

File No. 151031

Committee Item No. 5

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance

Date December 2, 2015

Board of Supervisors Meeting

Date _____

Cmte Board

<input type="checkbox"/>	<input type="checkbox"/>	Motion
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resolution
<input type="checkbox"/>	<input type="checkbox"/>	Ordinance
<input type="checkbox"/>	<input type="checkbox"/>	Legislative Digest
<input type="checkbox"/>	<input type="checkbox"/>	Budget and Legislative Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Youth Commission Report
<input type="checkbox"/>	<input type="checkbox"/>	Introduction Form
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Department/Agency Cover Letter and/or Report
<input type="checkbox"/>	<input type="checkbox"/>	MOU
<input type="checkbox"/>	<input type="checkbox"/>	Grant Information Form
<input type="checkbox"/>	<input type="checkbox"/>	Grant Budget
<input type="checkbox"/>	<input type="checkbox"/>	Subcontract Budget
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contract/Agreement
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Form 126 – Ethics Commission
<input type="checkbox"/>	<input type="checkbox"/>	Award Letter
<input type="checkbox"/>	<input type="checkbox"/>	Application
<input type="checkbox"/>	<input type="checkbox"/>	Public Correspondence

OTHER

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Completed by: Victor Young

Date November 23, 2015

Completed by: _____

Date _____

1 [Contract Amendment - Baker Places - Behavioral Health Services - Not to Exceed
2 \$85,427,374]

3 **Resolution approving amendment number one to the Department of Public Health**
4 **contract for behavioral health services with Baker Places to extend the contract by two**
5 **years, from July 1, 2010, through December 31, 2015, to July 1, 2010, through**
6 **December 31, 2017, with a corresponding increase of \$15,981,652 for a total amount not**
7 **to exceed \$85,427,374.**

8
9 WHEREAS, The mission of the Department of Public Health is to protect and promote
10 the health of all San Franciscans; and

11 WHEREAS, The Department of Public Health provides health and behavioral health
12 services through a wide network of approximately 300 Community-Based Organizations and
13 service providers; and

14 WHEREAS, In 2010, the Department of Public Health selected Baker Places through a
15 Request For Proposals process to provide behavioral health services for the period of July 1,
16 2010, through December 31, 2015; and

17 WHEREAS, The Board of Supervisors approved the original agreement for these
18 services under Resolution No. 563-10; and

19 WHEREAS, The Department of Public Health wishes to extend the term of that
20 contract in order to allow the continuation of services while Requests For Proposals are
21 administered to take into account the changes to behavioral health services business needs
22 related to the Affordable Care Act and the State Department of Health Care Services' 1115
23 Demonstration Waiver pertaining to the delivery of substance abuse Drug Medi-Cal funded
24 services; and
25


1 WHEREAS, The San Francisco Charter, Section 9.118, requires that contracts entered
2 into by a department or commission having a term in excess of ten years, or requiring
3 anticipated expenditures by the City and County of ten million dollars, to be approved by the
4 Board of Supervisors; and

5 WHEREAS, The Department of Public Health requests approval of an amendment to
6 the Department of Public Health contract for behavioral health services with Baker Places to
7 extend the contract by two years, from July 1, 2010, through December 31, 2015, to July 1,
8 2010, through December 31, 2017, with a corresponding increase of
9 \$15,981,652 for a total not-to-exceed amount of \$85,427,374; now, therefore, be it

10 RESOLVED, That the Board of Supervisors hereby authorizes the Director of Health
11 and the Director of the Office of Contract Administration/Purchaser, on behalf of the City and
12 County of San Francisco to amend the contract with Baker Places, extending the term of the
13 contract by two years, through December 31, 2017, and increasing the total, not-to-exceed
14 amount of the contract by \$15,981,652 to \$85,427,374; and, be it


15 FURTHER RESOLVED, That within thirty (30) days of the contract amendment being
16 fully executed by all parties, the Director of Health and/or the Director of the Office of Contract
17 Administration/Purchaser shall provide the final contract amendment to the Clerk of the Board
18 for inclusion into the official file (File No. 151031).

21 RECOMMENDED:

22 

23 Barbara A. Garcia,
24 Director of Health

APPROVED:

25 

Mark Morewitz,
Health Commission Secretary



City and County of San Francisco

San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

October 5, 2015

Angela Calvillo, Clerk of the Board
Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689

Dear Ms. Calvillo:

Attached please find a proposed resolution for Board of Supervisors approval for the extension of 22 behavioral health services contracts for two years, with corresponding increases in each contract amount, as shown in the resolution.

These contract amendments require Board of Supervisors approval under San Francisco Charter Section 9.118, as they have either already been approved by the Board and the proposed amendment exceeds \$500,000, or they have not previously been approved by the Board and the total contract amount exceeds \$10 million.

The following is a list of accompanying documents:

- o Resolution
- o Proposed amendments
- o Original agreements and any previous amendment
- o Forms SFEC-126 for the Board of Supervisors and Mayor

The following person may be contacted regarding this matter: Jacquie Hale, Director, Office of Contracts Management and Compliance, Department of Public Health, (415) 554-2609 (Jacquie.Hale@SFDPH.org).

Thank you for your time and consideration.

Sincerely,

Jacquie Hale
Director
DPH Office of Contracts Management and Compliance

RECEIVED
SAN FRANCISCO
OCT 5 2015
AM 11:17

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

First Amendment

THIS AMENDMENT (this "Amendment") is made as of July 1, 2015 in San Francisco, California, by and between **Baker Places, Incorporated** ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

RECITALS

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

WHEREAS, City and Contractor desire to amend the Agreement on the terms and conditions set forth herein to extend the performance period, increase the contract amount, and update standard contractual clauses;

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

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

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

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

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

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

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

2. Term of the Agreement

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

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

2. Term of the Agreement

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

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

5. Compensation

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Sixty Nine Million Four Hundred Forty Five Thousand Seven Hundred Twenty Two Dollars (\$69,445,722)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by The Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

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

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

5. Compensation

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Eighty-Five Million Four Hundred Twenty-Seven Thousand Three Hundred Seventy-Four Dollars (\$85,427,374)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by The Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

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

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

15. Insurance

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

d. Contractor or Subcontractor shall not inquire about, require disclosure of, or if such information is received, base an Adverse Action on an applicant's or potential applicant for employment's, or employee's: (1) Arrest not leading to a Conviction, unless the Arrest is undergoing an active pending criminal investigation or trial that has not yet been resolved; (2)

participation in or completion of a diversion or a deferral of judgment program; (3) a Conviction that has been judicially dismissed, expunged, voided, invalidated, or otherwise rendered inoperative; (4) a Conviction or any other adjudication in the juvenile justice system; (5) a Conviction that is more than seven years old, from the date of sentencing; or (6) information pertaining to an offense other than a felony or misdemeanor, such as an infraction.

