
				_								
Totals:	4.142	159,473	4,142	159,473			-					
											,	
Employee Fringe Benefits:	31.00%	49,437	31.00%	49,437	<u></u>		-		.			
	r		г		1			·	7	parents	-	<u> </u>
TOTAL SALARIES & BENEFITS	l	208,910		208,910							<u>.</u>	

Program Code: 87301

Provider/Program Name: African American Family Healing Outpatient

Document Date: 1/30/14

Expenditure Category	TOTAL	General Fund (HMHSCCRES227)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy	*					
Rent	37,912	37,912				
Utilities (Telephone, Electricity, Water, Gas)	12,241	12,241	· · · · · · · · · · · · · · · · · · ·			
Building Repair/Maintenance	526	526				
Materials & Supplies	-	*			***************************************	
Office Supplies	447	447				
Photocopying		~				
Printing	401	401				
Program Supplies	8,971	8,971				
Computer Hardware/Software	1,861	1,861	P1-171			
General Operating		-				
Training/Staff Development	75	75				
Insurance	1,799	1,799				
Professional License		<u> </u>				
Permits	1,714	1,714				
Equipment Lease & Maintenance	2,049	2,049				
Staff Travel	_	_				
Local Travel	102	102	· ·			
Out-of-Town Travel						
Field Expenses					·	
Consultant/Subcontractor		-				
		_				
Other	_					
Client Transportation	4,014	4,014				
Food	1,125	1,125				

TOTAL OPERATING EXPENSE

73,237

73,237

	L711		of Public Heatl	***************************************	igibata Conecu	on (orbo)		Appendix #:	B-20
	Provid		Bridges Outpati	74				Document Date:	1/30/14
	. 1411	Provider Number:						Fiscal Year:	13-14
,	44 7							1 100000	
•		D	Bridges						
		Program Name Program Code	Outpatient 85351						
A	Ande/SEC /M	H) or Modality (SA)	Nonres-30						
	noderor o (w)	in or widding tory	11011100-00					***************************************	may was a second
	O								
Marie Land Control of the Control of		Service Description FUNDING TERM							TOTAL 8/1/13-6/30/14
FUNDING USES	0/1/13-0/30/14		510000000000000000000000000000000000000				8/1/13-0/30/14		
TOUR THE COLON	***********	Employee Benefits	243,521						243,521
		perating Expenses	83,322						83,322
Capital		reater than \$5,000)	-						
	Subtotal Direct Expenses				-		_	-	326,843
		Indirect Expenses	39,221						39,221
71 A 2 7 10 10 10 10 10 10 10 10 10 10 10 10 10		L FUNDING USES		visores como con contra como	-	-		- ISOSIAWANIANSANASISTAN	366,064
GBHS MENTAL HEALTH/FUNDING/SOURCES									_
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	S		-	-	-	-		~	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA	FAMIS							
SA GRANT - State CDCR ISMIP	-	HMAD01-14	366,064						366,064
			200.004						366,064
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUR OTHER DPH FUNDING SOURCES			366,064					-	366,064
CHERDIA FORUNG STURGES									-
TOTAL OTHER DPH FUNDING SOURCES	***************************************		_		-		-		
TOTAL DPH FUNDING SOURCES	*	_ /	366,064	-	+	*	-	-	366,064
NON-DPH FUNDING SOURCES									
									_
TOTAL NON-DPH FUNDING SOURCES				-		-	-		-
TOTAL FUNDING SOURCES (DPH AND NON-DPH) SBHS UNITS OF SERVICE AND UNIT COST		425500045000000000000000	366,064	- Vatalikansa mananan sebasa men	- Commencial Control of the Control	- Responsibilities of the second		rocones recontrol naturalità escente	366,064
		nased (if applicable)					<i>\$6</i> 000		
Substance Abuse Only - Non-Res 33 - OD	**************************************		A-VIII-14-1		4			P-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
SA Only - Licensed Capacity for Medi-Cal P									
Cost Reimbursemen				<u> </u>	<u> </u>				
		Units of Service	- Villeria - Indiana						
		CR ISMIP Unit Type	Client Day			***************************************			
Cost Per Unit - DPH Rate (I									
Cost Per Unit - Contract Rate (DPH &			·		•		·		
Published		Cal Providers Only)							Total UDC:
	Unduplio	cated Clients (UDC)	40		<u></u>				40

Program Code: 85351
Provider/Program Name: Bridges Outpatient
Document Date: 1/30/14

Appendix #:	B-20
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			DCR ISMIP IMAD01-14)	*							
	14	Term:	8/1/13-6/30/14	Term:		Term:		Term:		Term:	***************************************
		FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
	,750	0.550	35,750		ļ			<u> </u>			
. ,	,457	2.540	91,457								
	511	0.006	511								
	341	0.011	341								
	169	0.003	169								
	306	0.010	306								
	,550	0.050	1,550	<u> </u>							
	,921	0.047	5,921								<u> </u>
	,224	0,043	3,224				****				
	,087	0,033	1,087								
	,042	0.066	3,042								L
	,097	0,762	38,097								
	,955	0,033	1,955								
	33	0.001	33								
	,193	0.030	1,193	<u></u>							
	,258	0,020	1,258								
	-		-								the state of the s
	-		-								
	,894	4.2050	185,894	-		-			_	-	
	627	31.00%	57 627								and the second s
	,627 ,521	31.00%	57,627 243,521	1				I 1		-	

Program Code: 85351

Provider/Program Name: Bridges Outpatient

Document Date: 1/30/14

A	B 20	
Appendix #:	B-20	

Expenditure Category	TOTAL	CDCR ISMIP (HMAD01-14)				
	Term: 8/1/13-6/30/14	Term: 8/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy						
Rent	38,805	38,805				
Utilities (Telephone, Electricity, Water, Gas)	7,604	7,604				
Building Repair/Maintenance	5,338	5,338				
Materials & Supplies	*					
Office Supplies	1,003	1,003	***************************************			
Photocopying						
Printing	180	180				
Program Supplies	6,092	6,092				
Computer Hardware/Software	3,553	3,553				
General Operating						
Training/Staff Development	52	52				
Insurance	1,247	1,247				
Professional License	136	136				
Permits	_	-				
Equipment Lease & Maintenance	3,064	3,064				
Staff Travel	м	pt-				
Local Travel	39	. 39				
Out-of-Town Travel		-				
Field Expenses	_	_				
Consultant/Subcontractor	_	4				
		*				
Other		-				
Client Transportation	9,567	9,567				
Food	6,642	6,642				
	-	-				

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			Buprenorphine		ring Outpatient			Appendix #:	B-21 1/30/14
	Floride	Provider Number:		INICAICAI INIOITIC	ing Outpatient			Document Date:	13-14
		Floridei Number.	Buprenorphine		T	T		Fiscal Year:	13-14
			Medical Monitoring						
		Program Name	Outpatient						
		Program Code	88201						
M	lode/SFC (MF	+) or Modality (SA)					······································		
			Prog Rehab/Amb		•				
	9	Service Description	Detox (other than Methadone)						TOTAL
		FUNDING TERM				<u>† · · · · · · · · · · · · · · · · · · ·</u>			7/1/13-6/30/14
FUNDING USES				78 SANSON	and the state of t				
		Employee Benefits	45,584	The state of the s	The Annual Management (All Security			Mario Section Division in the Control of the Contro	45,584
		perating Expenses	166						166
Capital		eater than \$5,000)	-						-
		al Direct Expenses			-	-	-	-	45,750
		Indirect Expenses							5,489
DAGINARIANAM DIAIDANAT ZASER AND DITUM DAGINATAN DININGAN		L FUNDING USES		AND INSTRUCTION	- Commission and Comm	er transferressament aus automotive des autom			51,239
CBHS MENTAL HEALTHURUNDING SOURCES									_
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	3		-		-		-		
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA	FAMIS							
SA COUNTY - General Fund	-	HMHSCCRES227	51,239].			51,239
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCE			51,239	Eventuriories II.		-		- Amount the termination of the	51,239
OTHER OPH FUNDING/SOURCES								0.9853	
TOTAL OTHER DPH FUNDING SOURCES			_			-	-	-	7
TOTAL DPH FUNDING SOURCES			51,239			_	_	~	51,239
NON-DRH JUNDING SOURCES						3			
TOTAL NON-DPH FUNDING SOURCES					_				-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			51,239			1			51,239
CBHS UNITS OF SERVICE AND UNIT COST			L				·/	The second second	01,204
		ased (if applicable)		TAN COMPANY OF THE PARTY OF THE				The constraint of the constrai	
Substance Abuse Only - Non-Res 33 - OD									412
SA Only - Licensed Capacity for Medi-Cal Pr									
Cost Reimbursemen	t (CR) or Fee-	-For-Service (FFS)							
		Units of Service							
		Unit Type							
Cost Per Unit - DPH Rate (D									
Cost Per Unit - Contract Rate (DPH & N			}						
Published		Cal Providers Only)				-			Total UDC:
	nuanblica	ated Clients (UDC)	60	l		1	<u></u>		60

Program Code: 88201

Provider/Program Name: Buprenorphine Medical Monitoring Outpatient

Document Date: 1/30/14

Appendix #: B-21

		TOTAL		eneral Fund SCCRES227)				·				
	Term:	7/1/13-6/30/14	Term:	7/1/13-6/30/14	Term:		Tenn:	· · · · · · · · · · · · · · · · · · ·	Term:		Term:	*************************************
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Sələries	FTE	Salaries	FTE	Salaries
Clinic Intake Receptionist	0.14	5,156	0.14	5,156								
Medical Assistant	0.22	8,072	0.22	8,072								
Physician	0.12	21,569	0.12	21,569								
	-			-	***************************************							
		-		~								
		_		•								***************************************
				-								

		4	-	*				· · · · · · · · · · · · · · · · · · ·	}			
				_								
				-		*****************************		······································	<u> </u>			**************
				-								
	-	-							<u> </u>			
		-										
		-									<u> </u>	
			*					***************************************		***************************************		****
To trade to the second			-									
. Totals:	0.48	34,797	0.48	34,797			- -	-	<u> </u>			
,			· · ·		r					y		Management
Employee Fringe Benefits:	31.00%	10,787	31.00%	10,787			-					
	ı		! г	· .	1				7	1	- , ,	
TOTAL SALARIES & BENEFITS		45,584		45,584					J		<u>.</u>]	

Program Code: 88201

Provider/Program Name: Buprenorphine Medical Monitoring Outpatient

Document Date: 1/30/14

Appendix #	B-21
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Expenditure Category	TOTAL	General Fund (HMHSCCRES227)	, ex	La de la casa de la ca		
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy			A 14144114114141414			
Rent	-	-				
Utilities (Telephone, Electricity, Water, Gas)						
Building Repair/Maintenance		-				
Materials & Supplies						
Office Supplies						
Photocopying						
Printing						
Program Supplies	71	71				
Computer Hardware/Software	_					
General Operating		-				
Training/Staff Development		•	A STATE OF THE STA			
Insurance	95	95				
Professional License						
Permits		4		-		
Equipment Lease & Maintenance	-	_				
Staff Travel		-				
Local Travel	-	-				
Out-of-Town Travel	-	-				
Field Expenses		_				
Consultant/Subcontractor	-				*	
	_	_				
Other	, de	-				
		-				
	_	-				
		_			-	

TOTAL OPERATING EXPENSE 166 166 - -

		HealthRIGHT 30		g/Data Collection	on (onco)	Comment to the factor of the first of the fi	Appendix #:	B-22
		Family Strength	· · · · · · · · · · · · · · · · · · ·		WARRING WILLIAM		Document Date:	1/30/14
·	rovider Number:		- O TANDESTON				Fiscal Year:	13-14
			,					
		Family Strength	Family Strength				;	
indication and with the second and t	Program Name Program Code	Outpatient 38731	Outpatient 38731					
Mode/SFC (MH)	***************************************	Nonres-33	Nonres-34					.,
MIOUS OF O (MIT)	or wiodality (erry	140/1103-00	14011163-04			***************************************		
		SA-Nonresidntl	SA-Nonresidntl					
\$	rvice Description FUNDING TERM		ODF Indv		*			TOTAL 7/1/13-6/30/14
FUNDING USES		7/1/13-6/30/14	7/1/13-6/30/14		District Control of the Control of t		ingsasinserii) (Alexandria) (Alexandria)	7/1/13-6/30/14
	nployee Benefits	118,848	61.772					180,620
- A CONTRACT CONTRACTOR CONTRACTO	erating Expenses	793	412					1,205
Capital Expenses (grea		•						
Subtotal	Direct Expenses	119,641	62,184	·	-	-	-	181,825
	ndirect Expenses	14,357	7,462					21,819
	FUNDING USES	133,998	69,646	STIESPANSSIII SAANIAANIAANIA SEETINGIA SAANIA	246	walled the barren was a some or many	*	203,644
CBHS MENTAL HEALTH FUNDING SOURCES								
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		_				_		
CBHS SUBSTANCE ABUSE FUNDING SOURCES CFDA	FAMIS				* 11178			
The state of the s	MHSCCRES227	133,998	69,646	Read Transport (1997)	100 mm			203,644
								-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		133,998	69,646	-	-		_	203,644
OTHER DPH FUNDING SOURCES								
TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES	·····	133,998	69,646	-		-	-	203.644
NON-DPH-FUNDING SOURCES	22 - 125VSBNF60F90	1 100,000		Market 1	1889 - 1 enca688		- 	
								_
TOTAL NON-DPH FUNDING SOURCES		-		-		_	-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		133,998	69,646	-	~	-	-	203,644
CBHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchas								
Substance Abuse Only - Non-Res 33 - ODF # of Group Se								
SA Only - Licensed Capacity for Medi-Cal Provider with Nar		1		ļ				
Cost Reimbursement (CR) or Fee-F			FFS		***************************************		***************************************	
	Units of Service Unit Type		1,111 Staff Hour					
Cost Per Unit - DPH Rate (DPH FUNDING			62.68					
	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES			,				
Published Rate (Medi-Ca			62.68					Total UDC:
	ed Clients (UDC)		40	· · · · · · · · · · · · · · · · · · ·				115

Program Code: 38731
Provider/Program Name: Family Strength Outpatient
Document Date: 1/30/14

Appendix#: B-22

		TOTAL		eneral Fund ISCCRES227)								
	Term:	7/1/13-6/30/14	Term:	7/1/13-6/30/14	Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salarles	FTE	Salaries
Family Services Manager	0.364	21,853	0.364	21,853								·
Family Services Therapist	2,000	100,000	2,000	100,000								· · · · · · · · · · · · · · · · · · ·
Mental Health Training Director	0.131	9,788	0.131	9,788								
Mental Health Manager	0,105	6,237	0,105	6,237							<u> </u>	
			-									·
		_						N				
	-	_										
	_	-		-								
	-	_										
	-			-								
	-	-	-	_								
	_											
	-	-	+	-								
	_		_	-								
	-	_	-	-								-
	-	-	-									
			-					<u> </u>				
	_	_	-	-							T	
Totals:	2.600	137,878	2.600	137,878	-				-			
		· · · · · · · · · · · · · · · · · · ·					***************************************					
Employee Fringe Benefits:	31,00%	42,742	31.00%	42,742			-					
						-			- united			
TOTAL SALARIES & BENEFITS		180,620		180,620			. T		1		.1	

Program Code: 38731

Provider/Program Name: Family Strength Outpatient

Document Date: 1/30/14

Appendix #:	B-22

Expenditure Category	TOTAL	General Fund (HMHSCCRES227)				
**************************************	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Оссиралсу	-	_				
Rent	-				<u> </u>	
Utilities (Telephone, Electricity, Water, Gas)	102	102				
Building Repair/Maintenance		_				
Materials & Supplies	-					
Office Supplies			Wileyway.			
Photocopying			***************************************			
Printing	64	64				
Program Supplies	507	507			77	
Computer Hardware/Software		_				
General Operating	-					
Training/Staff Development	130	130				
Insurance	402	402				
Professional License	_					
Permits		4				
Equipment Lease & Maintenance						
Staff Travel	_					
Local Travei	_	-				
Out-of-Town Travel		-				
Field Expenses						
Consultant/Subcontractor						
		-				
	-					
Other	_	-				
	-	-				
	_	_				

TOTAL OPERATING EXPENSE 1,205 - - -

	Contractor Name:	HealthRIGHT 36	· · · · · · · · · · · · · · · · · · ·			······································	Appendix #:	B-23
Prov	/ider/Program Name:						Document Date:	1/30/14
	Provider Number:						Fiscal Year:	13-14
		1					1 10041 1041.	10 11
	1	Ì			2			
	Program Name		SHOP					
	Program Code		85731					
Mode/SFC (MH) or Modality (SA)	Nonres-33	Nonres-34				ļ	
		SA-Nonresidntl	SA-Nonresidntl					
	Service Description	1	ODF Indv		•			TOTAL
	FUNDING TERM		9/30/13-9/29/14					9/30/13-9/29/14
Funding uses								
	& Employee Benefits		54,447					248,617
	Operating Expenses		10,035					45,824
Capital Expenses	(greater than \$5,000)	-						
Sub	total Direct Expenses		64,482	-	-			294,441
	Indirect Expenses		7,738					35,332
	TAL FUNDING USES	100000000000000000000000000000000000000	72,220	-		-	_	329,773
CEHS MENTAL HEALTH FUNDING SOURCES								
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	eta . menmunikusti antimikente	Separation National Separation Se		-		-	*	- USS/St/Stitut/Commence Commissioner
OBHS SUBSTANCE ABUSE FUNDING SOURCES CFDA		<u> </u>						
SA GRANT - Fed SAMHSA SHOP 93.243	HCSA03-14	257,553	72,220					329,773
TOTAL COURS AND AND ADJUST SUBSING COURSES		257.559	70 000					000 770
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES OTHER DRH FUNDING SOURCES		257,553	72,220	· ·		STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL S		329,773
OTHER BEHINDING SOURCES						Alberta and an artist and a state of the sta		
TOTAL OTHER DPH FUNDING SOURCES		 						
TOTAL DPH FUNDING SOURCES		257,553	72,220	_	-	-	<u> </u>	329,773
NON-DPH FUNDING SOURCES	The state of the s							
	na - saan wan da panasa saa saa saa saa	Amagassa isang sa		3141150255555555	333003333033333			-
TOTAL NON-DPH FUNDING SOURCES			-	-	-	-	_	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		257,553	72,220	-	-	-		329,773
GBHS UNITS OF SERVICE AND UNIT GOST								
Number of Beds Pur	chased (if applicable)						And the second second billion with health 15 likes	Market Commence
Substance Abuse Only - Non-Res 33 - ODF # of Grou	ip Sessions (classes)	586						
SA Only - Licensed Capacity for Medi-Cal Provider with	Narcotic Tx Program						· ·	900
Cost Reimbursement (CR) or F	ee-For-Service (FFS)		CR					
	Units of Service	***************************************	1,152					
	Unit Type		Staff Hour					
Cost Per Unit - DPH Rate (DPH FUND		**************************************	62.68					
Cost Per Unit - Contract Rate (DPH & Non-DPH F			62.68					
	di-Cal Providers Only)							Total UDC:
Undup	licated Clients (UDC)	75	40	1				115