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

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

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

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

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

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

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

44. Health Care Accountability Ordinance.

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

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

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

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

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

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

f. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the HCAO.

g. Contractor shall maintain employee and payroll records in compliance with the California Labor Code and Industrial Welfare Commission orders, including the number of hours each employee has worked on the City Contract.

h. Contractor shall keep itself informed of the current requirements of the HCAO.

i. Contractor shall provide reports to the City in accordance with any reporting standards promulgated by the City under the HCAO, including reports on Subcontractors and Subtenants, as applicable.

j. Contractor shall provide City with access to records pertaining to compliance with HCAO after receiving a written request from City to do so and being provided at least ten business days to respond.

k. Contractor shall allow City to inspect Contractor's job sites and have access to Contractor's employees in order to monitor and determine compliance with HCAO.

l. City may conduct random audits of Contractor to ascertain its compliance with HCAO. Contractor agrees to cooperate with City when it conducts such audits.

m. If Contractor is exempt from the HCAO when this Agreement is executed because its amount is less than \$25,000 (\$50,000 for nonprofits), but Contractor later enters into an agreement or agreements that cause Contractor's aggregate amount of all agreements with City to reach \$75,000, all the agreements shall be thereafter subject to the HCAO. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between Contractor and the City to be equal to or greater than \$75,000 in the fiscal year.

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

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

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

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

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

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

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

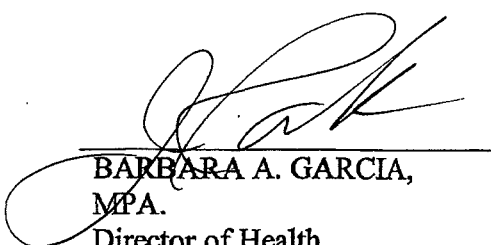
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR

Recommended by:

Baker Places, Incorporated



BARBARA A. GARCIA,
MPA.
Director of Health

5/21/15
/ Date

Approved as to Form:

DENNIS J. HERRERA
City Attorney

By




KATHY MURPHY

6/18/15
/ Date

Deputy City Attorney

Approved:



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

5/15/15
/ Date

City vendor number: 02779

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

/ Date

1. Identifiers

Program Name: Assisted Independent Living Program (AILP)

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

Contractor Name: Baker Places Inc.

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

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

2. Nature of Document (check one)

☐ New ☐ Renewal ☒ Modification

3. Goal Statement

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

4. Target Population

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

5. Modality(ies)/Interventions

All Outpatient Direct Services are measured in Units of Time. UOS = 1 minute
Modes of Service in this program are defined as:

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

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

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

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

6. Methodology

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

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

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

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

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

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

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

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

7. Objectives and Measurements

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

8. Continuous Quality Assurance and Improvement

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

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

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

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

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

1. Identifiers

Program Name: Odyssey House

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

Contractor Name: Baker Places Inc.

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

Program Code: 38400P (Odyssey House Outpatient)

2. Nature of Document

Modification

3. Goal Statement

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

4. Target Population

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

5. Modalities/Interventions

Definition of Billable Services

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

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

See CRDC for details.

6. Methodology

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

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

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

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

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

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

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

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

7. Objectives and Measurements

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

8. Continuous Quality Assurance and Improvement

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

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

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

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

1. Identifiers

Program Name: Grove Street House

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

Contractor Name: Baker Places Inc.

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

Program Code(s): 89781 (Grove St Crisis Residence Baker),
89780P (Baker Place Grove St Outpatient)

2. Nature of Document

Modification

3. Goal Statement

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

4. Target Population

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

5. Modalities/Interventions

Definition of Billable Services

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

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

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

Residential Treatment Service UOS = 1 bed-day

Board and Care UOS = 1 bed-day

Medication Monitoring: UOS = 1 minute of service

See CRDC for details.

6. **Methodology**

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

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

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

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

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

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

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

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

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

7. Objectives and Measurements

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

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

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

8. Continuous Quality Assurance and Improvement

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

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

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

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

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

1. Identifiers

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

730 Baker Street

San Francisco CA 94115

415.567.1498 (phone)

415.567.1365 (fax)

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

4b. Program Name: Robertson Place and Day Treatment

921 Lincoln Way

San Francisco CA 94122

415.664.4876 (phone)

415.664.7741 (fax)

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

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

333 7th Street

San Francisco CA 94103

415.252.1853 (phone)

415.252.1851 (fax)

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

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

673 San Jose Ave

San Francisco CA 94110

415.282.3789 (phone)

415.695.0829

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

Contractor Name: Baker Places Inc.

1000 Brannan Street, Suite 401

San Francisco, CA 94103

Completed by: Judith Stevenson

415-864-4655 ext 209

415-626-2398

2. Nature of Document

Modification

3. Goal Statement

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

4. Target Population

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

5. Modalities/Interventions

Definition of Billable Services:

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

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

Residential Treatment Services UOS = 1 bed-day

Board and Care UOS = 1 bed-day

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

See CRDC for details.

6. Methodology

- A. **These programs do not conduct outreach, as all referrals are initiated and approved by DPH/BHS Placement Unit.**
- B. The intake, placement and movement of clients into and within the Baker Places system of care will be orchestrated by the Baker Places Intake and Placement Unit staff, who will liaison with BHS Placement Unit. Intake staff will visit SFGH daily for a morning meeting and will, wherever possible, conduct a face-to-face interview with referred clients in the hospital and/or in the ADU's, jail or other institutional setting, as a means to maximize the probability of successful linkage with the program. The TRTPs provide a psychosocial rehabilitation milieu, incorporating interventions and techniques of both mental health and substance abuse treatment strategies, where clients can develop practical social and survival skills with the support of staff and peers.
- C. The programs are designed to use the practical realities of group living to foster clients' strengths, self-esteem and sense of responsibility while encouraging them to test new skills and change old patterns. The staff consciously uses the resident peer group and home-like environment as the primary agents of treatment.

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

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

- D. Discharge planning consists of an evaluation with the client about the most appropriate next steps for housing and/or continued treatment. Community options as well as personal and family options are explored, and the client is provided with referrals and opportunities to visit potential continued care options. Clients are assisted and encouraged to make back-up plans as well as their first preferences, and realistic timelines are developed to ensure that discharge proceeds smoothly.
- E. These programs are staffed with Directors and Assistant Directors, as well as sufficient staff to provide 24/7/365 coverage and overlap. Most often, there are 2-3 staff available during day and evening hours.

7. Objectives and Measurements

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

8. Continuous Quality Assurance and Improvement

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

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

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

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

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

1. Identifiers

Program Name: Acceptance Place

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

Contractor Name: Baker Places Inc.

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

2. Nature of Document

Modification

3. Goal Statement

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

4. Target Population

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

5. Modality/Interventions

Modality of Services
The program provides residential treatment services.

Description of Billable Services

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

See CRDC for details.

6. Methodology

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

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

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

A detailed assessment, conducted at admission will include:

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

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

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

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

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

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

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

During the first two weeks, clients are expected to:

Get medical clearance, TB test;

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

Develop daytime activity plan;

Meet with counselor and begin work on individual recovery plan;

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

Remain in house, except when to accomplish the above.

During the first month, clients are expected to:

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

Design a recreation and medication plan;

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

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

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

Complete supportive housing and transition plans;

Role model household and community behavior to others;

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

Begin continuing after-care support planning and activities.

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

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

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

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

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

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

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

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

7. Objectives and Measurements

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

8. Continuous Quality Assurance and Improvement

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

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

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

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

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

1. Identifiers

Program Name: Joe Healy Detox Project

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

Contractor Name: Baker Places Inc.

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

2. Nature of Document

Modification

3. Goal Statement

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

4. Target Population

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

5. Modalities/Interventions

Modality of Services / Intervention

This program provides medically managed detoxification in a residential setting.

Description of Billable Service

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

See CRDC for details.

6. METHODOLOGY

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

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

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

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

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

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

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

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

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

7. Objectives

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

8. Continuous Quality Assurance and Improvement

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

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

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

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

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

Appendix B
Calculation of Charges

1. Method of Payment

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

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

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

2. Program Budgets and Final Invoice

- A. Program Budgets are listed below and are attached hereto:
- Budget Summary
 - Appendix B-1 AILP
 - Appendix B-2 Odyssey House
 - Appendix B-3 Grove Street House
 - Appendix B-4a Baker Street House
 - Appendix B-4b Robertson Place
 - Appendix B-4c Jo Ruffin Place
 - Appendix B-4d San Jose Place
 - Appendix B-5 Acceptance Place
 - Appendix B -6 Joe Healy Medical Detox

B. Compensation

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Eighty-Five Million Four Hundred Twenty-Seven Thousand Three Hundred Seventy-Four Dollars (\$85,427,374)** for the period of **July 1, 2010 through December 31, 2017**.

CONTRACTOR understands that, of this maximum dollar obligation, **\$2,772,127** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, not withstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

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

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

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

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

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

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

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

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

**Appendix D
Additional Terms**

1. PROTECTED HEALTH INFORMATION AND BAA

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

The parties acknowledge that CONTRACTOR is one of the following:

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

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

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

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

The Business Associate Agreement is not required.

2. THIRD PARTY BENEFICIARIES

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

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH): 00339

Prepared By/Phone #: Judith Stevenson, 415-864-4655

Fiscal Year: 2015-16

DHCS Legal Entity Name (MH)/Contractor Name (SA): **Baker Places Inc**

Document Date: 7/1/2015

Contract CMS# (CDTA Use Only)

Contract Appendix Number:	B-1	B-2	B-3	B-4a	B-4b	B-4c	PAGE TOTAL
Appendix A / Program Name:	AILP	Odyssey House	Grove Street	Baker Street	Robertson Place	Jo Ruffin Place	
Provider Number:	8908	3840	8978	3839	3885	8991	
Program Codes:	8908OP	3840OP	89781, 8978OP	38391, 3839DT	38851, 3885DT	89911, 89912	
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	
FUNDING USES							
Salaries & Employee Benefits:	687,250	368,689	883,124	572,152	583,613	738,452	3,833,280
Operating Expenses:	581,346	109,761	203,699	259,663	181,004	251,929	1,587,407
Capital Expenses:	-	-	-	-	-	-	-
Subtotal Direct Expenses:	1,268,596	478,450	1,086,823	831,815	764,617	990,381	5,420,682
Indirect Expenses:	162,430	57,414	135,437	104,818	94,417	122,692	677,208
Indirect %:	12.80%	12.00%	12.46%	12.60%	12.35%	0	12.49%
TOTAL FUNDING USES	1,431,026	535,864	1,222,260	936,633	859,034	1,113,073	6,097,890
CBHS MENTAL HEALTH FUNDING SOURCES							
MH FED - SDMC Regular FFP (50%)	323,171.00	92,890.00	394,522.00	329,438.00	249,954.00	378,070	1,768,045.00
MH Realignment	290,608.00	158,204.00	310,440.00	294,299.00	248,510.00	320,927	1,622,988.00
MH COUNTY - General Fund	637,627.00	239,570.00	473,565.00	256,423.00	310,855.00	367,926	2,285,966.00
	-	-	-	-	-	-	-
	-	-	-	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	1,251,406	490,664	1,178,527	880,160	809,319	1,066,923	5,676,999
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
SA COUNTY - General Fund	-	-	-	-	-	-	-
	-	-	-	-	-	-	-
	-	-	-	-	-	-	-
	-	-	-	-	-	-	-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES							
	-	-	-	-	-	-	-
	-	-	-	-	-	-	-
	-	-	-	-	-	-	-
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	1,251,406	490,664	1,178,527	880,160	809,319	1,066,923	5,676,999
NON-DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees	179,620	45,200	43,733	56,473	49,715	46,150	420,891
TOTAL NON-DPH FUNDING SOURCES	179,620	45,200	43,733	56,473	49,715	46,150	420,891
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	1,431,026	535,864	1,222,260	936,633	859,034	1,113,073	6,097,890