D	P١	13	ŀ	Sa	laries	ጲ	Ren	ofite	Det	all

Appendix #:_

B-23

Program Code:	85731	
Provider/Program Name:	SHOP	
Document Date:	1/30/14	

		TOTAL		SA SHOP Grant CSA03-14)								
	Term:	9/30/13-9/29/14	Term:	9/30/13-9/29/14	Term:		Term:		Term:	-	Term;	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
V.P. of QA & Compliance	0.050	5,000	0,050	5,000								
Supervising Case Manager	1.000	50,000	1,000	50,000	**************		•					
Subst. Abuse/HIV Case Manager	1.000	41,000	1.000	41,000								
HIV Testing Coordinator	1,000	45,760	1,000	45,760								
Outreach Workers	1,000	33,000	1.000	33,000	4							
Intern	0.500	15,024	0.500	15,024					<u> </u>			
	-		-	_								
		-	-									
·	-	-		-								
	,	1		-								
	-		w	-					,			
	_	-		w National Property of the Control o				1				
	_	-	-	-								
	_	-	_	•								
	-	-	*									
		*		_						7		
	-	_	_	-								***************************************
Totals:	4.550	189,784	4.550	189,784	_							
											ver recommendation	
Employee Fringe Benefits:	31,00%	58,833	31.00%	58,833			-	_			. [
										M		
TOTAL SALARIES & BENEFITS		248,617		248,617]		.]		1	

Employee Fringe Benefits:	31,00%	58,833	31.00%	58,833	***************************************	-	 -		_
TOTAL CALADIES & DENESITS	<u> </u>	249 647							
TOTAL SALARIES & BENEFITS		248,617	Ĺ	248,617		-			

Program Code: 85731

Provider/Program Name: SHOP

Document Date: 1/30/14

Appendix #:	B-23
r opposition in	

Expenditure Category	TOTAL	SAMHSA SHOP Grant (HCSA03-14)				
	Term: 9/30/13-9/29/14	Term: 9/30/13-9/29/14	Term:	Tem:	Term:	Term:
Occupancy	_	-				
Rent	25,681	25,681				
Utilities (Telephone, Electricity, Water, Gas)	9,912	9,912				
Building Repair/Maintenance	548	548				
Materials & Supplies		-	**************************************			
Office Supplies	755	755				
Photocopying		***************************************				
Printing	196	196				
Program Supplies	1,600	1,600				
Computer Hardware/Software		Ann the state of t				
General Operating	<u>*</u>					
Training/Staff Development	563	563				
Insurance	1,477	1,477				
Professional License	735	735				
Permits :	-	*				
Equipment Lease & Maintenance	-				(
Staff Travel	_				***************************************	
Local Travel	982	982				
Out-of-Town Travel	_					
Field Expenses	•	_				
Consultant/Subcontractor		_				
		_				
		-				
Other	_	_				
Client Transportation	2,064	2,064				,
Food	1,311	1,311				
	-					

TOTAL OPERATING EXPENSE 45,824 45,824 - - -

	Contractor Name:	HealthRIGHT 3		9.04.4.00.000	011(01(20)	***************************************	Appendix #:	8-24
	Provider/Program Name:	**************************************		***************************************			Document Date:	1/30/14
	Provider Number						Fiscal Year:	13-14
		1				**************************************		
		Representative					-	
	Program Name	• • • • • • • • • • • • • • • • • • • 				· · · · · · · · · · · · · · · · · · ·		
	Program Code				W. 4141			
M	ode/SFC (MH) or Modality (SA)	Anc-68			<u> </u>	<u> </u>		
		SA-Ancillary Svcs						
	Service Description	, .						TOTAL
	FUNDING TERM	7/1/13-6/30/14	,					7/1/13-6/30/14
FUNDING USES								
	Salaries & Employee Benefits							104,114
	Operating Expenses							60,928
Capital I	Expenses (greater than \$5,000)	***************************************				альная ду-		405.010
	Subtotal Direct Expenses		-		-			165,042 19,805
	Indirect Expenses TOTAL FUNDING USES			 		***************************************		184,847
CBHS MENTAL HEALTH FUNDING SOURCES	TOTAL FUNDING USES		-		76701000			
OBTORILISTA PARTIE A DIMESSI I DIMESSI DI MESSI								08.4
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-	-	-	-	*	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA FAMIS							
SA COUNTY - General Fund	- HMHSCCRES227	78,847						78,847
								-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCE		78,847	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IN COLUMN	-		-	a construction in the construction of the cons	78,847
OTHER DPH FUNDING SOURCES					157.00			
			 					
TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES		78,847	<u>-</u>		-		<u> </u>	78,847
NON-DEH FUNDING SOURCES					2883(0181)2376(03)2070			10,041
NON DPH - Patient/Client Fees		106.000						106,000
TOTAL NON-DPH FUNDING SOURCES		106,000	·				_	106,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		184,847			_	_	-	184,847
CBHS UNITS OF SERVICE AND UNIT COST								
	f Beds Purchased (if applicable							
Substance Abuse Only - Non-Res 33 - ODF								
SA Only - Licensed Capacity for Medi-Cal Pro	ovider with Narcotic Tx Progran	1						
Cost Reimbursement	t (CR) or Fee-For-Service (FFS							
	Units of Service	***************************************						
	Unit Type	***************************************			1			
Cost Per Unit - DPH Rate (D								
Cost Per Unit - Contract Rate (DPH & N								
Published	Rate (Medi-Cal Providers Only Unduplicated Clients (UDC				<u></u>			Total UDC:
	charbicated citetus (ODC	// 100	1			<u> </u>		100

Program Code: 88359	
Provider/Program Name: Representative Payee Program	
Document Date: 1/30/14	

A	ppendlx	#:	B-24

		TOTAL	(HMF	eneral Fund ISCCRES227) H Funding Sources								1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
	Term:	7/1/13-6/30/14	Term:	Term: 7/1/13-6/30/14		Term:		Term:		Term:		***************************************
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
RPI Admin. Assistant	1.56	52,392	1.563	52,392								
Director Of Facility Operations	0,01	437	0,005	437								
Maintenance Worker	0.01	248	800.0	248								
Transportation & Facility Manager	0,00	130	0.002	130		, , , , , , , , , , , , , , , , , , , ,						
Driver	0.01	260	0.008	260								
Client Services Manager	0.51	25,305	0.506	25,305								
IT Specialist - Data Control	0.02	704	0.018	704						,		
		-	_	-								
	-		•									
			-								•	l
		-	-	-								
			•									
		-	-	-								
		is.		•								
	-	-	•	-								
		-	-	-			,					
·	_	-	-	-								·
	-	-	-	-								
Totals:	2.11	79,476	2.11	79,476	<u>.</u>							L
	·····	······································							T	I	1	
Employee Fringe Benefits:	31.00%	24,638	31.00%	24,638	l		<u>-L</u>	-	L]	1	
TOTAL SALARIES & BENEFITS	I	104,114		104,114]		1		1	

Program Code: 88359

Provider/Program Name: Representative Payee Program

Document Date: 1/30/14

Appendix #	B-24

Expenditure Category	TOTAL	General Fund (HMHSCCRES227) & Non-DPH Funding Sources					
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:	
Occupancy							
Rent	29,334	29,334	With the state of		thanks the same of	-	
Utilities (Telephone, Electricity, Water, Gas)	10,589	10,589					
Building Repair/Maintenance	7,255	7,255					
Materials & Supplies		4					
Office Supplies	1,030	1,030					
Photocopying							
Printing	4,570	4,570					
Program Supplies	3,311	3,311					
Computer Hardware/Software	1,453	1,453					
General Operating	-						
Training/Staff Development		_					
Insurance	574	574					
Professional License	103	103					
Permits		34.					.,,.
Equipment Lease & Maintenance	2,338	2,338					
Staff Travel	-	-					
Local Travel	28	28					
Out-of-Town Travel	-						
Field Expenses		-					
Consultant/Subcontractor		-					
	. •	-					
	-	-					
Other	*	_					
Client Transportation	343	343					
		-					
	_	-					

	Confractor Name:	HealthRIGHT 3		gibata Conecti	on (onbo)		Appendix #;	B-25
Pr	ovider/Program Name;			· · · · · · · · · · · · · · · · · · ·		······································	Document Date:	1/30/14
	Provider Number:						Fiscal Year:	13-14

	Program Name							····
	Program Code				<u> </u>			· · · · · · · · · · · · · · · · · · ·
Mode/SFU	(MH) or Modality (SA)	Anc-68	***			<u> </u>	44-44-44-41-44-4-4-4-4-4-4-4-4-4-4-4-4-	
		SA-Ancillary Svcs						
	Service Description	Case Mgmt				<u> </u>		TOTAL
	FUNDING TERM							10/1/13-9/30/14
FUNDING USES								
Salarie	s & Employee Benefits	 						265,930
A A A MANAGEMENT OF THE PARTY O	Operating Expenses				ļ			186,390
	s (greater than \$5,000)		1114.1144-WR.W.A.M.A.M.M.A.M.A.M.A.M.A.M.A.M.A.M.A.M					
Su Su	btotal Direct Expenses		·	-			-	452,320
77	Indirect Expenses					<u> </u>		54,278 506,598
CBHS MENTAL HEALTH FUNDING SOURCES			TATALON OF THE SAME AND THE SAM	-	-	- A Commission of the Commissi	-	
CB18 WGW MUREAU ILL WAD ING SOURCES								-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-	-		-	-	-	
CBHS SUBSTANCE ABUSE FUNDING SOURCES CFOA	FAMIS							
SA GRANT - Fed DOJ Second Chance 16.81	2 HCSA02-14	506,598						506,598
								-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		506,598	-	-	-	-	-	506,598
OTHER DPH FUNDING SOURCES								
							*****************	-
TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES		506,598	-	-		-	-	500 000
NON-DPH FUNDING SOURCES				-	Leggeranika.	College overstanding and selection	-	506,598
TOTAL NON-DPH FUNDING SOURCES	.4	-		<u> </u>		_		
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		506,598		-	-	-	-	506,598
CBHS UNITS OF SERVICE AND UNIT COST								
	rchased (if applicable)		The state of the s					
Substance Abuse Only - Non-Res 33 - ODF # of Gr	oup Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider wi								
Cost Reimbursement (CR) or								
	8,417							
	Staff Hour				ļ			
Cost Per Unit - DPH Rate (DPH FUN					ļ			
Cost Per Unit - Contract Rate (DPH & Non-DPH					<u></u>	 		
	edi-Cal Providers Only uplicated Clients (UDC)		·			 		Total UDC:
L Undi	ipiicated Cilents (UDC)	1 86	1	<u> </u>			L	86

Program Code:	3835SC-ANS
Provider/Program Name:	Second Chances
Document Date:	1/30/14

Appendix #:	B-25
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		TOTAL	DOJ Sec	ond Chance Grant ICSA02-14)								
·	Term:	10/1/13-9/30/14	Term:	10/1/13-9/30/14	Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Director of Associate CJ Programs	0.100	10,000	0,100	10,000								
Program Director	1.000	65,000	1.000	65,000								
Case Managers	3.000	120,000	3,000	120,000		***************************************						
Admin Assistant	0.250	8,000	0.250	8,000								
	-										<u> </u>	
:	-	•									ļ	
							<u> </u>					
	-	-										
		-								·		2.1
	-								*******			
	-	-										
	-	-		·								
	-											
								W				
Totals:	4.350	203,000	4.350	203,000	_	<u> </u>	<u> </u>			_		-
		····	,			·	r · · · · · · · · · · · · · · · · · · ·			-		
Employee Fringe Benefits:	31.00%	62,930	31.00%	62,930			<u></u>					
	r) 1	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1		,		1		-	
TOTAL SALARIES & BENEFITS		265,930		265,930]					

DPH 4: Operating Expenses Detail

Program Code: 3835SC-ANS

Provider/Program Name: Second Chances

Document Date: 1/30/14

Appendix #: B-25

Expenditure Category	TOTAL	DOJ Second Chance Grant (HCSA02-14)			,	
	Term: 10/1/13-9/30/14	Term: 10/1/13-9/30/14	Term:	Tem:	Term:	Term:
Occupancy	_					
Rent	6,500	6,500				
Utilities (Telephone, Electricity, Water, Gas)	10,700	10,700				
Building Repair/Maintenance	3,500	3,500				
Materials & Supplies	_	_				
Office Supplies	500	500				
Photocopying	250	250				
Printing	250	250				
Program Supplies	_					
Computer Hardware/Software	-	-				
General Operating	-	-				
Training/Staff Development	745	745				
Insurance	1,600	1,600				
Professional License	250	250				
Permits	250	250				
Eguipment Lease & Maintenance	2,500	2,500				
Staff Travel	<u></u>	_	** ****			
Local Travel	19,240	19,240				
Out-of-Town Travel	-					
Field Expenses	_	_				
Consultant/Subcontractor	_	_				
Homeless Prenatal Program	54,880	54,880				
Iris Center	54,880	54,880				
Other	, _					
Client Expenses	7,950	7,950				
Evaluation Incentives	22,395	22,395				
		-				

TOTAL OPERATING EXPENSE

186,390

186,390

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

			HealthRIGHT 36		ig/Data Collecti	on (one)		Appendix #:	B-26
THE TWO MENTS AND THE STATE OF	Provid	***************************************	Adult Mental He				- 1	Document Date:	1/30/14
	110010	Provider Number:		ann wear oar				Fiscal Year:	13-14
		r 100/der reditions.						riscar rear.	10-14
		Program Name	Adult Mental Health Medi-Cal	Adult Mental Health Medi-Cal	Adult Mental Health Medi-Cal				
	***************************************	Program Code		38CC3	38CC3				
	/lode/SFC (M	H) or Modality (SA)		15/60-69	15/01-09				
***************************************		- market	1						
				Medication	Case Mgt				WANT A.
		Service Description FUNDING TERM	MH Svcs 7/1/13-6/30/14	Support 7/1/13-6/30/14	Brokerage 7/1/13-6/30/14				TOTAL 7/1/13-6/30/14
FUNDING USES			771713-0730714	771713-0/30/14					771715-0750714
		Employee Benefits	Section Commission Com	3,996	3,426		and the second second second second		285,473
		perating Expenses	15,160	218	187			<u> </u>	15,565
Capital		reater than \$5,000)							
	Subto	tal Direct Expenses		4,214	3,613				301,038
		Indirect Expenses		506	433	Marie Marie Commission			36,124
contribute to the NASA between the State of		L FUNDING USES		4,720	4,046	AND AND AND AND AND AND AND AND AND AND	al sakermani Anada barasan ana dan	Oleania Commission	337,162
CBHS MENTAL HEALTH FUNDING SOURCES	CFDA	FAMIS							
MH FED - SDMC Regular FFP (50%)		HMHMCC730515	72,829	1,047	897		<u> </u>		74,773
MH Realignment MH COUNTY - General Fund		HMHMCC730515 HMHMCC730515	218,965 36,602	3,147 526	2,698 451		_		224,810 37,579
MM COONTY - General Fund		HIVITIMOC730313	30,002	520	401				37,579
TOTAL CBHS MENTAL HEALTH FUNDING SOURCE	! S		328,396	4,720	4.046	*			337,162
CBHS SUBSTANCE ABUSE FUNDING SOURCES				<u> </u>					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUR	CES			, -	-	-	*	-	-
OTHER OPH FUNDING SOURCES									
							<u> </u>	<u> </u>	-
TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES			328,396	4 720	4,046		-	-	207.400
NON-DPH FUNDING SOURCES	Salvatoratora versión		346,390	4,720	4,046	SERVER SERVER AND A SERVER SERVER SERVER SERVER SERVER SERVER SERVER SERVER SERVER SERVER SERVER SERVER SERVER	-	1905	337,162
									_
TOTAL NON-DPH FUNDING SOURCES			-	-	-	-		-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			328,396	4,720	4,046		-	-	337,162
CBHS UNITS OF SERVICE AND UNIT COST	Special Control		0.00		Self-region (III)				
Number of	of Beds Purch	nased (if applicable)							
Substance Abuse Only - Non-Res 33 - OD									
SA Only - Licensed Capacity for Medi-Cal P						ļ			
Cost Reimbursemer	nt (CR) or Fee			FFS	FFS				
		Units of Service		977	2,054				
Cost Per Unit - DPH Rate (I	JOH ELINIDIN	Unit Type		Staff Minute 4.83	Staff Minute 1,97				
Cost Per Unit - Contract Rate (DPH &				4.83			 	ļ	
		Cal Providers Only)		5.30	***************************************				Total UDC:
		cated Clients (UDC)		2	- 	1	1	† 	219