DPH 1: Department of Public Health Contract Budget Summary

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

CBHS Budget Documents

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Baker Places Inc.					Contract Appendix #:					B-#1/Page 1
Provider Name: Baker Assisted Independent Living Program (AILP)					Document Date:					7/1/2015
Provider Number: 8908					Fiscal Year:					2015-16
Program Name: Assisted Independent Living Program (AILP)										AILP
Program Code (formerly Reporting Unit): 8908OP 8908OP 8908OP 8908OP 8908OP 8908OP 8908OP 8908OP 8908OP										
Mode/SFC (MH) or Modality (SA): 15/01-09 15/10-57 15/70-79 60/78 15/01-09 15/10-57 15/70-79 60/78										
Service Description: Case Mgmt Brokerage Mental Health Svcs Crisis Intervention-OP Non-MC Client Support Expenditures Case Mgmt Brokerage Mental Health Svcs Crisis Intervention-OP Non-MC Client Support Expenditures										TOTAL
FUNDING TERM:					7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
FUNDING USES										
Salaries & Employee Benefits:	6,544	274,205	7,747	55,129	6,544	274,205	7,747	55,129	687,250	
Operating Expenses:	1,589	92,186	1,380	195,518	1,589	92,186	1,380	195,518	581,346	
Capital Expenses (greater than \$5,000):	0	0	0	0	0	0	0	0	0	0
Subtotal Direct Expenses:	8,133	366,391	9,127	250,647	8,133	366,391	9,127	250,647	1,268,596	
Indirect Expenses:	977	44,217	1,097	34,924	977	44,217	1,096	34,925	162,411	
TOTAL FUNDING USES:	9,110	410,608	10,224	285,571	9,110	410,608	10,223	285,572	1,431,026	
CBHS MENTAL HEALTH FUNDING SOURCES										
Index Code	0	0	0	0	0	0	0	0	0	0
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	1,567	158,676	1,342	0	1,567	158,676	1,343	0	323,171
MH Realignment	HMHMCC730515	1,567	141,630	2,107	0	1,567	141,630	2,107	0	290,608
		0	0	0	0	0	0	0	0	0
MH COUNTY - General Fund	HMHMCC730515	5,976	110,302	6,775	195,761	5,976	110,302	6,773	195,762	637,627
		0	0	0	0	0	0	0	0	0
		9,110	410,608	10,224	195,761	9,110	410,608	10,223	195,762	1,251,406
CBHS SUBSTANCE ABUSE FUNDING SOURCES										
										0
										0
										0
										0
										0
										0
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		0	0	0	0					0
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES										
										0
										0
										0
										0
										0
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		0	0	0	0					0
TOTAL DPH FUNDING SOURCES		9,110	410,608	10,224	195,761	9,110	410,608	10,223	195,762	1,251,406
NON-DPH FUNDING SOURCES										
NON DPH - Patient/Client Fees				89,810				89,810	179,620	
TOTAL NON-DPH FUNDING SOURCES		0	0	0	89,810			89,810	179,620	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		9,110	410,608	10,224	285,571	9,110	410,608	10,223	285,572	1,431,026
CBHS UNITS OF SERVICE AND UNIT COST										
Number of Beds Purchased (if applicable)										
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)										
Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program										
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR	CR	CR	FFS	FFS	FFS	FFS		
Units of Service:	2,500	135,250	1,200	16,425	2,500	135,250	1,200	16,425		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Bed Day	Staff Minute	Staff Minute	Staff Minute	Bed Day		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	3.64	3.04	8.52	11.92	3.64	3.04	8.52	11.92		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	3.64	3.04	8.52	17.39	3.64	3.04	8.52	17.39		
Published Rate (Medi-Cal Providers Only):	3.75	3.25	10.00	25.00	3.75	3.25	10.00	25.00	Total UDC:	
Unduplicated Clients (UDC):	130	130	130	130	130	130	130	130	130	130
SMA	3.00	3.88	5.36							

CBHS Budget Documents

DPH 3: Salaries & Benefits Detail

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

Appendix #: B-1/Page 2

	TOTAL		Cost Reimbursement - General Fund HMMCC730515		FFS - General Fund HMMCC730515							
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
linical/Division Director	0.20	40,000	0.20	20,000	0.20	20,000						
roject Director	0.60	46,000	0.60	23,000	0.60	23,000						
dministrative Director	0.75	37,733	0.75	18,867	0.75	18,867						
ase Managers	7.00	288,400	7.00	144,200	7.00	144,200						
itake Specialist	0.50	19,482	0.50	9,741	0.50	9,741						
lousing Coordinator	0.60	26,429	0.60	13,215	0.60	13,215						
acilities Management	1.80	60,972	1.80	30,486	1.80	30,486						
lerk/Receptionist	0.60	17,900	0.60	8,950	0.60	8,950						
Totals:	12.05	\$536,916	12.05	268,458	12.05	\$268,458	0.00	\$0	0.00	\$0	0.00	\$0

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

Program Code: 89080P

Appendix #: B-1/Page 3

Program Name: Assisted Independent Living Program (AILP)

Document Date: 7/1/15

Expenditure Category	TOTAL	Cost Reimbursement - General Fund HMHMCC730515	Client Fees	FFS - General Fund HMHMCC730515	Client Fees	
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: _____
Occupancy:						
Rental of Property	96,729	48,365		48,364		
Utilities(Elec, Water, Gas, Phone, Scavenger)	43,789	21,894		21,895		
Building Maintenance Supplies and Repair	25,252	12,626		12,626		
Materials & Supplies:		-				
Office Supplies, Postage	6,600	3,300		3,300		
Printing and Reproduction	500	250		250		
General Operating:		-				
Insurance	7,887	3,943		3,944		
Staff Training	1,500	750		750		
Staff Travel-From Site to Client Homes & to Meetings, Trainings, Supervision	3,920	1,960		1,960		
Rental of Equipment	6,097	3,049		3,048		
Other:						
Co-op Rents and Utilities	366,178	93,279	89,810	93,279	89,810	
Client-Related Expense (Program, Transport, Education, Food, Events)	22,894	11,447		11,447		
TOTAL OPERATING EXPENSE	\$ 581,346	\$ 200,863	\$ 89,810	\$ 200,863	\$ 89,810	