DPH 3: Salaries & Benefits Detail

Program Code: 38CC3

Provider/Program Name: Adult Mental Health Medi-Cal

Document Date: 1/30/14

Appendix #: B-26

		TOTAL	MH & G	Regular FFP, Realignment eneral Fund IMCC730515)		- 00 00						
•	Term:	7/1/13-6/30/14	Term:	7/1/13-6/30/14	Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	· Salaries	FTE	Salaries	PTE	Salaries
V.P. of QA & Compliance	0.089	8,887	0.089	8,887								
Case Managers	0.085	3,051	0.085	3,051								
Director Of Facility Operations	0.002	129	0.002	129								
Maintenance Worker	0.006	186	9,00,0	186		****						
Drīver	0.001	18	0.001	18								
MH Medi-Cal Admin Coordinator	1,477	68,538	1.477	68,538								
V.P. of Mental Health Services	0,450	56,276	0.450	56 <u>,</u> 276								
Director of Mental Health Services	0.318	17,491	0.318 ⁻	17,491								
Therapist	0.550	27,499	0.550	27,499								
Mental Health Manager	0.381	22,668	0.381	22,668						•		
Psychiatrist	0.028	3,246	0.028	3,246								
Psychologist	0.155	9,929	0.155	9,929								
·	-	<u> </u>		-								
			_	-								
	-		_									
				.								
	_											
		_	-									
	3,542	217,918	3.542	217,918	-	·						
			····			/- Note 100				***************************************		
Employee Fringe Benefits:	31.00%	67,555	31.00%	67,555		······································			-		-	
	F		F		ır		- -, ,		 ,		- -,	
TOTAL SALARIES & BENEFITS		285,473		285,473					<u>-</u> J		-	

DPH 4: Operating Expenses Detail

Program Code: 38CC3

Provider/Program Name: Adult Mental Health Medi-Cal

Document Date: 1/30/14

Appendix #:	B-26

Expenditure Category	TOTAL	SDMC Regular FFP, MH Realignment & General Fund (HMHMCC730515)				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term;	Term:	Term:	Term:
Occupancy						
Rent	5,227	5,227	~~~~			
Utilities (Telephone, Electricity, Water, Gas)	2,378	2,378			-	***************************************
Building Repair/Maintenance	607	607				
Materials & Supplies	_		**************************************			
Office Supplies	105	105			ALNOW III.	
Photocopying			****			
Printing	200	200	***************************************			
Program Supplies	2,283	2,283				
Computer Hardware/Software	29	29				***************************************
General Operating						
Training/Staff Development	178	178				
Insurance	2,664	2,664				
Professional License	186	186				
Permits		*				
Equipment Lease & Maintenance	265	265				
Staff Travel	-					
Local Travel	A Panyagan					
Out-of-Town Travel	-	<u> </u>				
Field Expenses						
Consultant/Subcontractor	_					
	A.	-				
				······································		
Other						
Client Transportation	501	501				
Food	942	942				

TOTAL OPERATING EXPENSE

15,565

15,565

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

			HealthRIGHT 3		ig/Data Conec	ion (orco)	·····	Appendix #:	B-27
			Crisis Interventi			· · · · · · · · · · · · · · · · · · ·	M-1	Document Date:	1/30/14
		Provider Number:						Fiscal Year:	13-14
		10,100.						7,000,100.	
			Crisis Intervention						
		Program Code	N/A		<u> </u>				
N. N. N. N. N. N. N. N. N. N. N. N. N. N	Mode/SFC (MH	or Modality (SA)	60/78 Other Non-						
			MediCal Client					.]	·
	Se	ervice Description	Support Exp						TOTAL
		FUNDING TERM	7/1/13-6/30/14						7/1/13-6/30/14
FUNDING USES									
		mployee Benefits	15,192			 	ļ		15,192
		erating Expenses					 		
Capital		ater than \$5,000)	-				 		10.10-
		Direct Expenses	15,192 1,823	-					15,192
	TOTAL	ndirect Expenses		***************************************			_	_	1,823 17,015
CBHS MENTAL HEALTH FUNDING SOURCES		FAMIS			9205545000AA				
MH COUNTY - General Fund		HMHMCC730515	17,015						17,015
Will COOKET - General Fund	 	MATHECOTOGO 10	17,010				<u> </u>		- 1115-15
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	s		17,015	-	<u> </u>		-	-	17,015
OBHS SUBSTANCE ABUSE FUNDING SOURCES	ستحدد ويسمعون ويستنفين								
									-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUR			-	-		-	-	-	-
OTHER DRH FUNDING SOURCES									
						· · · · · · · · · · · · · · · · · · ·			-
TOTAL OTHER DPH FUNDING SOURCES			-				-		
TOTAL DPH FUNDING SOURCES	0.579950		17,015		a walkana wa wa wa wa wa wa wa wa wa wa wa wa wa		Turner (decrease of the land o	- William a con - Discount State State Williams	17,015
NON DRH FUNDING SOURCES									
TOTAL NON-DPH FUNDING SOURCES	 		l		 				
TOTAL NON-DPH FUNDING SOURCES			17,015						17,015
CBHS/UNITS OF SERVICE AND UNIT COST								-	17,013
		sed (if applicable)			a proposa kalangsa katang kalang kalang		Transportation of the state of		
Substance Abuse Only - Non-Res 33 - OD							1		
SA Only - Licensed Capacity for Medi-Cal Pr					 				
Cost Reimbursemer									
		Units of Service							17.00
		Unit Type							
Cost Per Unit - DPH Rate (I									
Cost Per Unit - Contract Rate (DPH &							ļ		
Published		al Providers Only)						<u> </u>	Total UDC:
	Unduplica	ited Clients (UDC)	0		<u> </u>				0

DPH 3: Salaries & Benefits Detail

Program Code: N/A	Appendix #:
Provider/Program Name: Crisis Intervention	
Document Date: 1/30/14	

		TOTAL	Ge (HMF)	eneral Fund HMCC730515)							Austria makkatanan kanana	
	Term:	7/1/13-6/30/14	Term:	7/1/13-6/30/14	Term;		Term:		Term:	· · · · · · · · · · · · · · · · · · ·	Term:	***************************************
Position Title	FTE	Salaries	_ FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Crisis Intervention Counselor	0,116	11,597	0,116	11,597								
		-		NA.								
								·				
		+						ALL ALL MANAGEMENT AND ALL MANAG			ļ	······································
· · · · · · · · · · · · · · · · · · ·				-								
		MATERIAL STATE OF THE STATE OF		-					ļ		-	· · · · · · · · · · · · · · · · · · ·
		-		_								
	-			_								
,	-	*	-	-							-	
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							1				-	
				•			-				-	
			*	-							+	
			- i								-	
***************************************	_		-			***************************************		THE STATE OF THE S			+	
	-			-		<u> манини</u>					 	
Totals:	0,116	11,597	0.116	11,597	-				†			
		- Janahan Januari				- MALINE COLOR			***	<u> </u>	- Commission of the Commission	
Employee Fringe Benefits:	31.00%	3,595	31.00%	3,595			-	*	T		.T	
							· · · · · · · · · · · · · · · · · · ·				<u> </u>	
TOTAL SALARIES & BENEFITS		15,192		15,192			.]]			

20,7,01-7		7,20,20	01,0076	0,000				-		!	\$	I	•
								··					-
							_						
		ì	1 3	; i	1 1		1		i	[7		_
TOTAL OALA	DIEC & DEVICEITO	45400	1 1		1 1		1 1			ł	E .	1	
TOTAL SALA	RIES & BENEFITS	15.192	1 3	15,192	1 1	-	1	-		1 -	t .	1	-
					1 L						ł	I	

DPH 4; Operating Expenses Detail

Program Code:	N/A
Provider/Program Name:	Crisis Intervention
Document Date:	1/30/14

Expanditure Category	TOTAL	General Fund (HMHMCC730515)				
1	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy					·	
Rent						
Utilities (Telephone, Electricity, Water, Gas)						
Building Repair/Maintenance	*	-				
Materials & Supplies						
Office Supplies	_					
Photocopying						
Printing	_	_				
Program Supplies	*					
Computer Hardware/Software	<u>-</u>					
General Operating		-				
Training/Staff Development						
Insurance		_				
Professional License						
Permits						
Equipment Lease & Maintenance	*					
Staff Travel	-	-				
Local Travel	-	_				
Out-of-Town Travel	-	-				
Field Expenses	-					/
Consultant/Subcontractor	-					
	-					
	-				**************************************	
Other	-					
		<u> </u>				,
	``	_				

TOTAL OPERATING EXPENSE	-	•	_	-	_
			10-ANA SECTION 1		

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

	UFI	1 2: Department	HealthRIGHT 30		igrbata Conecti	on (CRDC)		Appendix #:	B-28
***************************************	WRAPS	<u> </u>				Document Date:	1/30/14		
AND THE RESIDENCE OF THE PARTY	FIUVIU	Provider Number:						Fiscal Year:	13-14
	***************************************	Flovider Namber.	3011				umas .	Fiscal Year.	13*14
,									
		Program Name	WRAPS						
		Program Code	38IT3	- Lastinia - Lastinia					
Λ	/lode/SFC (M	H) or Modality (SA)	05/60-64						
						·			
		Service Description	Residential Other						TOTAL
10 10 10 10 10 10 10 10 10 10 10 10 10 1		FUNDING TERM			Account to the state of the sta				7/1/13-6/30/14
FUNDING USES									
	Salaries &	Employee Benefits	54,803		·				54,803
		perating Expenses	23,151		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·		23,151
Capital		reater than \$5,000)	-					_	
	Subtot	tal Direct Expenses				*	-		77,954
		Indirect Expenses	9,355						9,355
		L FUNDING USES FAMIS		- saardelleningsaassaassass	TO STREET	-	aveis:	- -	87,309
OBHS MENTAL HEALTH FUNDING SOURCES MH PROJECT - MHSA CSS	UFUA	PHMS63-1405	85,309						85,309
MH PROJECT - MHSA CSS	-	FUM003-1400	65,509						00,009
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	S		85,309	-	-	-	-	_	85,309
CBHS SUBSTANCE ABUSE FUNDING SOURCES				Fig. 1					100
									-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUR	CES		-	-	-	-	_	-	-
OTHER DPH FUNDING SOURCES									
TOTAL OTHER DPH FUNDING SOURCES						-		-	-
TOTAL DPH FUNDING SOURCES		MANUFACTORISMONICO ANGUNA CO D	85,309	sen vaanasissiooneen svaata vaata	65000000000000000000000000000000000000	+	ESISS. SESSION	Situation programme and the State of the Sta	85,309
NON-DPH FUNDING SOURCES			0.000						The second second second second second second second second second second second second second second second se
NON DPH - Patient/Client Fees TOTAL NON-DPH FUNDING SOURCES		 	2,000 2,000						2,000
TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH)		ļ	87,309		-	-	_		2,000 87,309
CBHS UNITS OF SERVICE AND UNIT COST		<u>l</u>		-		-	-	-	
Number of Beds Purchased (if applicable)							1840.5 18		700
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)				***************************************					0.00
Units of Service									100
	Unit Type								
Cost Per Unit - DPH Rate (I									
Cost Per Unit - Contract Rate (DPH &									
Published		Cal Providers Only)							Total UDC:
	Unduplic	cated Clients (UDC)	9				<u></u>		9

n	PH	3.	Salaries	皂	Benefits	Detail	ì

Program Code:	3817	
Provider/Program Name;	WRAPS	
Document Date:	1/30/14	

TOTAL SALARIES & BENEFITS

54,803

Appendix #:	B-28
AND COUNTY OF	D-20

,		TOTAL	(PH	IHSA CSS IMS63-1405) H Funding Sources								
	Term:	7/1/13-6/30/14	Term:	7/1/13-6/30/14	Term:		Term:	H.U.	Term:	.,,,,,	Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTĘ	Salaries	FTE	Salaries
V.P. of Programs	0.001	170	0.001	170								
Program Director	0.027	1,752	0.027	1,752			<u> </u>					
V.P. of QA & Compliance	800.0	777	0,008	777			<u> </u>					
Nanager of Licensing & Certification	0.010	499	0.010	499								
Managing Director of Clinical Services	0.001	145	0.001	145								
Ocordinator TC Admn Nexus	0.025	866	0.025	866								
Care Coordinators	0.250	9,000	0,250	9,000					<u> </u>			
Subst. Abuse/HIV Case Manager	0.021	892	0.021	892								
Overnight Monitor	0,033	988	0.033	988						,		
Weekend Coordinator	0.005	174	0.005	174								
Director Of Facility Operations	0.003	226	0.003	226								
Maintenance Worker	0.013	398	0,013	398								
Transportation & Facility Manager	0.007	424	0.007	424								
Warehouse Coordinator	0.010	455	0,010	455								
Driver	0.031	951	0,031	951								
Cook/Food Service	0.067	2,070	0,067	2,070								
Director of Food Services	0,006	490	0.006	490								
Client Services Manager	0.012	612	0.012	612								
Client Services Support	0,027	795	0.027	795								
Family Services Therapist	0.002	139	0.002	139								
Medical Services Director	0.009	732	0.009	732								
Medical Services Support	0.028	914	0.028	914							1	
MH Medi-Cat Admin Coordinator	0.043	1,972	0,043	1,972							1	
Physician	0.000	30	0.000	30				W. W. W. W. W. W. W. W. W. W. W. W. W. W				
V.P. of Mental Health Services	0.006	772	0.006	772		\					————	
Mental Health Training Director	0.005	372	0,005	372								
Director of Mental Health Services	0.005	258	0.005	258					1		1	
Mental Health Care Coordinators	0.020	663	0.020	663				· · · · · · · · · · · · · · · · · · ·			1	
Therapist	0.101	5,047	0.101	5.047		***************************************			1			
Mental Health Manager	0.022	1,310	0.022	1,310					<u> </u>			
lousing & Community Service	0.002	85	0.002				1		1	<u> </u>	1	
Employment Counselor	0.002	32	0.002	32.			1		1		T	<u> </u>
IT Specialist - Data Control	0,010	417	0.010	417	-1				 	1	 	
Psychiatrist	0.052	6,029	0.052	6,029			1				 	<u> </u>
Psychologist	0.032	1,378	0.032	1,378					1		 	
. 0,0 (0.0g/3)	0.022	1,378	0.022	1,378			1		1	1	1	
Totals:	0.885	41,834	0,885	41,834					_			
			I .		I		1		7		}	1
Employee Fringe Benefits:	31,00%	12,969	31.00%	12,969			- L		1	<u></u>	ــــــــــــــــــــــــــــــــــــــ	L

54,803

DPH 4: Operating Expenses Detail

Program Code:	38IT	 PROVINCE A.
Provider/Program Name:	WRAPS	
Document Date:	1/30/14	

Appendix #:	B-28	
Appendix #:	B-28	

Expenditure Category	TOTAL	MHSA CSS (PHMS63-1405) & Non-DPH Funding Sources				
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term;	Term:	Term:	Term:
Occupancy		-				
Rent	1,978	1,978				
Utilities (Telephone, Electricity, Water, Gas)	4,753	4,753	***************************************	***		
Building Repair/Maintenance	2,253	2,253				
Materials & Supplies		-				
Office Supplies	137	137				
Photocopying		-				
Printing	40	40				
Program Supplies	7,668	7,668	***************************************			
Computer Hardware/Software	69	69				
General Operating						
Training/Staff Development	100	100	*******			
Insurance	. 1,045	1,045				
Professional License	205	205				
Permits		_				
Equipment Lease & Maintenance	484	484				
Staff Travel	•	- ·				
Local Travel	24	24				
Out-of-Town Travel		w				
Field Expenses		_				
Consultant/Subcontractor		-				
		_	***************************************			
Other	-					
Client Transportation	1,269	1,269				
Food	3,126	3,126				***************************************