\$ 581,346

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

DCHS Legal Entity Name (MH)/Contractor Name (SA): Baker Places Inc.									Contract Appendix #	B-#2/Page 1
Provider Name: Baker Places Odyssey House									Document Date:	7/1/2015
Provider Number: 3840									Fiscal Year:	2015-16
Program Name:	Odyssey House	Odyssey House	Odyssey House	Odyssey House	Odyssey House	Odyssey House	Odyssey House	Odyssey House	Odyssey House	Odyssey House
Program Code (formerly Reporting Unit):	3840OP	3840OP	3840OP	3840OP	3840OP	3840OP	3840OP	3840OP	3840OP	3840OP
Mode/SFC (MH) or Modality (SA):	15/01-09	15/10-57	15/70-79	60/78	15/01-09	15/10-57	15/70-79	60/78		
Service Description:	Case Mgmt. Brokerage	MH Svcs - Ind	Crisis Intervention	Non-MHC Client Support Expenditures	Case Mgmt. Brokerage	MH Svcs - Ind	Crisis Intervention	Non-MHC Client Support Expenditures		TOTAL
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
ENDING USES										
Salaries & Employee Benefits:	1,500.00	143,868.00	600.00	38,377.00	1,500.00	143,868.00	599.00	38,377.00	368,689	
Operating Expenses:	1,100.00	14,359.00	100.00	39,321.00	1,100.00	14,359.00	100.00	39,322.00	109,761	
Capital Expenses (greater than \$5,000):									0	
Subtotal Direct Expenses:	2,600.00	158,227.00	700.00	77,698.00	2,600.00	158,227.00	699.00	77,699.00	478,450	
Indirect Expenses:	312.00	18,987.00	84.00	9,324.00	312.00	18,987.00	84.00	9,323.00	57,414	
TOTAL FUNDING USES:	2,912.00	177,214.00	784.00	87,022.00	2,912.00	177,214.00	783.00	87,022.00	535,864	
MHS MENTAL HEALTH FUNDING SOURCES										
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	240.00	45,918.00	287.00	0.00	240.00	45,918.00	287.00	0.00	9
MH Realignment	HMHMCC730515	241.00	78,574.00	287.00	0.00	241.00	78,574.00	287.00	0.00	158
MH COUNTY - General Fund	HMHMCC730515	2,431.00	52,722.00	210.00	64,422.00	2,431.00	52,722.00	210.00	64,422.00	239,570
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		2,912.00	177,214.00	784.00	64,422.00	2,912.00	177,214.00	784.00	64,422.00	490,664
MHS SUBSTANCE ABUSE FUNDING SOURCES										
										-
										-
										-
										-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		0.00	0.00	0.00	0.00					-
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES										
										-
										-
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		0.00	0.00	0.00	0.00					-
TOTAL DPH FUNDING SOURCES		2,912.00	177,214.00	784.00	64,422.00	2,912.00	177,214.00	784.00	64,422.00	490,664
NON-DPH FUNDING SOURCES										
NON DPH - Patient/Client Fees				22,600.00				22,600.00		45,200
TOTAL NON-DPH FUNDING SOURCES		0.00	0.00	0.00						45,200
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		2,912.00	177,214.00	784.00	87,022.00	2,912.00	177,214.00	784.00	87,022.00	535,864
MHS UNITS OF SERVICE AND UNIT COST										
Number of Beds Purchased (if applicable)										
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)										
Use Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program										
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR	CR	CR	FFS	FFS	FFS	FFS		
Units of Service:	1,000	48,330	300	1,825	1,000	48,330	300	1,825		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Bed-Day	Staff Minute	Staff Minute	Staff Minute	Bed-Day		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.91	3.67	2.61	35.30	2.91	3.67	2.61	35.30		
Cost Per Unit - Contract Rate (DPH & NON-DPH FUNDING SOURCES):	2.91	3.67	2.61	47.68	2.91	3.67	2.61	47.68		
Published Rate (Medi-Cal Providers Only):	4.5	4.5	6		4.5	4.5	6			
Unduplicated Clients (UDC):	11	11	11	11	11	11	11	11		11
SMA	3.00	3.88	5.36							

Appendix #: B-2/Page 2\$0

DPH 4: Operating Expenses Detail

Program Code: 38400P

Appendix #: B-2/Page 3

Program Name: Baker Places Odyssey House

Document Date: 7/1/15

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

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

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

DCHS Legal Entity Name (MH)/Contractor Name (SA): Baker Places Inc.							Contract Appendix #: B-#3/Page 1	
Provider Name: Baker Places Grove Street House							Document Date: 7/1/2015	
Provider Number: 8978							Fiscal Year: 2015-16	
Program Name:	Grove Street House	Grove Street House	Grove Street House	Grove Street House	Grove Street House	Grove Street House		
Program Code (formerly Reporting Unit):	89781	89781	8978OP	89781	89781	8978OP		
Mode/SFC (MH) or Modality (SA)	05/40-49	60/40-49	15/60-69	05/40-49	60/40-49	15/60-69		
	Adult Crisis Residential	Life Support-Bd&Care	Medication Support	Adult Crisis Residential	Life Support-Bd&Care	Medication Support		TOTAL
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16		7/1/14-6/30/15
FUNDING USES								
Salaries & Employee Benefits:	415,777.00	0.00	25,785.00	415,777.00	0.00	25,785.00		883,124.00
Operating Expenses:	66,088.00	19,527.00	16,234.00	66,088.00	19,527.00	16,235.00		203,699.00
Capital Expenses (greater than \$5,000):	0.00	0.00	0.00	0.00	0.00	0.00		0.00
Subtotal Direct Expenses:	481,865.00	19,527.00	42,019.00	481,865.00	19,527.00	42,020.00		1,086,823.00
Indirect Expenses:	60,298.00	2,340.00	5,080.00	60,299.00	2,339.00	5,081.00		135,437.00
TOTAL FUNDING USES:	542,163.00	21,867.00	47,099.00	542,164.00	21,866.00	47,101.00		1,222,260.00
CBHS MENTAL HEALTH FUNDING SOURCES								
	Index Code							0.00
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	182,251.00	0.00	15,009.00	182,252.00	0.00	15,010.00	394,522.00
MH Realignment	HMHMCC730515	141,833.00	0.00	13,387.00	141,832.00	0.00	13,388.00	310,440.00
MH COUNTY - General Fund	HMHMCC730515	218,079.00	0.00	18,703.00	218,080.00	0.00	18,703.00	473,565.00
								0.00
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		542,163.00	0.00	47,099.00	542,164.00	0.00	47,101.00	0.00 1,178,527.00
CBHS SUBSTANCE ABUSE FUNDING SOURCES								
								0.00
								0.00
								0.00
								0.00
								0.00
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		0.00	0.00	0.00	0.00			0.00
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES								
								0.00
								0.00
								0.00
								0.00
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		0.00	0.00	0.00	0.00			0.00
TOTAL DPH FUNDING SOURCES		542,163.00	0.00	47,099.00	542,164.00	0.00	47,101.00	0.00 1,178,527.00
NON-DPH FUNDING SOURCES								
NON DPH - Patient/Client Fees			21,867.00		21,866.00			43,733.00
TOTAL NON-DPH FUNDING SOURCES		0.00	21,867.00	0.00	0.00	21,866.00	0.00	43,733.00
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		542,163.00	21,867.00	47,099.00	542,164.00	21,866.00	47,101.00	0.00 1,222,260.00
CBHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)	10							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)								
House Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR	CR	FFS	FFS	FFS		
Units of Service:	1,643	1,643	9,000	1,643	1,643	9,000		
Unit Type:	Client Day	Client Full Day	Staff Minute	Client Day	Client Full Day	Staff Minute		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	330.08	0.00	5.23	330.08	0.00	5.23		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	330.08	13.31	5.23	330.08	13.31	5.23		
Published Rate (Medi-Cal Providers Only):	375		6.50	375		6.50		Total UDC:
Unduplicated Clients (UDC):	75	75	75	75	75	75	75	75

sma

354.71

7.38

CBHS Budget Documents

7/1/14-6/30/15

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

Appendix #: B-3/Page 2

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

Employee Fringe Benefits:	28%	\$193,183	28%	\$96,592	28%	\$96,592		
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SALARIES & BENEFITS	\$883,124	\$441,562	\$441,562	\$0
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CBHS Budget Documents

DPH 4: Operating Expenses Detail

Program Code(s): 89781 & 89780P

Program Name: Baker Places Grove Street House

Document Date: 7/1/15

Appendix #: B-3/Page 3

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

TOTAL OPERATING EXPENSE \$ 203,699 \$ 82,322 \$ 19,527 \$ 82,323 \$ 19,527

\$ 203,699

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

DCHS Legal Entity Name (MH)/Contractor Name (SA): Baker Places Inc.							Contract Appendix #: B-#4a/Page1
Provider Name: Baker Places Baker Street House							Document Date: 7/1/2015
Provider Number: 3839							Fiscal Year: 2015-16
Program Name:	Baker Street House	Baker Street House	Baker Street House	Baker Street House	Baker Street House	Baker Street House	
Program Code (formerly Reporting Unit):	38391	38391	3839DT	38391	38391	3839DT	
Mode/SFC (MH) or Modality (SA)	05/65-79	60/40-49	10/95-99	05/65-79	60/40-49	10/95-99	
Service Description:	Adult Residential	Life Support- Bd&Care	Day Rehab Full day	Adult Residential	Life Support- Bd&Care	Day Rehab Full day	TOTAL
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/14-6/30/15
FUNDING USES							
Salaries & Employee Benefits:	193,813		92,263	193,812		92,264	572,152
Operating Expenses:	71,045	25,211	33,575	71,045	25,211	33,576	259,663
Capital Expenses (greater than \$5,000):							0
Subtotal Direct Expenses:	264,858	25,211	125,838	264,857	25,211	125,840	831,846
Indirect Expenses:	34,282	3,025	15,101	34,284	3,026	15,100	104,718
TOTAL FUNDING USES:	299,140	28,236	140,939	299,141	28,237	140,940	936,604
CBHS MENTAL HEALTH FUNDING SOURCES							
Index Code							0
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	103,471		61,248	103,471		329,438
MH Realignment	HMHMCC730515	108,614		38,535	108,615		294,299
MH COUNTY - General Fund	HMHMCC730515	87,055		41,156	87,055		256,423
							0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	299,140	0	140,939	299,141	0	140,940	880,160
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
							0
							0
							0
							0
							0
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	0	0	0				0
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES							
							0
							0
							0
							0
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	0	0	0				0
TOTAL DPH FUNDING SOURCES	299,140	0	140,939	299,141	0	140,940	880,160
NON-DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees		28,236			28,237		56,473
TOTAL NON-DPH FUNDING SOURCES	0	28,236			28,237		56,473
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	299,140	28,236	140,939	299,141	28,237	140,940	936,633
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)	13						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
House Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR	CR	FFS	FFS	FFS	
Units of Service:	2,135	2,135	1,433	2,135	2,135	1,433	
Unit Type:	Client Day	Client Full Day	Client Full Day	Client Day	Client Full Day	Client Full Day	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	140.11	0.00	98.33	140.11	0.00	98.33	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	140.11	13.23	98.33	140.11	13.23	98.33	
Published Rate (Medi-Cal Providers Only):	240		215.00	240		215.00	Total UDC:
Unduplicated Clients (UDC):	74	74	74	74	74	74	74

DPH 3: Salaries & Benefits Detail

Program Code(s): 38391 & 3839DT

Program Name: Baker Places Baker Street House

Document Date: 7/1/15

Appendix #: B-4a/Page 2

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

Employee Fringe Benefits:	27%	\$120,000	27%	\$60,000	27%	\$60,000		
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TOTAL SALARIES & BENEFITS

\$572,152

\$286,076

\$286,076

\$0

DPH 4: Operating Expenses Detail

Program Code(s): 38391 & 3839DT

Program Name: Baker Places Baker Street House

Document Date: 7/1/15

Appendix #: B-4a/Page 3

Expenditure Category	TOTAL	Cost Reimbursement - General Fund HMHMCC730515	Client Fees	FFS - General Fund HMHMCC730515	Client Fees
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
Occupancy:					
Rental of Property	125,000	62,405	95	62,405	95
Utilities(Elec, Water, Gas, Phone, Scavenger)	24,987	12,494		12,493	
Building Maintenance Supplies and Repair	18,000	9,000		9,000	
Materials & Supplies:					
Office Supplies, Postage	6,700	3,350		3,350	
Printing and Reproduction	500	250		250	
General Operating					
Insurance	5,897	2,948		2,949	
Staff Training	1,500	750		750	
Staff Travel-From Site to Meetings, Trainings, Supervision	1,000	500		500	
Dues, Fees, Licenses	6,500	3,250		3,250	
Rental of Equipment	3,246	1,623		1,623	
Other:					
Client-Related Expense (Food, Transportation, Education, Transport, Personal Hygiene)	66,333	8,050	25,116	8,051	25,116
TOTAL OPERATING EXPENSE	259,663	104,620	25,211	104,621	25,211

CBHS Budget Documents

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

DCHS Legal Entity Name (MH)/Contractor Name (SA): Baker Places Inc.

Provider Name: Baker Robertson Place

Provider Number: 3885

Contract Appendix #: B-#4b/Page 1

Document Date: 7/1/2015

Fiscal Year: 2015-16

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

DPH 3: Salaries & Benefits Detail

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

Appendix #: B-4b/Page 2

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

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

\$ 583,613

\$ 291,806

\$ 291,807

\$ -

DPH 4: Operating Expenses Detail

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

Appendix #: B-4b/Page 3

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

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

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

DPH 3: Salaries & Benefits Detail

Program Code(s): 89911 and 89912

Program Name: Baker Jo Ruffin Place

Document Date: 7/1/15

Appendix #: B-4c/Page 2

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

Employee Fringe Benefits:	27%	\$156,991	27%	\$78,496	27%	\$78,495		
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TOTAL SALARIES & BENEFITS