TOTAL OPERATING EXPENSE 23,151 23,151 - - -

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

			HealthRIGHT 36		g/Data Collecti			Appendix #:	B-29
	HR360 FI Service	******************************				Document Date:	1/30/14		
		Provider Number:	383800	383800	383800	383800	N/A	N/A	FY: 13-14
		Program Name	CBHS Administration	HIV Set Aside Coordinator	Project Homeless Connect	PHC Everyday Connect	SF Violence Intervention Program	Primary Care Encounters	
		Program Code	N/A	N/A	N/A	N/A	N/A	N/A	
	Mode/SFC (M	H) or Modality (SA)	Supt-01	Anc-72	Anc-68	Anc-68	N/A	N/A	
-		Service Description		SA-Ancillary Svcs HIV Counseling Services	Case Mgmt	SA-Ancillary Svcs Case Mgmt	N/A	N/A	TOTAL
CONTRACTOR OF THE CONTRACTOR O	oban-summaramum Arii o	FUNDING TERM	7/1/13-12/31/13	7/1/13-12/31/13	7/1/13-12/31/13	7/1/13-12/31/13	7/1/13-12/31/13	7/1/13-12/31/13	7/1/13-12/31/13
FUNDING USES	Account the same of the same								
		Employee Benefits	48,457	59,968	194,094	235,730	401,976		940,225
A 11:1		perating Expenses	250	300	740	4,050	43,742	89,286	138,368
Capita		reater than \$5,000) al Direct Expenses	48,707	60,268	194,834	239,780	445,718	. 89,286	1,078,593
	Sublot	Indirect Expenses	48,707 5,845	7,232	23,382	239,760	53,486	10,714	129,436
	TOTA	L FUNDING USES	54,552	67,500	218,216	268,557	499,204	100,000	1,208,029
CBHS MENTAL HEALTH FUNDING SOURCES		No.							
									-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCE			+	-	7		-	-	-
CBHS/SUBSTANCE/ABUSE FUNDING SOURCES	CEDA	FAMIS							
SA FED - SAPT HIV Set-Aside	93.959	HMHSCCRES227		67,500					67,500
SA COUNTY - General Fund		HMHSCCRES227	54,552		218,216	268,557			541,325
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUR	CES		54,552	67,500	218,216	268,557	-	-	608,825
OTHER DPH FUNDING SOURGES		1778 (1777) 178		Control Court Court Color Court					
Community Health - DCYF CRN WO	-	HCHCCHCCRNWO					499,204		499,204
COPC - General Fund	_	HCHAPADMINGF						100,000	100,000
						THE TOTAL STATE OF THE STATE OF			-
TOTAL OTHER DPH FUNDING SOURCES	ļ		-		-	-	499,204	100,000	599,204
TOTAL DPH FUNDING SOURCES NON-DPH FUNDING SOURCES	uneschileren et Silvi		54,552	67,500	218,216	268,557	499,204	100,000	1,208,029
TOWED STITE OF MAIN OF STATE OF THE STATE OF									
TOTAL NON-DPH FUNDING SOURCES			-		-	-	-	-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			54,552	67,500	218,216	268,557	499,204	100,000	1,208,029
GBHS/UNITS(OF SERVICE (AND UNIT COST									
Number	of Beds Purch	ased (if applicable)							
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	CR	CR	CR	
Units of Service			920	460	4,508	5,980	N/A	N/A	
Coal Bartlett British and	DOLL CLINDS	Unit Type		Number Served	Staff Hour	Staff Hour	N/A	N/A	
Cost Per Unit - DPH Rate (I Cost Per Unit - Contract Rate (DPH &			59.30 59.30	146,74 146,74	48.41 48.41	44.91 44.91	N/A N/A	N/A N/A	
		Cal Providers Only)		140.74	40.41	44.91	N/A	N/A	Total UDC:
- Cubilonte		cated Clients (UDC)		460	0	0	N/A	N/A	10tal ODG: 460

DPH:	3:	Salaries	&	Benefits	Detai
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Program Code:	N/A
Provider/Program Name:	HR360 FI Services
Document Date:	1/30/14

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Appendix #: B-29

Position Title iata Manager IIV Set-Aside Coordinator HC Director irector of Programs irector of Events and Markeling		TOTAL	Ģ	Administration eneral Fund (SCCRES227)	HIV Set-Aside Coordinator SAPT HIV Set-Aside (HMHSCCRES227)		Project Homeless Connect General Fund (HMHSCCRES227)		Ge	veryday Connect Inerg! Fund ISCCRES227)	DCYF	ce Intervention Pgm CRN Work Order CCHCCRNWO)	Primary Care Encounters General Fund (HCHAPADMINGF)		
iala Manager IIV Set-Aside Coordinator HC Director virector of Programs	Term:	7/1/13-12/31/13	Term:	7/1/13-12/31/13	Term:	7/1/13-12/31/13	Term:	7/1/13-12/31/13	Term:	7/1/13-12/31/13	Term:	7/1/13-12/31/13	Term:	7/1/13-12/31/13	
IIV Set-Aside Coordinator HC Director virector of Programs	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	
HC Director virector of Programs	1.00	36,990	1.00	36,990											
irector of Programs	1.00	45,777			1.00	45,777									
	1,00	55,000					0.57	31,423	0.43	23,577					
Pirector of Events and Marketing	1.00	37,500					0.13	5,000	0.87	32,500					
	1.00	32,500					0.81	26,250	0.19	6,250					
irector of Operations	1,00	32,500					0,69	22,500	0.31	10,000				,,,, t	
prector of Housing Resources	1.00	33,750					0.56	18,750	0.44	15,000					
rovider/Resource Coordinator	1.00	22,500					0.44	10,000	0.56	12,500					
olunteer Coordinator	1.00	25,000					0.90	22,500	0.10	2,500					
ienlor Case Manager	1.00	24,106					-	_	1.00	24,106					
loating Case Manager	0.80	18,304							0.80	18,304					
vents Assistant	0.80	16,640							0.80	16,640					
Case Manager	1,00	22,500					_	_	1.00	22,500					
rogram Associate	08.0	14,976					0.80	14,976							
Nolence Prevention Manager	1.00	37,500								- Luguesta	1.00	37,500			
Notence Prevention Associate Manager	1.00	32,500									1.00	32,500			
Coordinators	2.00	57,750								J. 177. American I. 177. American I. 177. American I. 177. American I. 177. American I. 177. American I. 177.	2.00	57,750			
admin Data Support	1,00	21,500									1.00	21,500	·		
Ine Staff	7.00	157,602								·	7.00	157,602			
			.,												
Totals:			1.00	36,990	1.00	45,777	4.90	151,399	6.50	183,877	12.00	306,852	.		
	25,40	724,895	1,00												
Employee Fringe Benefits:	25.40	724,895	1,00											·	
		<u> </u>	31.00%	11,467	31.00%	14,191	28.20%	42,695	28.20%	51,853	31.00%	95,124			

TOTAL SALARIES & BENEFITS	940,225	48,457	59,968	194,094	235,730	401,976	1

DPH 4: Operating Expenses Detail

Program Code:	N/A	
Provider/Program Name:	HR360 FI Services	
Document Date:	1/30/14	

Appendix #: B-29	
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Expenditure Category	TOTAL	CBHS Administration General Fund (HMHSCCRES227)	HIV Set-Aside Coordinator SAPT HIV Set-Aside (HMHSCCRES227)	Project Homeless Connect General Fund (HMHSCCRES227)	PHC Everyday Connect General Fund (HMHSCCRES227)	SF Violence Intrinth Pgm DCYF CRN Work Order (HCHCCHCCRNWO)	Primary Care Encounters General Fund (HCHAPADMINGF)
	Term: 7/1/13-12/31/13	Term: 7/1/13-12/31/13	Term: 7/1/13-12/31/13	Term: 7/1/13-12/31/13	Term: 7/1/13-12/31/13	Term: 7/1/13-12/31/13	Term: 7/1/13-12/31/13
Occupancy							
Rent	8,381					8,381	
Utilities (Telephone, Electricity, Water, Gas)	4,352					4,352	
Bullding Repair/Maintenance	1,000					1,000	
Materials & Supplies	_						
Office Supplies	1,800				900	900	
Photocopying	-						
Printing	_						
Program Supplies	2,100			300	900	900	
Computer Hardware/Software							
General Operating		-					
Training/Staff Development	3,190			440	1,500	1,250	
Insurance	2,039	250	300		750	739	
Professional License	_						
Permits							
Equipment Lease & Maintenance	6,350					6,350	
Staff Travel							
Local Travel							
Out-of-Town Travel	_						
Field Expenses	-						
Consultant/Subcontractor							
COPC Staff Care	47,329			•			47,329
COPC Merritt Hawkins	41,957						41,957
Other							
Vehicle Expense (Gas, Maintenance, Registration)	12,270					12,270	
Client Incentives	3,600					3,600	
Client Outings and Groups	4,000					4,000	

DPH 6: Contract-Wide Indirect Detail

Contractor Name: HealthRiGHT 360

Document Date: 1/30/14

1. SALARIES & BENEFITS

1. SALARIES & BENEFITS Position Title	FTE	Salaries
CEO	0.345	82,451
CFO	0.382	74,434
CIO	0,382	59,165
Controller	0.382	43,264
Budget Manager	0.164	14,771
Grants Director	0.382	29,773
Payroll Manager	0.382	28,170
Billing Specialist	0.382	22,902
Director of Fiscal Projects	0.382	22,902
Budget/Fiscal Analyst	0,355	21,875
Quality & Compliance Manager	0.363	21,760
Donations Manager	0.382	20,993
Accounts Payable II	0.382	18,322
Manager IT-Data Control	0.382	20,444
Accounts Payable 2	0.374	19,784
Coordinator Budget	0.382	19,085
Dir. of Research and Evaluatio	0.241	19,249
HR Analyst	0.382	19,085
Procrement Manager	0.382	19.085
V.P. of Development	0.254	19.085
Electronic Medical Rec. Manage	0.378	18,896
HR Coordinator	0.382	15,434
CJ Billing Assistant	0.382	15,414
CDO Assistant	0.191	14,887
Human resources Director	0.187	13,124
Travel Coordinator	0.191	10,222
Administrative Assistant	0.131	8.152
Client Programmer II	0.096	6,389
GL Accountant	0.074	4,085
Dir of Workforce Development	0.031	2,665
Driver/Procurement	0.073	2,342
Director Of Facility Operation	0.022	1.844
Administrative ssistant	0.041	1,620
Dir, of EMR OPs Software devel	0.382	34,354
IT Data Specialist	0.036	1,254
IT Specialist -Data Specialist	0.382	12,623
I.T. Specialist data entry	0.382	12,617
	0.382	
IT Specialist - Data Control		12,617
Senior IT Systems Analyst	0.211	12,215
IT Analyst	0.382	18,513
PC Support Analyst	0,382	18,513
IT Data Analyst	0.132	4,628
EMR Training and Data Analyst	0.265	10,603
Manager Transport & Facility	0.018	1,152
Maintenance Staff	0,088	2,800
EMPLOYEE FRINGE BENEFITS		264,604
TOTAL SALARIES & BENEFITS	<u> </u>	1,118,166

2. OPERATING COSTS

Expenditure Category	Amount
Rental of Property	72,622
Utilities (Elec, Water, Gas, Phone, Scavenger)	26,102
Office Supplies, Postage	. 17,860
Building Maintenance Supplies and Repair	2,205
Insurance	33,996
Staff Training	4,321
Staff Travel (Local & Out of Town)	27,991
Rental of Equipment	22,209
Profesional Services	150,068
Food and Food Preparation	2,543
General Operating	138,761
TOTAL OPERATING COSTS	498,678

Appendix E

BUSINESS ASSOCIATE ADDENDUM

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

RECITALS

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

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

1. Definitions

- a. Breach shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402].
- b. **Breach Notification Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.
- c. **Business Associate** shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- d. Covered Entity shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- e. **Data Aggregation** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164,501.

- f. **Designated Record Set** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- g. Electronic Protected Health Information means Protected Health Information that is maintained in or transmitted by electronic media.
- h. Electronic Health Record shall have the meaning given to such term in the HITECT Act, including, but not limited to, 42 U.S.C. Section 17921.
- i. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- j. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
- k. Protected Health Information or PHI means any information, whether oral or recorded in any form or medium: (i) that relates to the part, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. Sections 160.103, 164.501].
- 1. **Protected Information** shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.
- m. **Security Incident** shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.
- n. Security Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
- Unsecured PHI shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. Obligations of Business Associate

a. **Permitted Uses.** BA shall use Protected Information only for the purpose of performing BA's obligations under the Contract and as permitted or required under the Contract and Addendum, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA;

- (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.504(e)(2) and 164.504(e)(4)(i)].
- b. Permitted Disclosures. BA shall disclose Protected Information only for the purpose of performing BA's obligations under the Contract and as permitted or required under the Contract and Addendum, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (ii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Addendum and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, suspected breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2. m. of the Addendum, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)].
- c. Prohibited Uses and Disclosures. BA shall not use or disclose PHI other than as permitted or required by the Contract and Addendum, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
- d. Appropriate Safeguards. BA shall implement appropriate safeguards to prevent the use or disclosure of Protected Information other than as permitted by the Contract or Addendum, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.308, 164.310, and 164.312. [45 C.F.R. Section 164.504(e)(2)(ii)(B); 45 C.F.R. Section 164.308(b)]. BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316. [42 U.S.C. Section 17931]
- e. Business Associate's Subcontractors and Agents. BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf

- of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such Protected Information and implement the safeguards required by paragraph 2.d. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2)(ii)(D); 45 C.F.R. Section 164.308(b)]. BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation (see 45 C.F.R. Sections 164.530(f) and 164.530(e)(1)).
- Accounting of Disclosures. Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least six(6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. If a patient submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five(5) calendar days.
- g. Governmental Access to Records. BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- h. Minimum Necessary. BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)] BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary."

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

3. Termination

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

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

d. Disclaimer

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

4. Amendment to Comply with Law.

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

5. Reimbursement for Fines

In the event that CE pays a fine to a state or federal regulatory agency 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 within thirty (30) calendar days.

Appendix F

Invoices

HealthRIGHT 360 CMS #6990

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Appendix F PAGE A

			Contro	Number		7						
	ł]	INVOICE NU	JMBER:	M38	JL	3	
Contractor: HealthRIGHT360							Ct. Blanket	lo.: BPHM	TBD	, , , , , , , , , , , , , , , , , , ,		
Address: 1735 Mission St., San	Francisco,	CA 9410)3				Ct. PO No.:	РОНМ	TBD		Us	er Cd
Tel. No.: (415) 746-1916							Fund Source) :	General I	Fund		
Fax No.: (415)			CE	3HS			Invoice Perio	od: .	July 20	13		
Funding Term: 07/01/2013 - 06/30	0/2014						Final Invoice	:		((Check if Y	es)
PHP Division: Community Behevio	oral Health Se	rvices					ACE Control	Number:				
	TOTA	\L	DELI	VERED	DELI	/ERED	9/5	OF .	REMA	INING	%	OF I
	CONTRA		THIS	PERIOD		DATE		TAL	DELIVE			TAL
Program/Exhibit	UOS	UDC	uos	UDC	uos	UDC	uos	UDC	uos	UDC	UOS	UDC
B-27 Crisis Intervention 60/ 78 Other Non-Medical	241		ļ	ļ		 	0%		241		100%	
Client Support Exp				,			1 0/2		241		10078	
Unduplicated Counts for AIDS Use	Only.		l	<u> </u>				<u></u>	1		·	
Description BUDGET						NSES PERIOD		NSES DATE	% (AINING ANCE
Total Salaries				11,597.00		EKIOD	\$		1 500	0.00%		1,597.00
Fringe Benefits	\$	3,595.00			\$	-	<u> </u>	0.00%		3,595.00		
Total Personnel Expenses		15,192.00		_	\$			0.00%		5,192.00		
Operating Expenses:	<u></u>		· · · · · · · · · · · · · · · · · · ·				† -			0.00.00	· ·	
Occupancy		\$	_	\$		\$		 	0.00%	\$		
Materials and Supplies			\$	4	\$	-	\$			0.00%		
General Operating			\$	-	\$	-	\$	-		0.00%		-
Staff Travel	····		\$	-	\$	-	\$	*****		0.00%		-
Consultant/Subcontractor			\$	-	\$	-	\$	_		0.00%		-
Other:			\$	-	\$	-	\$	-		0.00%		
	<u> </u>	***************************************	\$	· -	\$	_	\$			0.00%	\$	
Total Operating Expenses	Proceedings of the Control of the Co		\$	M	\$	-	\$		1	0.00%	\$	
Capital Expenditures			\$	-	\$		\$	-		0.00%	\$	
TOTAL DIRECT EXPENSES	···		\$	15,192.00	\$		\$	-		0.00%	\$ 1	5,192.00
Indirect Expenses			\$	1,823.00	\$	-	\$	•		0.00%	\$	1,823.00
TOTAL EXPENSES			\$	17,015.00	\$	-	\$	_		0.00%	\$ 1	7,015.00
Less: Initial Payment Recovery							NOTES:					
Other Adjustments (DPH use or	nly)											1
REIMBURSEMENT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				\$							
certify that the information provided	d shove is to	the heet	of my kno	wledne cor	nnlete an	d accurate	the amount	requested fo	r reimhure	amont is i	n	
accordance with the contract appro-											'	
claims are maintained in our office a	at the address	indicate	đ.									
Signature:	****		Went of China				Date:					
Printed Name:												
Title:							Phone:				• 14	
Send to:					······································		DPH Autho	rization for P	ayment			
Community Programs Budget/ Invoi	ice Analyst											
San Francisco, CA 94103						thorized S	Signetony				Date	
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Jul 1stAmendment 04-15

CMHS/CSAS/CHS 4/15/2014 INVOICE

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

										PAGE A			
			Contro	l Number	1								
					J	INVOICE	NUMBER:	M05	JL	3]	
Contractor: HealthRIGHT360						Ct.Blanekt	No.: BPHM	TBD			···] .	
					,					User	Cd	,	
Address: 1735 Mission St., San Francisco, CA	94103		CF	знѕ		Ct. PO No.	: POHM	TBD				ļ	
Tel. No.: (415) 746-1916						Fund Source	ce:	MHSA - Prop63 - PMHS63 - 1405]	
Fax No.: (415)						Invoice Per	riod :	July 2013					
Funding Term: 07/01/2013 - 06/30/2014						Final Invol	œ;			(Check If Y	es)		
PHP Division: Community Behavioral Health S	ervices					ACE Contr	ol Number:						
		Total Co.	ntracted	Delivered	THIS PERIOD	Delhrere	d to Date	% of TC)TAI	Rema Deliver			
		Exhibit	UDC	Ext	ibit UDC	Exhib	t UDC	Exhibit	UDC	Exhibit	UDC		
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*Unduplicated Counts for AIDS Use Only.													
DELIVERABLES		Delivere				1	/ered			Rema	•		
Program Name/Reptg. Unit Modality/Mode # - Svc Func (мн ону)	Total Contracted UOS CLIENTS	UOS PER	CLIENTS	Unit Rate	AMOUNT DUE		CLIENTS	% of TO	LIENT	Deliver UOS	CLIENTS	·	
B-28 WRAPS PC# - 38IT3										······································			
05/ 60 - 64 Residential Other	741			\$ 115.12	\$ -	0.000		0.00%		.741.000		\$	85,303.9
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TOTAL	741	0,000		 	 	0,000		0.00%		741,000	MI SERVICE AN		
TOTAL	741	0.000		<u> </u>	 				+				
	Budget Amount		\$	85,309.00		\$	s To Date	% of Bu 0.00°		Remaining \$ 8	5,309.00		
	·		<u> </u>	00,000.00		NOTES:	-	0.00	· · · · · · ·	*****	,0,000,00		
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		(For DPH U	se) Other a	Adjustments SURSEMENT		4							
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I certify that the information provided above	is, to the best of my	knowledge	, complet	e and accu	rate; the amou	ant requeste	ed for reiml	bursemer	nt is				
in accordance with the contract approved to		under the p	rovision (of that cont	ract. Full justif	ication and	backup re	cords for	those				
claims are maintained in our office at the ad	aress indicated.												
Signature:					Date:						-	-	
Title:													
inc.	None of the state	,		****	•								
Send to:			DPH Auth	orization for F	eymen!								
Community Programs Budget/ Invoice Analy	rst l												
1380 Howard St., 4th Floor					***************************************	*****				*****	.		
San Francisco, CA 94103		1		Authori	zed Signatorý	,			Date	>	1		

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

DPH Authorization for Payment

Authorized Signatory

Appendix F PAGE A Control Number INVOICE NUMBER: M39 AU 3 Ct.Blanekt No.: BPHM TBD User Cd CL PO No.: POHM TBD **CBHS** Fund Source: Grant-State CDCR ISMIP-HMAD01-14 Invoice Period: August 2013 Final Invoice: (Check if Yes) ACE Control Number: Park State Control Number: P Remaining Total Contracted Delivered THIS PERIOD Delivered to Date % of TOTAL Deliverables Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC Service Services Delivered THIS Delivered Remaining % of TOTAL Total Contracted PERIOD Unit to Date Deliverables UOS CLIENTS CLIENTS AMOUNT DUE 108.00 0.000 0.00% 91,476.00 0.000 በ በበበ 0.00% 847,000 Expenses To Date % of Budget Remaining Budget **Budget Amount** 91,616.00 0.00% 91.516.00 NOTES SUBTOTAL AMOUNT DUE Less: Initial Payment Recovery (Fer DPH Use) Other Adjustments NET REIMBURSEMENT \$ I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those Date:

Aug 1stAmendment 04-15

Community Programs Budget/ Invoice Analyst 1380 Howard St. - 4th Floor

Send to:

San Francisco, CA 94103

Contractor: HealthRIGHT360

Funding Term: 08/01/2013 - 06/30/2014

Undusticated Counts for AIDS Use Only.