\$738,452

\$369,226

\$369,226

DPH 4: Operating Expenses Detail

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

Appendix #: B-4c/Page 3

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

\$251,929

CBHS Budget Documents

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

DCHS Legal Entity Name (MH)/Contractor Name (SA): Baker Places Inc.					Contract Appendix #: B-#4d/Page 1		
Provider Name: Baker San Jose Place					Document Date: 7/1/2015		
Provider Number: 38BS					Fiscal Year: 2015-16		
Program Name:	San Jose Place						
Program Code (formerly Reporting Unit):	38BS1	38BS1	38BS2	38BS1	38BS1	38BS2	
Mode/SFC (MH) or Modality (SA)	05/65-79	60/40-49 Life Support- Bd&Care	10/95-99	05/65-79	60/40-49 Life Support- Bd&Care	10/95-99	
Service Description:	Adult Residential	Life Support- Bd&Care	Day Rehab Full day	Adult Residential	Life Support- Bd&Care	Day Rehab Full day	TOTAL
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/14-6/30/15
FUNDING USES							
Salaries & Employee Benefits:	211,723	-	109,984	211,724	-	109,984	643,415
Operating Expenses:	37,651	17,500	19,846	37,654	17,500	19,846	149,997
Capital Expenses (greater than \$5,000):							
Subtotal Direct Expenses:	249,374	17,500	129,830	249,378	17,500	129,830	793,4
Indirect Expenses:	31,172	2,100	15,579	31,172	2,100	15,580	97,7
TOTAL FUNDING USES:	280,546	19,600	145,409	280,550	19,600	145,410	891,115
CBHS MENTAL HEALTH FUNDING SOURCES							
	Index Code						
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	64,238	-	56,464	64,239	-	241,405
MH Realignment	HMHMCC730515	86,640	-	35,806	86,641	-	244,894
MH COUNTY - General Fund	HMHMCC730515	129,668	-	53,139	129,670	-	365,616
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		280,546	-	145,409	280,550	-	851,915
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
							-
							-
							-
							-
							-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-			-
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES							
							-
							-
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-			-
TOTAL DPH FUNDING SOURCES		280,546	-	145,409	280,550	-	851,915
NON-DPH FUNDING SOURCES							
NON DPH - Patient/Client Fees			19,600		19,600		39,200
TOTAL NON-DPH FUNDING SOURCES		-	19,600	-	19,600		39,200
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		280,546	19,600	145,409	280,550	19,600	891,115
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)	11						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR	CR	FFS	FFS	FFS	
Units of Service:	1,807	1,807	1,100	1,807	1,807	1,100	
Unit Type:	Client Day	Client Full Day	Client Full Day	Client Day	Client Full Day	Client Full Day	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	155.26	0.00	132.19	155.26	0.00	132.19	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	155.26	10.85	132.19	155.26	10.85	132.19	
Published Rate (Medi-Cal Providers Only):	250		215.00	250		215.00	Total UDC:
Unduplicated Clients (UDC):	90	90	90	90	90	90	90

DPH 3: Salaries & Benefits Detail

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

Appendix #: B-4d/Page 2

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

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

\$643,415.00

\$321,707.00

\$321,708.00

\$0

\$643,415

DPH 4: Operating Expenses Detail

B-4d/Page 3

[illegible]

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

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

Document Date: 7/1/15Appendix #: B-5 Page 2

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

DPH 4: Operating Expenses Detail

Program Code(s): 38752

Program Name: _____

Document Date: 7/1/15

Appendix #: B-5 Page 3

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

CBHS Budget Documents

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

DCHS Legal Entity Name (MH)/Contractor Name (SA): Baker Places Inc.		Contract Appendix #: B- 6 Page 1	
Provider Name: Baker Places Joe Healy Detox		Document Date: 7/1/2015	
Provider Number: 383844		Fiscal Year: 2015-16	
Program Name:	Joe Healy Detox		
Program Code (formerly Reporting Unit):	38442		
Mode/SFC (MH) or Modality (SA):	Res-50		
Service Description:	SA-Res Free Standing Res Detox		
FUNDING TERM:	7/1/15-6/30/16		TOTAL 7/1/14-6/30/15
FUNDING USES			
Salaries & Employee Benefits:	\$2,422,147		2,422,147
Operating Expenses:	\$884,540		884,540
Capital Expenses (greater than \$5,000):			-
Subtotal Direct Expenses:	\$3,306,687	-	3,306,687
Indirect Expenses:	427,491		427,491
TOTAL FUNDING USES:	3,734,178	-	3,734,178
CBHS MENTAL HEALTH FUNDING SOURCES			
			-
			-
			-
			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
	Index Code		
SA COUNTY - General Fund	HMHSCCRES227	3,734,178	3,734,178
			-
			-
			-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	3,734,178	-	3,734,178
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES			
			-
			-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	-	-	-
TOTAL DPH FUNDING SOURCES	3,734,178	-	3,734,178
NON-DPH FUNDING SOURCES			
			-
TOTAL NON-DPH FUNDING SOURCES	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	3,734,178	-	3,734,178
CBHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable)	28		
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)			
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS		
Units of Service:	8,502		
Unit Type:	Bed Days		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	439.23		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	439.23		
Published Rate (Medi-Cal Providers Only):	475.00		
Unduplicated Clients (UDC):	520		Total UDC: 520

DPH 3: Salaries & Benefits Detail

Program Code(s): 38442

Provider Name: _____

Document Date: 7/1/15

Appendix #: B-6 Page 2

	TOTAL		General Fund HMHSCCRES227							
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Director	0.20	36,250	0.20	36,250						
Project Director	1.00	85,000	1.00	85,000						
Assistant Director	2.00	94,500	2.00	94,500						
Medical Director	0.50	93,250	0.50	93,250						
Nurse Practioner	0.75	72,500	0.75	72,500						
Nursing Supervisor	1.00	100,000	1.00	100,000						
S/A Counselors	12.00	435,885	12.00	435,885						
Driver/Counselor	1.00	39,000	1.00	39,000						
Nursing Staff	11.50	610,293	11.50	610,293						
Facility Staff (Reception, Maintenance)	1.50	48,251	1.50	48,251						
Relief Staff (no fringe)	7.00	355,038	7.00	355,038						
Totals:	38.45	\$1,969,967	38.45	\$1,969,967	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	23%	\$452,180	23%	\$452,180						
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TOTAL SALARIES & BENEFITS

\$2,422,147

\$2,422,147

\$0

\$0

\$0

DPH 4: Operating Expenses Detail

Program Code(s): 38442

Program Name: _____

Document Date: 7/1/15

Appendix #: B-6 Page 3

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

CBHS Budget Documents

DPH 6: Contract-Wide Indirect Detail

Contractor Name Baker Places Inc.

Document Date: 07/01/15

Fiscal Year: 2015-16

1. SALARIES & BENEFITS

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

2. OPERATING COSTS

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

TOTAL INDIRECT COSTS 1,275,460.00

**Appendix D
Additional Terms**

1. PROTECTED HEALTH INFORMATION AND BAA

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

The parties acknowledge that CONTRACTOR is one of the following:

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

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

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

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

The Business Associate Agreement is not required.

2. THIRD PARTY BENEFICIARIES

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



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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

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

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

RECITALS

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

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

1. Definitions.

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



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

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



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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

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

2. Obligations of Business Associate.

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



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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

- c. **Prohibited Uses and Disclosures.** BA shall not use or disclose PHI other than as permitted or required by the Contract and Agreement, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
- d. **Appropriate Safeguards.** BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Contract or this Agreement, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314, 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).
- e. **Business Associate's Subcontractors and Agents.** BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.d. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.
- f. **Accounting of Disclosures.** Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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

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

3. Termination.

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



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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

4. Amendment to Comply with Law.

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

5. Reimbursement for Fines or Penalties.

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

Attachments (links)

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



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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



BAKEPLA-01

HBCT13

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/30/2014

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

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

PRODUCER License # 0564249 Heffernan Insurance Brokers 1460B O'Brien Drive Menlo Park, CA 94025	CONTACT NAME:	
	PHONE (A/C, No, Ext): 1 (650) 842-5200	FAX (A/C, No): 1 (650) 842-5201
INSURED Baker Places, Inc. 1000 Brannan Street #401 San Francisco, CA 94103	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Nonprofits Insurance Alliance of California	NAIC # 011845
	INSURER B : Cypress Insurance Company	
	INSURER C : Arch Specialty Insurance Company	21199
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	201408825NPO	10/15/2014	10/15/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 SOCIAL SERVICES \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS	X	201408825NPO	10/15/2014	10/15/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		201408825UMB	10/15/2014	10/15/2015	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	3300056827141	04/01/2014	04/01/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional Liab		FPL005321402	10/15/2014	10/15/2015	Aggregate 3,000,000
C	Professional Liab		FPL005321402	10/15/2014	10/15/2015	Per Claim 1,000,000

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

Re: As per Contract or Agreement on File with insured. City and County of San Francisco, its officers, agents, employees & agents are named as additional insured (primary) on General Liability and additional insured on Automobile Liability policies if required by written contract per the attached endorsements.