DELIVERABLES

Tel. No.: (415) 746-1916

Fax No.: (415)

Address: 1735 Mission St., San Francisco, CA 94103

PHP Division: Community Behavioral Health Services

Program Name/Reptg. Unit

Modelity/Mode # - Svc Func (Mit Only)

TOTAL

claims are maintained in our office at the address indicated.

Signature:

B-5 Bridges Residential PC# - 3806BR-RES (85572) Res-51 SA-Res Recov Long Term (Over 30 days)

Undup!cated Clients for Exhibit:

847

847

Date

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

								PAGE A		
			Contr	ol Number				PAGE A		
					1		-			
					•	INVOICE NUMBER:	M40 AU	3]	
						Or Dr			1	
Contractor: HealthRIGHT360						Ct.Blanekt No.; BPHN	VI IRD	User Cd	i	
Address: 1735 Mission St., San Francisco, CA 941	03	[7		Ct. PO No.: POHM	TBD		1	
•		CBI	HS]					-	
Tei No., (415) 746-1916]		Fund Source:	Grant-State CDCR	ISMIP-HMAD01-14)	
Fax No (415)						Invoice Period :	August 2013		ĭ	
						andice rende .	August 2010		1	
Funding Term: 08/01/2013 - 06/30/2014						Final Invoice:		(Check if Yes)		
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PHP Division: Community Behavioral Health Serv	ices					ACE Control Number			į	
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		Total Cor			THIS PERIOD	Delivered to Date	% of TOTAL	Deliverables	ł	
Alm desufficients of CVV mater from Exclusive	•	Exhibit			ibit UDC	Exhibit UDC	Exhibit UDC	Exhibit ÚDC	l	
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DELIVERABLES Program Name/Reptg, Unit	Total Contracted	Delivere		Unit	1	Delivered to Date	% of TOTAL	Remaining Deliverables		
Modality/Mode # - Svc Func (мн ому)	UOS CLIENTS	uos	CUENTS	~ .	AMOUNT DUE	UOS CLIENTS			l	
B-20 Bridges Residential PC# - 85351			13,63						ĺ	
Nonres-30 SA-Nonresidntl IO Day Rehab	7,682		3.82	\$ 47.65	\$ -	0.000	0.00%	7,682,000	\$	366,047.30
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TOTAL	7,682	0.000	I			0.000	0.00%	7,682.000	l	
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I certify that the information provided above is,	to the best of my kn	owledge, c	omplete	and accura	te: the amount	requested for reimb	ursement is	•		
in accordance with the contract approved for se	ervices provided un	der the pro	vision of	f that contra	ct. Full justifica	ation and backup rec	ords for those			
claims are maintained in our office at the addre	ss indicated.									
Signature:					Date:					
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Community Programs Budget/ Invoice Analyst										
1380 Howard St 4th Floor			<del></del>	الم مرحفة د ١٨	and Cinnat-		D-1			
San Francisco, CA 94103				Aumon	zed Signatory		Date			
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# DEPARTMENT OF PUBLIC HEALTH CONTRACTOR FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE

Appendix F PAGE A

			•	Contro	l Number	3					TROL TO		
						1	INVOICE N	JMBER:	M41	JL	3	]	
Contractor: HealthRIGHT360							Ct.Blanekt N	lo.: BPHM	TBD			]	
Address: 1735 Mission St., San Francisco, CA 9	1103				3110		Ct. PO No.:	POHM	TBD		User Cd	]	
Tel. No.: (415) 746-1916				L C	3HS	Anna Tanana	Fund Source	Fund Source: GF, SDMC Regular FFP, MH Realignment				]	
Fax No.: (415)							Invoice Period : July 2013			2013			
Funding Term: 07/01/2013 - 06/30/2014							Final Invoice	e;	(Check if Yes)				
PHP Division: Community Behavioral Health Ser	vices						ACE Contro	Number:					
			Total Cor			THIS PERIOD	Delivered		% of TO		Remaining Deliverables	1	
Unduplicated Clients for Exhit	oft:		Exhibit			ibit UDC	Exhibit		Exhibit U		Exhibit UDC	1	
*Unduplicated Counts for AIOS Use Only.				·									
DELIVERABLES			Delivere				Delive				Remaining	1	
Program Name/Reptg. Unit. Modality/Mode# - Svc Func (мн очу)	Total Cor	CLIENTS	PERI UOS	OD CLIENTS	Unit Rate	AMOUNT DUE	UOS UOS	CLIENTS	% of TOT	LIENT	Deliverables UOS CLIENTS	d	
B-26 Adult Mental Health Medi-Cal PC# - 38CC3											36.50	4	
15/ 10 - 57 MH Svos	125,822		~~~~		\$ 2.61	\$ -	0.000		0,00%		125,822.000	\$	328,395.42
15/60 - 69 Medication Support	977				\$ 4.83	<u>s</u>	0.000		0.00%		977.000	a a	4,718.91
15/01 - 09 Case Mgt Brokerage	2,054				\$ 1.97	\$	0.000		0.00%		2,054.000		4,046.38
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	(50.050					<del> </del>			0.000/	整體	100 050 000	4	
. TOTAL	128,853		0.000	<u> </u>	1	1	0.000 Expenses	Ta Data	0.00% % of Bud		128,853.000	\$	337,160.71
,	Budget /	Amount		s	337,162,00	ļ	\$	10 Date	0.00%		Remaining Budget \$ 337,162.00	1	
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					ent Recovery Adjustments								
			1	ET REIME	BURSEMENT	\$ -	<u> </u>	.,.,.			A		
I certify that the information provided above is in accordance with the contract approved for claims are maintained in our office at the add	services pr	ovided un											
Signature:						Date:							
Title:						<b>.</b>				***************************************			
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Community Programs Budget/ Invoice Analys	st	]											
1380 Howard St., 4th Floor					5 . 4b		***************************************						
San Francisco, CA 94103		1			Author	zed Signatory				Dat	æ		

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

				•			PAGE A			
		Cont	rol Number	7						
		(		j	INVOICE NUMBER:	SO1 JL	3	٦		
Contractor: HealthRIGHT 360					Ct.Blanket No.: BPHM			7		
Contractor, Residir.ion   300				_	CLDIAIRE NO., DETIN	(IBD	User Cd	<b>-</b> 1		
Address: 1735 Mission St., San Francisco, CA 94103		_	внѕ		CL PO No.: POHM	TBD		J		
Tel. No.: (415) 746-1916			D110	<u>]</u>	Fund Source:	General Fund -	HMHSCCRES227	]		
Fax No.: (415)					Invoice Period :	July 2013	<del></del>	<b>-</b> 7		
						END TO 12				
Funding Term: 07/01/2013 - 06/30/2014					Final Invoice: .	<u> </u>	(Check if Yes)	با		
PHP Division: Community Schavioral Health Services					ACE Control Number;					
*		T T	1		T	1	Remaining	7		
		Total Contracted  Excited UDC		red THIS PERHOD Exhibit HDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Deliverables Exhibit UDC			
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Treatisphose of Counts for AIDS Use Only										
DELIVERABLES	T-4-10t-a-4	Delivered THIS	1		Delivered	7,	Remaining	7		
Program Name/Ropig, Unit Mcdatily/Mode # - Svc Func (Mccoly)	Total Contracted  UOS CLIENTS	PERIOD UOS CLIENT	Unit S Rate	AMOUNT DUE	to Date UOS CLIENTS	% of TOTAL UOS LIENT	Oeliverables UOS CLIENT	<b>s</b> j		
B-1 Adult Residential PCs - 3605WR-RSD38062, 38342 & 3857					(2.5)					
Res-51 SA-Res Recov Long Term (over 30 days) B-16 WHITS Residential PC# - 3806WT-RES (36062)	32.056		\$ 90.12		0.000	0.00%	32,056,000	\$ 2,888,886.72	\$	2,888,886.72
Res-61 SA-Res Recov Long Term (over 30 days)	1,668		\$ 191.18	\$ .	0,000	0.00%	1,668,000	318,886,24	\$	318,888.24
B-12 SFGH Residentall PC# - 3805SW-RES, 3805SG-RES, 3834	G-RES (38572-38342)	(8062)								
Res-51 SA-Res Recov Long Term (over 30 days)  B-14 Social Datox Residential PC# - 88962	3,337		\$ 130.04	ļ <del></del> -	0.000	0.00%	3,337,000	433,943.48	\$	433,943.48
Res-50 SA-Res Free Standing Res Detox	11,681		\$ 67.35	s -	0.000	0.00%	11,681,000	786,715.35	s	786,715,35
B-15 Transgender Residential PC# - 3805TG-RES, 3805TD-RES	138062, 38342 8 3857									
Res-51 SA-Res Recov Long Term (over 30 days)  8-24 Representative Payee Program PC# - 88359	2,659		\$ 132.74	ļ.s	0.000	0.00%	2,669.000	\$54,283.06	5	354,283.06
Anc-68 Ancelisary Sycs Case Mgmt	963		\$ 81.88	<b>.</b>	D.000 4 5 4	0.00%	963.000	76,850,44	\$	78,850,44
8-11 CARE Lodostar Residential PC# - 3805LC-RES		1000	1	ļ					_	
Res-51 SA-Res Recov Long Torm (over 30 days) 8-13 Satellite ONPO Residential PC# - 87067, 88077	1,635	2	\$ 105,72		0.000	0.00%	1.835.000 16	193,996.20	\$	193,996.20
Res-51 SA-Res Recov Long Term (over 30 days)	7,007	266	\$ 44.07	\$	0.000	0.00%	7,007,000	308,798.49	\$	308,798.49
B-17 Women's Hope Residential PC# - 89102 Res-51 SA-Res Recov Long Term (over 30 days)	5,338		\$ 122.87	e	0.000	0.00%	5,338.000	EEE 000 00		
B-16 Advit Outpetient Non-DMC PC# - 3820OP, 3828 OP (8735			1	1	0,500	0.007	G,555,00D	655,880.06	*	655,880,06
Novros-33 SA-Norreschill ODF Grp. PC# - 3829GP (87351)	12,234		<u>s</u> 90.80		0.000	0.00%	12,234,000	1,112,076,60		
Nontes-34 SA-Nonroscini COF Ind PC# - 3820OP (38201) H-22 Family Strongth Outpetient PC# - 36731	1,627	1000	\$90,90	\ <del>*</del>	0.000	0.00%	1,627.000	147,894,30	\$	1,259,964.90
Nonres-33 SA-Nonresdati ODF Grp	2,138		\$ 62.68	5	0.000	0.00%	2,138.000	134,009,64		
Nonres-34 SA-Nonresdatt ODF Ind	1.111		\$ 62.66	\$	0.000	0.00%	1,111.000	69,637.48	\$	203,647.32
B-16 African American Family Vicience Prevention PC# 87301 Nonres-33 SA-Non Residull ODF Grp			\$ 84,44	i -	0.000	#DIV/01	6.000			
Nonres-34 SA-Non Resigntl ODF Individual		100	\$ 84.44	s	0.900	#DIV/01 1	0.000	Ā		
B-19 African American Family Healing Outpatient PC# 87301 Nonres-33 SA-Non Residnt ODF Grp	3,135		5 84,47		0.000 315 63	0.00%	3,135.000	\$ 264,813.45		
Nonres-34 SA-Non Residntl ODF Individual	606		S 84,47	3	0.000	0.00%	606.000	51,168.82	\$	316,002,27
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		27 A 20 A 20 A 20 A 20 A 20 A 20 A 20 A	<u> </u>	1						
TOTAL	87,405	0.000			0.000	0.00%	87,405,000	\$ 7,799,856.53		
					Expenses To Date	% of Budget	Remaining Sudget	1		
	Budget Amount	15	7,799,975.00		NOTES:	0.00%	\$ 7,799,975.00	4		
			WOUNT DUE							
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		NET REIN	BURSEMENT	15	<u></u>			1		
I certify that the information provided above is, to the be										
in accordance with the contract approved for services p claims are maintained in our office at the eddress indica		ovision of that contrac	t. Full justifi	cation and backup r	ecords for those					
Signature:				Date:						
•				-	······································	***************************************				
Title:				•						
Send to:		DPH Au	horization for l	Payment	***************************************			1		
Community Programs Budget/ Invoice Analyst		f					•			
1380 Howard St., 4th Floor							-			
San Francisco, CA 94103	7	l	ALE	horized Signatory		Da	to	1		

## DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

			0 4	1 <b>5</b> I							P/	AGE A
			Contro	Number			INVOICE NU	JMBER:	S02	JL	3	
Contractor: HealthRIGHT 360							Ct. Blanket N	lo.: BPHM	TBD			
Address: 1735 Mission St., San	Francisco.	CA 941	03				Ct. PO No.:	РОНМ	TBD		Us	er Cd
Tel. No.: (415) 746-1916				СВ	ПG	1	Funding Sou	rce.	SAPTH	IV Set-As	ida	
Fax No.: (415)											100	•
							Invoice Perio	oa:	July 20			
Funding Term: 07/01/2013 - 12/31/2	013				,		Final Invoice	:		((	Check if Y	es)
PHP Division: Community Behaviora	al Health Se	ervices					Ace Control	Number:				
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Program/Exhibit	CONTR	UDC	UOS	PERIOD UDC	uos	DATE   UDC	uos	TAL UDC	UOS	RABLES UDC	UOS	DTAL UDC
B-29 HIV Set-Aside Coordinator -												
Anc-72 SA-Ancillary Svcs	460	460			-		0%		460		100%	
HIV Counseling Sycs	<b></b>		<u> </u>		<del> </del>	-	<del> </del>	~				
Unduplicated Counts for AIDS Use C	i i niy.		l	<u> </u>	1		1				L	<u></u>
				······································	EXPE	NSES	EXPE	NSES	1 %	OF	REM	AINING
Description			BU	DGET	THIS	PERIOD	TO	DATE	1	GET	,	ANCE
Total Salaries			\$ 4	45,777.00	\$	-	\$	**		0.00%	\$ 4	15,777.00
Fringe Benefits		1.	\$	14,191.00	\$	_	\$	_		0.00%	\$	4,191.00
Total Personnel Expenses			\$ :	59,968.00	\$	-	\$	-		0.00%	\$ 5	9,968.00
Operating Expenses:											I	
Occupancy			\$	_	\$	-	\$	-		0.00%	\$	_
Materials and Supplies			\$	_	\$	-	\$	-		0.00%	\$	
General Operating			\$	300.00	\$	-	\$	_		0,00%	\$	300.00
Staff Travel			\$		\$	-	\$	-		0.00%	\$	_
Consultant/Subcontractor			\$		\$	<u>-</u>	\$			0.00%		
Other:			\$		\$	*	\$			0.00%		-
		-	\$		\$	-	\$		<del></del>	0.00%	\$	-
Total Operating Expenses			\$	300.00	\$	-	\$	<u></u>		0.00%	\$	300.00
Capital Expenditures	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		\$	-	\$	-	\$			0.00%	<del></del>	-
TOTAL DIRECT EXPENSES	<del></del>			50,268.00	\$	-	\$	*		0.00%		0,268.00
Indirect Expenses	····		\$	7,232.00	\$		\$			0.00%		7,232.00
TOTAL EXPENSES	· · · · · · · · · · · · · · · · · · ·		\$ 6	37,500.00	\$	~	\$	-		0.00%		7,500.00
Less: Initial Payment Recovery							NOTES:					
Other Adjustments (DPH use only	y)											
							]					
REIMBURSEMENT					\$			· · · · · · · · · · · · · · · · · · ·				
certify that the information provided accordance with the contract approve claims are maintained in our office at	ed for service	es provid	ed under				Full justificat				in	
Signature:				-			Date:	L		<del>*************************************</del>		
Printed Name:												
Title:							Phone:					
Send to:		· · · · · · · · · · · · · · · · · · ·	[ !			· · · · · · · · · · · · · · · · · · ·	DPH Auth	orization for	Payment			
Community Programs Budget/ Invoid 380 Howard St., 4th Floor San Francisco, CA 94103	e Analyst							•	- <b>y</b>			
					Αι	thorized	Signatory				Date	
. Jul 1stAmendment 04-15		······································	'	***************************************				·····	CMHS/CSAS/C	CHS 4/15/201	4 INVOICE	****

### DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Appendix F PAGE A Control Number INVOICE NUMBER: TBD Contractor: HealthRIGHT 360/ Ct. Blanket No.: BPHM User Cd TBD Address: 1735 Mission St., San Francisco, CA 94103 Ct. PO No.: POHM General Fund Tel. No.: (415) 746-1916 Funding Source: CBHS Fax No.: (415) Invoice Period: July 2013 Final Invoice: (Check if Yes) Funding Term: 07/01/2013 - 12/31/2013 v Ace Control Number: PHP Division: Community Behavioral Health Services DELIVERED % OF REMAINING DELIVERED % OF THIS PERIOD TO DATE TOTAL **DELIVERABLES** CONTRACTED TOTAL UOS UOS UDC UOS UOS Program/Exhibit UOS UDC UDC UDC UOS UDC UDC B-29 Project Homeless Connect 4,508 0% 4,508 100% Anc-68 SA-Ancillary Svcs Case Magmt Unduplicated Counts for AIDS Use Only. **EXPENSES EXPENSES** % OF REMAINING THIS PERIOD TO DATE BUDGET BUDGET BALANCE Description 151,399.00 \$ 0.00% \$ 151,399.00 Total Salaries \$ Fringe Benefits 42,695.00 0.00% \$ \$ 42,695.00 Total Personnel Expenses \$ 194,094.00 \$ \$ 0.00% \$ 194.094.00 Operating Expenses: Occupancy \$ \$ 0.00% \$ 300.00 | \$ Materials and Supplies \$ \$ 0.00% \$ 300.00 General Operating 440.00 | \$ \$ 0.00% \$ 440.00 \$ Staff Travel \$ 0.00% \$ \$ Consultant/Subcontractor \$ \$ 0.00% \$ Other: \$ \$ \$ 0.00% \$ \$ 0.00% \$ \$ \$ \$ 0.00% \$ \$ \$ 0.00% \$ **Total Operating Expenses** \$ 740.00 \$ \$ 0.00% \$ 740.00 Capital Expenditures \$ _ 1 \$ \$ 0.00% \$ TOTAL DIRECT EXPENSES \$ 194,834.00 | \$ \$ 0.00% \$ 194,834.00 \$ 23,382.00 \$ \$ Indirect Expenses 0.00% \$ 23,382.00 \$ 218,216,00 1 \$ TOTAL EXPENSES \$ 0.00% \$ 218.216.00 Less: Initial Payment Recovery NOTES: Other Adjustments (DPH use only) REIMBURSEMENT I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated. Signature: Printed Name: Phone: Send to: DPH Authorization for Payment Community Program Budget/ Invoice Analyst 1380 Howard St., 4th Floor San Francisco, CA 94103 Authorized Signatory

Jul 1stAmendment 04-15 t

CMHS/CSAS/CHS 4/15/2014 INVOICE

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

Appendix F PAGE A Control Number INVOICE NUMBER : S05 JL Contractor: HealthRIGHT 360 Ct. Blanket: BPHM TBD User Cd Address: 1735 Mission St., San Francisco, CA 94103 Ct PO No.: POHM TBD **CBHS** Tel. No.: (415) 746-1916 General Fund Fund Source: Fax No.: (415) July 2013 Invoice Period : Funding Term: 07/01/2013 - 06/30/2014 Final Invoice: (Check if Yes) PHP Division: Community Behavioral Health Services ACE Control Number: Delivered THIS PERIOD Total Contracted Delivered to Date % of TOTAL Deliverable Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDO Exhibit UDC Unduplicated Clients for Exhibit: *Unduplicated Counts for AIDS Use Only.

DELIVERABLES Delivered THIS Total Contracted % of TOTAL Program Name/Repig. Unit PERIOD Unit to Date Deliverable Modality/Mode # - Svc Func (with only) CLIENTS 8-10 CARE Variable Length Residential PC# - 3834CV-RES (Data entered inter-R Res-51 SA-Res Recov Long Term (Over 30 days) 88,21 0.000 0.00% 2,503,000 220,789.63 B-8 CARE-MDSP Residential PC# - 3806CM_RES_(Data entered into AF Res-51 SA-Res Recov Long Term (Over 30 days) \$ 196,76 0.000 1.835 0.00% 1,835,000 361.054.60 B-9 CARE DETOX Residential PC# - 3806CS-RSD [Data entered into AR Res-51 SA-Res Recov Long Term (Over 30 days) 1,502 143.28 0.000 0.00% 215,206.56 TOTAL 5,840 0.000 0,00% 0.000 5.840,000 797.050.79 Expenses To Date % of Budget Remaining Budget **Budget Amount** 797,043.00 0.00% 797,043.00 SUBTOTAL AMOUNT DUE Less: Initial Payment Recovery (For OPH Use) Other Adjustments NET REIMBURSEMENT \$ I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for relmbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated. Signature: Date: Title: Send to: DPH Authorization for Payment

Authorized Signatory

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

Date

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

								PAGE A		
			Contro	ol Number	1					
			L			INVOICE NUMBER:	S07 JL	3	7	
									7	
Contractor: HealthRIGHT350						Ct. Blanket No.: BPHM	TBD	User Cd	J	
Address: 1735 Mission St., San Francisco, CA 94103			C	3HS.		CL PO No.: POHM	TBD		]	
Tei No (415) 746-1916 Fax No., (415)			C	ono.		Fund Source:	GF, Parolee Sy	rcs Network BASN	]	
Tax (to [-tto)						Invoice Period :	July 2013		]	
Funding Term: 07/01/2013 - 06/30/2014						Final Invoice:		(Check if Yes)	]	
PHP Division: Community Behavioral Health Services						ACE Control Number.		Than Minds	H H	
			ontracted		THIS PERIOD	Delivered to Date	% of TOTAL	Remaining Deliverables	]	
Unduplicated Clients for Exhibit:		EXNID	UDC	SERVING BURNE	HIDE	Exhibit UDC	Exhibit UDC	Exhibit UDC		
1 Control of Children		Entholicationican	SHECKHARY IN BUINNY	14-7-14-15-16-16-16-16-16-16-16-16-16-16-16-16-16-	to (vy.eva 25e zaposto)	AMARCANICATION CONTRACTOR STREET	Andreas Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commen	Interestational State American Pro-	2	
"Unduplicated Course for AIDS Use Only.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					_	
DELIVERABLES			ed THIS	ŀ	·	Delivered		Remaining	1	
Program Name/Reptg, Unit Modality/Mode # - Svc Func (244 only)	Total Contracte UOS CLIE		CLIENTS	Unit Rate	AMOUNT DUE	to Date UOS CLIENTS	% of TOTAL UOS LIENT	Deliverables UOS CLIENTS		
بالبرا فالمتعاطف والأوروب والمتالف والمتعارض والمتالة والمتالة والمتالة والمتالة والمتالة والمتالة والمتالة والمتالة	UOS CLE	W15 003	TEN STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	1/240	AMODITI DOE	UOS CLENIS	UUS LIEN	UUS CLIENIS	d	
B-2 BASN Residential PC# - 88342				\$ 94.05				7 404 000		000 007 80
Res-51 SA-Res Recov Long Term (over 30 days)	7,424			\$ 94,05	\$	0,000	0.00%	7,424.000	s	698,227.20
B-4 BASN Social Detox PC# - 84962			-	t 66.70				005 000	i	oi: 000 F0
Res-50 SA-Res Free Standing Res Detox	985		-	\$ 66.70	\$	0,000	D.D0%	985.000	1	65,699.50
B-3 BASN ONPD Residential PC# - 3807BT-CLV				05.40						
Res-51 SA-Res Recov Long Term (over 30 days)	2,847		-	\$ 35.19	\$	0.000	0.00%	2,847.000	1	100,185.93
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	14.050	0.00				0.000	2.000	44.050.000	4.	
TOTAL	11,256	1 0.00		<u></u>		0.000 Expenses To Date	0.00%	11,256,000	\$	864,112.53
	Budget Amou	int	\$	864,066.00	٠	\$ .	0,00%	Remaining Budget \$ 864,066.00	1	
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				MOUNT DUE	\$ -	1		!	1	
				nt Recovery						
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I certify that the information provided above is, to the	e best of my kn	owledge, comp	lete and a	ccurate; the	amount reques	sted for reimbursement	is			
in accordance with the contract approved for service		der the provisio	n of that c	ontract. Ful	l justification and	d backup records for the	ose			
claims are maintained in our office at the address in	ndicated.									
Signature:					Date:					
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Title:			····							
Send to:			DPH Auth	orization for F	ayment				i	
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Community Programs Budget/ Invoice Analyst		į.						•	į	
1380 Howard St., 4th Floor		1							1	
San Francisco, CA 94103				Author	ized Signatory		Dat	9	ĺ	

## DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Appendix F

			Contro	Number		٦						PF	AGE A
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Contractor: HealthRIGHT 360							Ct.	Blanket	No.: BPHM	TBD			
Address: 1735 Mission St., San Fra	ncisco, C	A 94103					Ct.	PO No.	: POHM	TBD		Us	er Cd
Tel. No.: (415) 746-1916			<u> </u>		Ï		Fu	nd Sour	·a·	General I		·····	
Fax No.: (415)			CE	3HS				oice Per		July 20			
				**************************************	<b>.</b>					July 20			
Funding Term: 07/01/2013 - 06/30/2014	÷						rm	al Invoic	e:		((	Check if Y	es)
PHP Division: Community Behavioral H	ealth Serv	ices					AC	E Contro	ol Number:	<b>25 20 28</b>			er en en en en en en en en en en en en en
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B-21 Buprenorphine Medical Monitori					003	000	+-'	000	000	003	000	003	UDC
NTP-44 Prog Rehab/Amb Detox	475	60	- 5020	<u> </u>			+-	0%	0%	475	60	100%	100%
(other than Methadone)	470			<del> </del>	<del> </del>	<del></del>	+	0 /8	070	777	- 00	10070	100%
(Other than Methadone)			<b></b>	<del>                                     </del>	<del> </del>		┼┈	~				+	<u> </u>
Unduplicated Counts for AIDS Use Only		<del></del>	(		-	<u></u>		L		<u> </u>	······································	······································	
				101111		NSES	Τ		PENSES	% (		REM	AINING
Description				DGET		PERIOD		TC	DATE	BUD			ANCE
Total Salaries				4,797.00		•	\$	<del></del>	_	ļ	0.00%		34,797.00
Fringe Benefits				0,787.00			\$				0.00%		0,787.00
Total Personnel Expenses			\$ 4	5,584.00	\$		\$		_		0.00%	\$ 4	5,584.00
Operating Expenses:			<u> </u>				<u> </u>						
Occupancy			\$	+	\$		\$	·····	*	<u> </u>	0.00%		
Materials and Supplies		····	\$	71.00	\$	*	\$				0.00%		71.00
General Operating			\$	95.00	\$		\$		_	<u> </u>	0.00%		95.00
Staff Travel			\$	_	\$		\$				0.00%		-
Consultant/Subcontractor			\$	<u></u>	\$	-	\$		-		0.00%	\$	
Other: Client Related			\$	-	\$	-	\$		**		0.00%		_
Particular Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of			\$		\$		\$			<u> </u>	0.00%	\$	-
						·	<u> </u>						
Total Operating Expenses	_		\$	166.00	\$		\$			<u> </u>	0.00%		166.00
Capital Expenditures			\$		\$		\$				0.00%		
TOTAL DIRECT EXPENSES			(	5,750.00	\$		\$			<u> </u>	0.00%		5,750.00
Indirect Expenses			***************************************	5,489.00	\$	-	\$		_		0.00%		5,489.00
TOTAL EXPENSES			\$ 5	1,239.00	<u>  \$</u>	-	\$			<u>L</u>	0.00%	\$ 5	1,239.00
Less: Initial Payment Recovery					ļ		NO	TES:					
Other Adjustments (DPH use only)					<del> </del>		1	•					
							ļ						
REIMBURSEMENT				· · · · · · · · · · · · · · · · · · ·	\$	P	<u> </u>				****		
I certify that the information provided abo	ve is to t	he hest of	my know	dedae con	noiete and	accurate	· the	amount	requested for r	eimhursen	ent is in		
accordance with the contract approved for													
claims are maintained in our office at the				,			1		•				
Signature								Date:					
Signature:					•			Ja16.					
Printed Name:					•								
Title:							PI	hone:					
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Send to:				]			Ī	OPH Aut	horization for P	ayment			
Community December Distinct Impairs A	antimé												
Community Programs Budget/ Invoice A	าสเรรเ			1									
1380 Howard St., 4th Floor San Francisco, CA 94103				į									
Carrier of the teacher				<del></del>	A	uthorized	Sian	atory	, <del></del>			Date	*************
			ŧ	<u></u>			2,911	with h			· · · · · · · · · · · · · · · · · · ·	- Care	

Jul i1stAmendment 04-15

CMHS/CSAS/CHS 4/15/2014 INVOICE

### DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Appendix F PAGE A

			Con	rol Number		-					PA	GE A
						_	INVOICE	NUMBER:	809	JL	3	
Contractor: HealthRIGHT 360							Ct. Blank	et No.: BPHM	TBD			
Address: 1735 Mission St., San I	Francisco	, CA 941	03				Ct. PO N	o.: POHM	TBD		Us	er Cd
Tel. No.: (415 Tel. No.: (415) 7	46-1916			BHS			Fund Sou	ırce:	General I	und		
Fax No.: (415 Fax No.: (415)				опо			Invoice P	eriod:	July 20	113		
Funding Term: 07/01/2013 - 12/31/2	013						Final Invo	pice:		(0	Check if Y	(es)
PHP Division: Community Behaviora	il Health S	ervices					ACE Con	trol Number:			150000	
		TAL		LIVERED		VERED	***************************************	% OF	,	INING		6 OF
Program/Exhibit	UOS	UDC	UOS	S PERIOD UDC	UOS	DATE UDC	UOS	TOTAL UDC	UOS	RABLES UDC	UOS	UDC
B-29 CBHS Admin Sycs												
Supt-01 SA-Support QA's	920						0%	#DIV/0!	920		100%	#DIV/0!
Unduplicated Counts for AIDS Use O	nly.	<u> </u>			<u></u>	J. ,			<u> </u>			<u></u>
			T		EXP	ENSES	EX	PENSES	1 %	OF	REM	AINING
Description			E	UDGET	THIS	PERIOD	) T	O DATE	BUD	GET		ANCE
Total Salaries		· · · · · · · · · · · · · · · · · · ·	\$	36,990.00			\$			0.00%		36,990.00
Fringe Benefits			\$	11,467.00			\$	*		0.00%		1,467.00
Total Personnel Expenses		<del></del>	\$	48,457.00	\$	<del></del>	<u>  \$</u>		ļ	0.00%	\$ 4	18,457.00
Operating Expenses:	<u> </u>		<del>  </del>				<del> </del>		ļ	0.000/		
Occupancy			\$		\$		\$		<del> </del>	0.00%		
Materials and Supplies General Operating			\$	250.00			\$		<del> </del>	0.00%		750.00
Staff Travel		<del></del>	\$	250.00	\$		\$	-	<del></del>	0.00%		250.00
Consultant/Subcontractor	<del></del>		\$		\$		\$		<del> </del>	0.00%		— <u>-</u>
Other: Client Food Supplies/ Inc	centives		\$	·	\$		S	-	<del> </del>	0.00%		
License			\$		\$	-	\$	-	<del> </del>	0.00%		
Total Operating Expenses			\$	250.00	\$		\$			0.00%		250.00
Capital Expenditures			\$	-	\$		\$			0.00%		-
TOTAL DIRECT EXPENSES	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$	48,707.00	\$		\$			0.00%		8,707.00
Indirect Expenses			\$	5,845.00	\$	· · · · · · · · · · · · · · · · · · ·	\$		<u> </u>	0.00%		5,845.00
TOTAL EXPENSES			\$	54,552.00	\$		\$	-	<u> </u>	0.00%	\$ 5	4,552.00
Less: Initial Payment Recovery					<del> </del>	······	NOTES:					1
Other Adjustments (DPH use only	<u>y)</u>				<del> </del>	······································	1				1	
REIMBURSEMENT				·	\$		1					}
I certify that the information provided accordance with the contract approve claims are maintained in our office at	ed for serv	ices provi	ded und	knowledge, co ler the provisi	mplete ar	nd accura contract.	te; the amo	ount requested f eation and backu	or reimbur: ip records	sement is for those	in	
Signature:							Date:					
Printed Name:									•			
Title:					•	-	Phone:	· · · · · · · · · · · · · · · · · · ·				
Send to:		·	Ţ		······································	····	DPH Au	thorization for P	ayment			
Community Programs Budget/ Invoice 1380 Howard St., 4th Floor San Francisco, CA 94103	e Analyst				Au	thorized §	Signatory				Date	
AND THE RESERVE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF			-									

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

•				Contro	Number	τ.				PAGI	ē A		
						Ī	INVOICE NUM	IBER :	S10 JI	3		7	
Contractor: HealthRiGHT 360							Ct. Blanket; Bf	ЭНМ	TBD			7	
Address: 1735 Mission St., San Francisco, CA 94103			:	F	***************************************	i	CI PO No.: PO		ТВО		User Cd	7	
				CE	3HS			1 4191				 ¬.	
Tel No.: (415) 746-1916 Fax No.: (415)				<u> </u>		ļ	Fund Source:		HSA FSET W	/O - HMHSC	CADM377	j	
							Invoice Period	:	July 2013			]	
Funding Term: 07/01/2013 - 06/30/2014							Final Invoice;			(Chec	k if Yes)	]	
PHP Division: Community Behavioral Health Services							ACE Control N	umber:	HORAL DE			edi.	
			Total Cor Exhibit			THIS PERIOD	Delivered ( Exhibit t		% of TOTA	L D	Remaining Jeliverables ixhibit UDC		
Unduplicated Clients for Exhibit:						THE RESERVE			EXHIUN OD.		AMERICAN PROPERTY.		
"Unduplicated Counts for AIDS Use Only,												_	
DELIVERABLES Program Name/Reptg, Unit	Total Con	irariari	Delivere P£RI		Unit		Deliver to Da		% of TOTA		Remaining eliverables		
Modally/Mode # - Svc Func (MH only)		CLIENTS		CLIENTS	Rate	AMOUNT DUE		CLIENTS				1	
B-1-Adult Residential PC# - 3805WR-RSD, 38062, 38342 (	38572)											1	
Res-51 SA-Res Recov Long Term (over 30 days)	9,433				\$ 90,12	\$	0.000		0.00%	9.4	33.000	\$	850,101.96
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TOTAL	9,433		0.000				0.000	- interested	0.00%	9,43	3.000	1	
							Expenses 1	o Date	% of Sudge		aining Budget	1	
	Budget A	lmount	İ	\$	850,106,00		\$	_	0.00%	\$	850,106,00	]	
							NOTES:					1	
					MOUNT DUE	\$ -	HSA Work Order	. шишисся	DM277 _ \$827 &	** ^0			
							GF - WO CODB -						
•			V	ET REME	URSEMENT	\$ -	L,					J	
certify that the information provided above is, to the	best of my	/ knowle	dae compl	ete and a	ecurate: th	e amount renu	ested for reimi	oursemen	t is				
in accordance with the contract approved for service													
claims are maintained in our office at the address ind	licated.												
Signature:						Date:							
-	·						***				<del></del>		
Title:													
Send to:		ļ		DPH Auth	orization for F	Payment					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1	
Community Programs Budget/ Invoice Analyst												1	
1380 Howard St., 4th Floor							· · · · · · · · · · · · · · · · · · ·						
San Francisco, CA 94103					Autho	rized Signatory	4		I	Date		1	
			I									4	

# DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

			Contr	ol Number		_					P#	GE A
						]	INVOICE N	UMBER:	S11	SE	3	
Contractor: HealthRIGHT 360							Ct. Blanket	No.: BPHM	TBD			
Address: 1735 Mission St., San Francisc	xo, CA 94	1103					Ct. PO No.:	POHM	TBD		Us	er Cd
Tel. No.: (415) 746-1916 Fax No.: (415)							Funding So	urce:	Grant - S	AMHSA :	SHOP	
·							Invoice Per	iod:	Septer	nber 201:	3	
Funding Term: 09/30/2013 - 09/29/2014							Final Invoic	e:		(	Check if	(es)
PHP Division: Community Behavioral Health	Services	;					Ace Contro	Number:				
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Program/Exhibit	UOS	RACTED UDC	UOS	PERIOD UDC	UOS	DATE UDC	UOS	UDC UDC	UOS	RABLES UDC	UOS	DTAL UDC
B-23 SHOP PC# - 85731 - HCSA03-14	003	1 000	003	000	003	1000	003	000	003	000	003	ODC
Nonres-33 SA-Nonresidnti ODF Grp	4,109	75			-	<del>                                     </del>	0%	0%	4,109	75	100%	100%
Nonres-34 SA-Nonresidntl ODF Indv	1,152	40			-	-	0%	0%		40	100%	100%
Unduplicated Counts for AIDS Use Only.	<u></u>	<u>L</u>		L		<u></u>						
Description		_	Ri	JDGET		NSES PERIOD		ENSES DATE	% BUD	OF GET		AINING ANCE
Total Salaries				89,784.00	\$		\$			0.00%	_	89,784.00
Fringe Benefits				58,833,00		-	\$.			0.00%		58,833.00
Total Personnel Expenses				48,617.00		_	\$	<del></del>		0.00%		48,617.00
Operating Expenses:	<del>*************************************</del>								T			
Occupancy	····		\$ .	36,141.00	\$		\$	*		0.00%	\$	36,141.00
Material and Supplies			\$	2,551.00	\$		\$	-	1	0.00%		2,551.00
General Operating			\$	2,775.00	\$	-	\$	-		0.00%	\$	2,775.00
Staff Travel			\$	982.00	\$		\$	-		0.00%	\$	982.00
Consultant/ Subcontractor			\$	-	\$	-	\$	-		0.00%	\$	-
Other: Client Transportation			\$	3,375.00	\$	-	\$	•		0.00%	\$	3,375.00
			\$	-	\$	-	\$	_		0.00%	\$	
			\$		\$		\$	-		0.00%		-
			\$	<del>-</del>	\$	-	\$		<u> </u>	0.00%	\$	
Total Operating Expenses			\$	45,824.00	\$	-	\$			0.00%	•	45,824.00
Capital Expenditures			\$	45,024.00	\$		\$		<del> </del>	0.00%		+3,024.00
TOTAL DIRECT EXPENSES				94,441.00		-	\$		<del> </del>	0.00%		94,441.00
Indirect Expenses			\$	35,332.00			\$			0.00%		35,332.00
TOTAL EXPENSES	***************************************			29,773.00	\$	-	\$		<del>                                     </del>	0.00%		29,773.00
Less: Initial Payment Recovery							NOTES:		<u> </u>			
Other Adjustments (DPH use only)												
								,		ž		ŀ
REIMBURSEMENT					\$							
I certify that the information provided above is accordance with the contract approved for sectaims are maintained in our office at the add Signature:	ervices pro fress indic	ovided un cated.	der the p	provision of								
Printed Name:												
Title:							Phone:					
Send to:					······································		DPH Auti	norization for	Payment			
Community Programs Budget/ Invoice Ar 1380 Howard St 4th Floor San Francisco CA 94103	ıalyst											
					Au	thorized S	Signatory				Date	

### DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

			Сc	ontrol Number										AGE	A
	[							INAOR	CE N	UMBER:	S12	OC	3		
Contractor: HealthRIGHT360								Ct. Bla	nket	No,: BPHM	TBD	·			
														Jser (	Cd
Address: 1735 Mission St., San Francisco,	CA 9410	3						Ct. PO	No.:	POHM	DPHM13	3000123			
Tel. No.: (415) 746-1916								Fundin	ıg Soi	urce:	Grant - F	ed DOJ S	econd	Chan	
Fax No.: (415)									-/						
								Invoice	Peri	od:	Octob	er 2013			
Funding Term: 10/01/2013 - 09/30/2014								Final Ir	nvoice	e:		<u> </u>	Check i	f Yes)	
PHP Division: Community Behavioral Health Se	rvices							Ace Co	ontrol	Number:					
	TOT	AL	Ī	DELIVERED	T	DELIVI	ERED	-	%	OF	REM/	AINING		% OF	-
	CONTR			HIS PERIOD	$\downarrow$	TO D				TAL		RABLES		TOTA	
Program/Exhibit B-25 Second Chances - Case Management	UOS I		UC		+	uos	UDC	UO	<u>s</u>	UDC	uos	UDC	UOS	-	UDC
Anc-68 SA-Ancillary Svcs Case Mgmt	8,417	86	·nc	-SAUZ-14	十		· 		0%	0%	8,417	86	100	%	100%
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
Unduplicated Counts for AIDS Use Only.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
				<u></u>	T	EXPE				ENSES	1	OF		MAIN	
Description				BUDGET	4	THIS P			TO	DATE	BUD	GET		ALAN	
Total Salaries			\$	203,000.00		\$		\$				0.00%			00.00
Fringe Benefits			\$	62,930.00 265,930.00		\$		\$			·	0.00%			30.00
Total Personnel Expenses Operating Expenses:			<u>Ф</u>	200,930.00	+	Φ		1 9			74.	0.00%	<b>-</b>	200,8	30.00
Occupancy			•	20,700.00	╌	*		6				0.00%	<u>r</u>	20.7	00.00
Material and Supplies			\$	1,000.00		\$		\$		-		0.00%			
General Operating			\$	5,345.00		\$ \$		\$				0.00%			00.00 45.00
Staff Travel	······································		\$	19,240.00		\$		\$				0.00%			40.00
Consultant/ Subcontractor			\$	109,760.00		\$		\$				0.00%			60.00
Other: Client Expenses, Evaluation Incent	ves		\$	30,345.00		\$		\$	*****			0.00%			45.00
			\$	-	-	\$		\$		-		0.00%		00,0	-
			\$	-		\$	-	\$	****	-		0,00%			-
			\$		Ţ	\$		\$		-		0.00%	\$		
Total Operating Expenses			\$	186,390.00	+	\$		\$				0.00%	•	100.2	90.00
Capital Expenditures			\$	180,390.00	_	\$		\$				0.00%		100,3	0.00
TOTAL DIRECT EXPENSES	<del></del>		\$	452,320.00		\$		\$		~		0.00%		152 3	20.00
Indirect Expenses			\$	54,278.00		\$		\$				0.00%			78.00
TOTAL EXPENSES	1670 12 14 14 15 14 14 14 14 14 14 14 14 14 14 14 14 14		\$	506,598.00	_	\$		\$			***************************************	0.00%			98.00
Less: Initial Payment Recovery					十	<u> </u>		NOTES	2.			0.0070			-
Other Adjustments (DPH use only)					+			NOIL	J.						
				****	1										
REIMBURSEMENT					I	\$	-					······			
l certify that the information provided above is, to accordance with the contract approved for servic claims are maintained in our office at the addres Signature:	es provide s indicated	d under l	the p	rovision of tha				fication (							
Printed Name:															
Title:	· · · · · · · · · · · · · · · · · · ·				_			Phor	ne:						
Send to:			 [	TTT.		<del></del>				orization for P	n an an		· ·		
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Community Programs Budget/ Invoice Anal 1380 Howard St 4th Floor	yst														
San Francisco CA 94103			İ												]
			i			Auti	norized S	signator	у				Date		

## DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Appendix F PAGE A

			Co	ntrol N	lumber			INVC	DICE NU	JMBER:	S16	JL	3	PAGE	
Contractor: HealthRIGHT360								Ct. B	lanket N	lo.: BPHM	TBD	-			
Address: 1735 Mission St., Sal	n Francisco	CA 941	03					Ct. P	O No.:	POHM	TBD			User C	<u>d</u>
Tel. No.: (415) 746-1916								Fund	ling Sou	rce:	General	und			
Fax No.: (415)							•	Invoi	ce Perio	od:	July 20	113			
Funding Term: 07/01/2013 - 12/31	/2013							Final	Invoice	:		- (0	Check	if Yes)	
PHP Division: Community Behavio	oral Health So	ervices						Ace (	Control I	Number:					
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	CONTRA				RIOD	1	DATE			TAL	1	RABLES		TOTAL	ď
Program/Exhibit	UOS	UDC	UO	s [	UDC	UOS	UDC	l	JOS	UDC	UOS	UDC	UO	S	UDC
B-29 PHC Everyday Connect						ļ			*****		<u> </u>				
Anc-68 SA-Ancillary Svcs	5,980		<u> </u>				<u>·  </u>	<del> </del>	0%		5,980		10	0%	
Case Mgmt			}					<del> </del>			<del> </del>				
Unduplicated Counts for AIDS Use	Only.		1		-			<u> </u>		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1					
			<u> </u>			EXP	ENSES	T	EXPE	NSES	1 %	OF	Ŕ	EMAINI	NG
Description				BUDO	SET	1	PERIOD			DATE	5	GET		BALANC	
Total Salaries			\$	183	,877.00	\$	<del></del>	\$		-		0.00%	\$	183,8	77.00
Fringe Benefits	· · · · · · · · · · · · · · · · · · ·		\$		,853.00	\$	<b>-</b>	\$		_		0.00%			53.00
Total Personnel Expenses		***************************************	\$	235	,730.00	\$	_	\$		-		0.00%	\$	235,7	
Operating Expenses:							***************************************								
Occupancy			\$		**	\$	÷	\$				0.00%	\$		
Materials and Supplies		<del></del>	\$	1	,800.00	\$	<del>-</del>	\$			<del> </del>	0.00%		1.8	00.00
General Operating		<del></del>	\$		,250.00	\$	-	\$		······································		0.00%			50.00
Staff Travel	····	-	\$		,200.00	\$		\$	····	-		0.00%			30.00
Consultant/Subcontractor			\$		_	\$		\$			<del> </del>	0.00%			
Other:			\$	*************	<del></del>	\$		\$			<del> </del>	0.00%			
			\$			\$		\$		<u> </u>		0.00%			-
			\$	~~~~~		\$	-	\$				0.00%			
					050.00			<del> </del>				0.000			
Total Operating Expenses			\$	4	,050.00	\$		\$				0.00%		4,0	50.00
Capital Expenditures	<del></del>		\$		700.00	\$	-	\$				0.00%			
TOTAL DIRECT EXPENSES	······		\$		,780.00			\$			<del> </del>	0.00%		239,7	
Indirect Expenses			\$		,777.00	\$		\$		-		0.00%			77.00
TOTAL EXPENSES			\$	268	,557.00	<b>3</b>	-	\$		-	<u> </u>	0.00%	\$	268,5	57.00
Less: Initial Payment Recover						<del> </del>		NOTE	ES:					•	1
Other Adjustments (DPH use of	nly)			·		ļ		4							
	····				<del>*************************************</del>	-		1							
REIMBURSEMENT				-		\$	<u>-</u>	<u></u>							
I certify that the information provide accordance with the contract appro- claims are maintained in our office Signature:	ved for servi at the addres	ces provi s indicate	ded un ed.		_	•		Fullji					in		
Title:						_		P	hone:		•			_	
Send to:			]	Г				DF	H Auth	orization for F	avment				=
Community Program Budget/ Invoid 1380 Howard St., 4th Floor San Francisco, CA 94103	ce Analyst									- , conserved t fact 1			1		
			Ì			A	uthorized	Signal	tory				Dat	e	

Jul 1stAmendment 04-15

CMHS/CSAS/CHS 4/15/2014 INVOICE

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

Appendix F PAGE A

				Contro	ol Number	1					
				L		1	INVOICE NU	MBER:	S28 JA	3	]
Contractor: HealthRIGHT360							C1,Blanket No	.: BPHM	TBD		٠ .
Address: 1735 Mission St., Sen Francisco, CA 941	03	5	·····		1		Ct. PO No.: 1	OHM	TBD	User Cd	
Tel. No.: (415) 745-1916			CBI	НS	THOM MARKET		Fund Source:		APD CJ Realignmen	nt (AB109) Work Order	]
Fax No.: (415)		,		h-1	,		Invoice Period	<b>1</b> :	January 2014		]
Funding Term: 07/01/2013 - 06/30/2014							Final Invoice:			(Check If Yes)	]
PHP Division: Community Behavioral Health Servi	ces						ACE Control	Vumber:	TELEVICION CONTRACTOR		
HMHSCCADM367			Total Con	alcocked	Delivered	THIS PERIOD	Delivered	to Data	% of TOTAL	Remaining Deliverables	7
Unduplicated Clients for Exhib	ır.		Exhibit	UDC	Exh	ibit UDC	Exhibit	UDC	Exhibit UDC	Exhibit UDC	
*Undurificated Counts for AiDS the City.				33.13.13.13.13.1		311000000000000000000000000000000000000					9
DELIVERABLES			Delivered		4		Delive			Remaining	1
Program Name/Reptg, Unit Modality/Mode # - Svc Func (мн ону)	Total Con UOS	CLIENTS	UOS UOS	CLIENTS	Unit Rate	AMOUNT DUE	UOS I	CLIENTS	% of TOTAL UOS LIEN	Deliverables UOS CLIENTS	
8-6 AB109 Residential PC# - 87342		100							26		
Res-51 SA-Res Recov Long Term (over 30 day)	8,213		**********		\$ 94,93	s	0.000		0.00%	8,213,000	\$ 779,660.09
B-7 AB109 ONPD Residential PC# - 86077											
Res-51 SA-Res Recov Long Term (over 30 day)	6,805				\$ 41.17	\$	0.000		0.00%	6,805,000	\$ 260,161.85
***************************************							<b></b>				
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			· V^^				ļ				

TOTAL	15,018	BOAT BYTE STREET	0.000	7.7-12-1-12-11-11-11-11-11-11-11-11-11-11-1	1		0.000	alto Historia III	0.00%	15,018,000	
	Ì						Expenses	To Date	% of Budget	Remaining Budget	\$ 1,059,821.94
	Budget A	unount		\$ 1	1,059,815.00		\$		6.00%	\$ 1,059,815.00	
			SUB	IA JATOTE	MOUNT DUE	s .	NOTES:				
			Less: Init	tial Payme	nt Recovery						
					Adjustments BURSEMENT	s -					
i certify that the information provided above is, in accordance with the contract approved for so claims are maintained in our office at the address.	ervices prov	ided und									•
Signature:						Date:			·		
Title:						•				,	
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Send to:				UPH Auth	orization for F	ayment		•	•		
Community Program Budget/ Invoice Analyst											
1380 Howard St., 4th Floor					A .44 . 7		·	٠,			
San Francisco, CA 94103					Author	zed Signatory			Dat	e	

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Appendix F

		Γ	Contro	l Number		7	INVOICE NU	IMRER.	S29	JL	3	PAGE A
			~~~	***************************************		.i	INVOICE NO	701L2L1 C,		<u> </u>		
Contractor: HealthRIGHT360							Ct. Blanket N	io.: BPHM	TBD			Hoor Cd
Address: 1735 Mission St., San	Francisco,	CA 9410	03				Ct. PO No.:	POHM	TBD			User Cd
Tel. No.: (415) 746-1916 Fax No.: (415)			CF	3HS			Funding Sou	rce:	DCYF CRI	l Work Or	der	
(110)							Invoice Perio	ď:	July 201	3		
Funding Term: 07/01/2013 - 12/31/	2013						Final Invoice:	:		(6	Check	if Yes)
PHP Division: Community Behavio	ral Health Se	rvices					Ace Control i	Number:				
Parties and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	TOT	ΆΙ	DELI	VERED	DELIV	ÆRED	%	OF	REMAI	NING	-	% OF
	CONTRA		THIS	PERIOD	•	DATE	TO	TAL	DELIVER			TOTAL
Program/Exhibit	UOS	UDC	UOS	UDC	uos	UDC	uos	UDC	UOS	UDC	UOS	3 UDC
B-29 SF Violence Intervention Pro	ogram - HCI	<u>ICCHCCI</u>	RNWO		<del> </del>	<del> </del>	#DIV/01				#DIV/	101
	<del> </del>		<del> </del>		<u> </u>	<del> </del>	#010/01	V.	-		#-1717/	U!
	<b></b>		<b> </b>		<u> </u>	<b> </b>	l	•	1			~
Unduplicated Counts for AIDS Use	Only.	<u> </u>		I						<u> </u>		
Description			BU	DGET	EXPE THIS P	NSES ERIOD	1	NSES DATE	% C			MAINING ALANCE
Total Salaries			<del></del>	06,852.00	\$	_	\$			.0.00%		306,852.00
Fringe Benefits			\$ !	95,124.00	\$	-	\$	-		0.00%		95,124.00
Total Personnel Expenses			\$ 41	01,976.00	\$	*	\$			0.00%	\$	401,976.00
Operating Expenses:												
Occupancy			\$	13,733.00	\$	-	\$	-		0.00%	\$	13,733.00
Materials and Supplies			\$	1,800.00	\$	-	\$			0.00%	\$	1,800.00
General Operating			\$	8,339.00	\$	-	\$			0.00%	\$	8,339.00
Staff Travel		·····	\$	-	\$		\$			0.00%		-
Consultant/Subcontractor			\$	<u> </u>	\$		\$	-	1	0.00%		
Other: Vehicle Expense, Clier				19,870.00	\$		\$		<u> </u>	0.00%		19,870.00
Client Outings and Groups	3		\$	*	\$	<del>-</del>	\$		<del> </del>	0.00%		
			\$	-	\$		\$	-	ļ	0.00%		~
			\$		\$		\$			0.00%	\$	
Tatal On a time Francisco			\$	43,742.00	\$	······································	\$		<del> </del>	0.000/	4	42.742.00
Total Operating Expenses  Capital Expenditures	······································		\$	43,142.00	\$		\$		ļ	0.00%		43,742.00
TOTAL DIRECT EXPENSES			-	45,718.00	\$ .		\$		<del> </del>	0.00%		445,718.00
Indirect Expenses	——————————————————————————————————————		\$	53,486.00	\$		\$			0.00%		53,486.00
TOTAL EXPENSES	·	· · · · · · · · · · · · · · · · · · ·		99,204.00	\$	~	\$	-	<del> </del>	0.00%		499,204.00
Less: Initial Payment Recovery	,		<u> </u>				NOTES:				<u></u>	100,201.00
Other Adjustments (DPH use or		-	***************************************		<u> </u>		110120					
		LW-I									•	[
REIMBURSEMENT			***************************************		\$					~		1
I certify that the information provided accordance with the contract approvictions are maintained in our office a Signature:	ved for service the addres	ces provid s indicate	led under d.	the provisio								
Printed Name:					•							
Title:					Ī.		Phone:	·			***************************************	····
Send to:			]		,		DPH Auth	orization for	Payment			
Community Program Budget/ Invoic 1380 Howard St., 4th Floor San Francisco, CA 94103	e Analyst				Δι	ıthorized	Signatory		<b>.</b> .		Date	
			i		716		Orginatory				Date	

Jul 1stAmendment 04-15

CMHS/CSAS/CHS 4/15/2014 INVOICE

## DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Appendix F PAGE A

		4	Contro	of Number							μ,	IGE A
							INVOICE N	UMBER:	S30	JL	3	
Contractor: HealthRIGHT 360							Ct. Blanket	No.: BPHM	ТВО			
Address: 1735 Mission St., San Francisc	~~ CA Q	1102					Ct. PO No.:		TBD		Us	er Cd
Address. 1700 Mission Ot., Oan Francisc	CO, OA 3	+103					.OE. I O NO	7 Of the	1100			
Tel. No.: (415 Tel. No.: (415) 746-1916 Fax No.: (415 Fax No.: (415)	6						Fund Sourc		General		····	
							Invoice Peri	od;	July 20	113		
Funding Term: 07/01/2013 - 06/30/2014							Final Invoice	e:		((	Check if	(es)
PHP Division: Community Behavioral Health	Services						ACE Contro	l Number:				
	6	TAL		IVERED		LIVERED	1	OF		INING		6 OF
Program/Exhibit	UOS	RACTED UDC	UOS	PERIOD	UOS	D DATE	UOS	UDC UDC	UOS	RABLES UDC	UOS	OTAL UDC
B-6 AB109 Reentry Pod Counseling												
Anc-68 SA-Ancillary Svcs Case Mgmt	920	16				-	0%	0%	920	16	100%	100%
Unduplicated Counts for AIDS Use Only.					<u> </u>		<u> </u>		1			1
		993-88-4-29C-4			ı	PENSES	ł	ENSES		OF		AINING
Description				JDGET	-	PERIOD		DATE	BUD	GET		ANCE
Total Salaries				35,000.00			\$			0.00%		35,000.00
Fringe Benefits				10,850.00	\$	-	\$	<del>-</del>		0.00%		10,850.00
Total Personnel Expenses			\$	45,850.00	\$	<del>-</del>	\$	<del>-</del>	<u> </u>	0.00%	<b>3</b>	45,850.00
Operating Expenses:					-		<u> </u>			0.000		
Occupancy  Materials and Supplies		<del></del>	\$		\$		\$	-		0.00%		
General Operating			\$	-	\$		\$			0.00%		
Staff Travel	<del>/////////////////////////////////////</del>		\$		\$		\$			0.00%		
Consultant/Subcontractor		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$		\$		\$			0.00%		
Other: Client Food Supplies/ Incentives	;		\$		\$	<u>-</u>	\$		<b></b>	0.00%		
License			\$		\$	-	\$			0.00%		-
					0	· · · · · · · · · · · · · · · · · · ·				0.00%	*	-
Total Operating Expenses		· · · · · · · · · · · · · · · · · · ·	\$		\$	-	\$	-	<del> </del>	0.00%		
Capital Expenditures				45,850.00		-	\$	-		0.00%		5,850.00
TOTAL DIRECT EXPENSES Indirect Expenses		· · · · · · · · · · · · · · · · · · ·	\$	5,502.00			\$			0.00%		5,502,00
TOTAL EXPENSES				51,352.00			\$			0.00%		1,352.00
			<u> </u>	01,002.00	<u>Ψ</u>		NOTES:			0.0076	<u> </u>	1,332,00
Less: Initial Payment Recovery  Other Adjustments (DPH use only)		***************************************					INOTES:					
Oner Adjustments (D131 (SS O18))						·	1					
REIMBURSEMENT	~~~~				\$		1					
I certify that the information provided above is accordance with the contract approved for se claims are maintained in our office at the add Signature:  Printed Name:	rvices pro ress indic	vided und ated.	er the pro	ovision of tha								72-7-2-7
Title:					•		Phone:		<u> </u>	h	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Send to:							DPH Autho	orization for Pa	ayment	Concession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession of the Consession o		
Community Programs Budget/ Invoice Analys 1380 Howard St., 4th Floor San Francisco, CA 94103	st									-	<u> </u>	
						Authorized S	ignatory	***************************************	•		Date	-

# DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Appendix F

		<del></del>	Control	Number		•					PA	GE A
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Contractor: HealthRIGHT360	)						Ct. Blanket	No.:	TBD			
Address: 1735 Mission St., Sa	n Francisc	n CΔ 94.1	เกร				Ct. PO No.	POHM.	TBD		Us	er Cd
	11111419000	0, 0/(0-/	.00				00	, 0,				
Tel. No.; (415) 692-8225 Fax No.; (415)							Fund Source	e:	COPC- (	General F	und	
· · · · · · · · · · · · · · · · · · ·							Invoice Per	ìod:	July 2013	3		
Funding Term: 07/01/2013 - 12/	31/2013						Final Invoic	e;		(0	Check if Y	es)
PHP Division: Community Orien	ited Primary	Care					ACE Contro	ol Numbe				
	ТО	TAL	DELI	/ERED	DELI	ÆRED	%(	)F	REMA	MNING	%	OF
		RACTED		PERIOD		DATE	TOT			RABLES		TAL
Program/Exhibit B-29 Primary Care Encounters	UOS	UDC	uos	UDC	UOS	UDC	uos	UDC	UOS	UDC	uos	UDC
D-29 Filmary Care Encounters	-1101124 2	714111401		<del> </del>			<del>                                     </del>			ļ — — — — — — — — — — — — — — — — — — —	<del> </del>	-
Unduplicated Counts for AIDS Us	e Only.										3 10 10 10 10 10 10 10 10 10 10 10 10 10	
		***************************************	201	· · · · · · · · · · · · · · · · · · ·		NSES	EXPE			OF OF		AINING
Description				OGET	\$	PERIOD	TOD	AIE	BUL	0.00%		ANCE
Total Salaries			\$		\$	<del></del>	\$		-	0.00%	<del></del>	-
Fringe Benefits Total Personnel Expenses			\$		\$		\$		<del> </del>	0.00%		-
			<u>  Ψ</u>		Ι Ψ Ι		1 4		<u> </u>	0,00%	1.0	
Operating Expenses			<del> </del>		\$	<u> </u>	<u> </u>		<del> </del>	0.000/		
Occupancy  Materials and Supplies			\$		\$	-	\$	-	<del> </del>	0.00%		-
General Operating		· · · · · · · · · · · · · · · · · · ·	\$		\$		\$		~	0.00%		
Staff Travel			\$		\$		\$		<del> </del>	0.00%		
Consultant/Subcontractor	***************************************			9,286.00	\$		\$	-	<del>                                     </del>	0.00%		9,286.00
Other,			\$	-	\$		\$	-		0.00%		-
Total Operating Expenses			\$ 8	9,286.00	\$		\$			0.00%	e o	9,286.00
Capital Expenditures			\$	5,200.00	\$		\$		-	0.00%		8,260,00
5				9,286.00	\$		\$	- Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission of the Commission		_		0.396.00
TOTAL DIRECT EXPENSES Indirect Expenses				10,714.00	\$		\$	-	+	0.00% 0.00%		9,286.00 0,714.00
TOTAL EXPENSES				0,000.00	\$		\$		-	0.00%		0.000.00
			1 4 10	0,000.00	1		NOTES:		<u> </u>	0.0076	1 4 10	0,000.00
Less: Initial Payment Recove Other Adjustments (DPH use					ļ		INUTES.					
Other Adjustments (DITTI use	011197					<del></del>						Î
REIMBURSEMENT					\$	0.00						
I certify that the information provid accordance with the contract appr claims are maintained in our office Signature:	oved for se at the add	rvices pro ress indica	vided unde ated.	er the provi								
					•			<del> </del>	W. C. C. C. C. C. C. C. C. C. C. C. C. C.	<del></del>	,	
Printed Name:	······		*****		•							
Title:			<del></del>	7/11/2/A-1	. ,	1	Phone:				<u> </u>	
Send to:			1				DPH Autho	rization fo	r Payment		<del></del>	
Community Programs Budget/ inv 1380 Howard St., 4th Floor San Francisco, CA 94103	oice Analys	t			Auth	norized Sig					Date	
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Jul 1stAmendment 04-15

CMHS/CSAS/CHS 4/15/2014 INVOICE

### ACORD ™ CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YR) 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(les) 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).											
PRODUCER						CONTACT Shelaine Gonsalves					
Heffernan Insurance Brokers 1350 Carlback Avenue						PHONE (A/C,No,Ext): 925-934-9500 FAX (A/C,No): 1				25-934-8278	
Walnut Creek, CA 94596						EMAIL Chaldrac Ghafflan som					
CA License #0564249						ADDRESS: STEERING COVERAGE NAIC #					
INSURED						INSURER A: Arch Specialty Insurance Company 11150					
HealthRIGHT360						INSURER B:		ess insurance		10855	
1735 Mission Street						INSURER C:		elers		19038 39896	
San Francisco, CA 94103						INSURER D:	INSURER E:			39896	
COVERAGES CERTIFICATE NUMBER:						INSURER F:					
COVI	TO	CERTIEV THAT POLICIES OF INSURANCE	LISTE	BELOW	HAVE BEEN ISSU	REVISION NUMBER:  JED 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.											
ingr Ltr		TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)		POLICY EXP (MAN/DD/YYYY)	LIMITS		
Α	GE	NERAL L LIABILITY	x						EACH OCCURRENCE DAMAGE TO RENTED	$\neg$	\$1,000,000
	х	COMMERCIAL GENERAL LIABILITY	RAL LIABILITY NTPKG008		NTPKG0088202	07/01/13		07/01/14	PREMISES (Es occurence		\$1,000,000
	<u> </u>	CLAIMS-MADE X OCCUR							MED EXP (Any one person)		\$ 10,000
						1				\$1,000,000	
	GE	N'L. AGGREGATE LIMIT APPLIES PER	AGGREGATE LIMIT APPLIES PER						PRODUCTS - COMP/OP A		
		POLICY PROJECT LCC	PROJECT LOC .								8
A	AIJ	AUTOMOBILE LIABILITY X  X ANY AUTO						07/01/14	COMBINED SINGLE LIMIT (Es accident)		\$1,000,000
	x				NTAUTO0028002	07/01/13	1		EODILY INJURY (Per person)		\$ .
		ALLOWNED AUTOS SCHEDULED AUTOS							BODILY INJURY (Per social	lent)	\$
	x	HIRED AUTOS X NON-DWNED AUTOS							PROPERTY DAMAGE (Per accident)	_	s ·
•		A0100							(Let errinein)	$\neg$	8
		UMBRELLA UAB X OCCUR			NTUMB0032602	07/01/13		07/01/14	EACH OCCURRENCE		\$3,000,000
Α	X	EXCESS LIAB CLAIMS-MADE					ĺ		AGGREGATE		000,000,8\$
-, <u>-,</u>		DED REYENTION \$									\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY  YIN						-	-	X WG STATU- TORY LIMITS	OTHE	
В	(Mandatory in N.H.)		3300084772131	72131 07/01/18		07/01/14	E.L. EACH ACCIDENT		1,000,000		
						1.			EL. DIBEASE - EA EMPLO		1,000,000
	OP	as, describe under DESCRIPTION OF ERATIONS below							E.L. DISEASE - POLICY LI	MIT	1,000,000
A	Professional Liability				NTPKG0088202	07/01/13		07/01/14 07/01/14	Each claim/aggregate		\$1mm/\$3mm
A C	Cri	Excess Professional Liability Crime		NTUMB003260 105842284		07/01/13 07/01/13		07/01/14 07/01/14 07/01/14	Limit \$1		\$3mm/\$3mm \$10,000,000
D A		Excess Crime Sexual Misconduct			SAA024161702 NTPKG0068202	07/01/13	07/01/13		Limit Each claim/aggregate		\$10,000,000 \$2mm/\$2mm
			took AC	DD 444			une In	07/01/14			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schadule, If more space is required)  Re: As Per Contract or Agreement on File with Insured.											
City and County of San Francisco, It's officers, agents & Employees, Office of Contract Management & Compliance is named as additional instruct as respects to											
General Liability & Automobile liability per attached endorsements. Insurance is primary and non-contributory. Waiver of subrogation applies to Workers Compensation policy — endorsement to follow from carrier.											
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE T EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WILL THE DOLLAR DROME SHOULD BE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE T THE DOLLAR DROME SHOULD BE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE T THE DOLLAR DROME SHOULD BE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE T THE DOLLAR DROME SHOULD BE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE T THE DOLLAR DROME SHOULD BE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE T THE DOLLAR DROME SHOULD BE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE T THE DOLLAR DROME SHOULD BE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE T THE DOLLAR DROME SHOULD BE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE T THE DOLLAR DROME SHOULD BE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE T THE DOLLAR DROME SHOULD BE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE BEAUTIFUL BE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE BEAUTIFUL BE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE BEAUTIFUL BE DELIVERED IN ACCORDANCE WILL BE DELIVERED BEAUTIFUL BE DELIVERED BEAUTIFUL BE DELIVERED BEAUTIFUL BE DELIVERED BEAUTIFUL BE DELIVERED BEAUTIFUL BE DELIVERED BEAUTIFUL BE DELIVERED BEAUTIFUL BE DELIVERED BEAUTIFUL BE DELIVERED BEAUTIFUL BE DELIVERED BEAUTIFUL BE DELIVERED BEAUTIFUL BE DELIVERED BEAUTIFUL BE DELIVERED BEAUTIFUL BE DELIVERED BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BEAUTIFUL BE											
	It's officers, agents & Employees	OLICY PROVISIONS,									
		Office of Contract Management & C	RIZED								
	101 Grove Street, Room 307	SENTATIVE									
San Francisco, CA 94102											
ACODD 22 /2040/05) The ACODD name and large are registered marks of ACODD 64 9 2040 ACODD CODDODS TICK All visible second											