CERTIFICATE HOLDER

CANCELLATION

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

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

AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/1/2015

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

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

PRODUCER Owen-Dunn Insurance Services 1455 Response Road, Suite 260 Sacramento, CA 95815		CONTACT NAME:	
www.owendunn.com 0522677		PHONE (A/C, No, Ext): (916) 993-2700	FAX (A/C, No): (916) 993-2683
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Berkshire Hathaway Homestate Companies	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 24085325 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$
	OTHER:						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N <input type="checkbox"/> N/A	BAWC601750	4/1/2015	4/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

Evidence of Coverage

CERTIFICATE HOLDER

CANCELLATION

City and County of San Francisco Office of Contract Management & Compliance 1380 Howard Street, Room 442 San Francisco CA 94103	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Michelle Higgins</i> Michelle Higgins

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ACORD 25 (2014/01)

The ACORD name and logo are registered marks of ACORD



Policy #201408825NPO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE ONLY

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

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

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

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

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

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

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

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

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



CONTRACT PURCHASE ORDER RELEASE
COMMUNITY MENTAL HEALTH SYSTEM

PO NUMBER: DPHM11000279
PO AMOUNT: \$3,289,437.00

TO: BAKER PLACES INC
600 TOWNSEND ST #200
SAN FRANCISCO CA 94107-0000

PO PRINT DATE: 12/20/2010

CONTACT: JONATHAN VERNICK
PHONE : 415-864-4655
VENDOR ID: 02779

TERMS: NET
FOB : DEST

ISSUE DATE : 12/23/2010

BPO # : BPHM11000031 <<
EFF. DATE : 07/01/2010
EXP. DATE : 12/31/2015

DELIVER TO: 1380 HOWARD ST 4TH FLOOR
SAN FRANCISCO CA 94103-0000

AUTHORIZED SIGNATURE: _____

[Signature]

DATE : 12/20/2010
PHONE: _____

ORIGINAL ORDER MUST BE SIGNED TO BE VALID

INVOICE TO: SUBSTANCE ABUSE & FORENSICS (HMI01)
1380 HOWARD ST - RM 444
SAN FRANCISCO CA 94103-0000

TERMS:

THIS CONTRACT PURCHASE ORDER AND THE ACCOMPANYING SIGNED CONTRACT
AUTHORIZE YOU TO BEGIN PERFORMING THE CONTRACT AND INVOICING THE
CITY. THIS IS SUBJECT TO THE TERMS AND CONDITIONS IN THE CONTRACT. ANY
TERMS AND CONDITIONS ON THE REVERSE OF THIS DOCUMENT DO NOT APPLY.

YOU MUST INCLUDE THE CONTRACT PURCHASE ORDER NUMBER ON ALL INVOICES.



CONTRACT PURCHASE ORDER RELEASE
COMMUNITY MENTAL HEALTH SYSTEM

PO NUMBER: DPHM11000279
PO AMOUNT: \$3,289,437.00

ITEM	COMMODITY ID	UOM	TAX	QUANTITY	UNIT PRICE	TOTAL PRICE
NAME/SPECS						

1	7400-20	EA	N	1.00	3,289,437.0000	3,289,437.00
SVC,MED/HLTH;CMH (COMMUNITY MENTAL HEALTH)						

CONTRACT TERM: ORIGINAL AWARD CONTINGENCY APPROVED

07/01/10-12/31/2015

10/11 PREV ENCU \$ 2,207,090
(BPHM06500002)

10/11 PREV ENCU \$ 2,959,437
(BPHM07000074)

10/11 THIS ENCUMB. \$ 5,246,527

11/12 TO ENCUMBER. \$ 11,464,901

12/13 TO ENCUMBER. \$ 11,464,901

13/14 TO ENCUMBER. \$ 11,464,901

CONTRACT TERM: ORIGINAL AWARD CONTINGENCY APPROVED

07/01/10-12/31/2015

14/15 TO ENCUMBER \$11,464,901

15/15 TO ENCUMBER \$ 5,732,451
(6 MONTHS)

TOTAL CONTRACT \$62,005,109 \$7,440,613

TOTAL CONTRACT (PLUS CONTINGENCY): \$69,445,722

LESS: PREV ENCU (BPHM06500002) (2,207,090)

PREV ENCU (BPHM07000074) (2,959,437)

NET BLANKET AMOUNT: \$64,279,195

TOTAL ITEMS AMOUNT	\$3,289,437.00
SALES TAX	\$0.00
INVOICE AMOUNT	\$3,289,437.00

* * * * * R I G I N A L * * * * *

CITY AND COUNTY OF SAN FRANCISCO

PAGE :03



CONTRACT PURCHASE ORDER RELEASE
COMMUNITY MENTAL HEALTH SYSTEM

PO NUMBER: DPHM11000279
PO AMOUNT: \$3,289,437.00

SFX INDEX	SUBOBJ USERCODE PROJCT PRJDTL GRANT GRNTDTL	AMOUNT
01	HMHMCC730515 02789	3,289,437.00

		3,289,437.00

**** END OF DOCUMENT ****



CONTRACT PURCHASE ORDER RELEASE
COMMUNITY MENTAL HEALTH SYSTEM

PO NUMBER: DPHM11000280
PO AMOUNT: \$1,957,090.00

TO: BAKER PLACES INC
600 TOWNSEND ST #200
SAN FRANCISCO CA 94107-0000

PO PRINT DATE: 12/20/2010

CONTACT: JONATHAN VERNICK
PHONE : 415-864-4655
VENDOR ID: 02779

TERMS: NET
FOB : DEST

ISSUE DATE : 12/23/2010

BPO # : BPHM11000031 <<
EFF. DATE : 07/01/2010
EXP. DATE : 12/31/2015

DELIVER TO: 1380 HOWARD ST 4TH FLOOR
SAN FRANCISCO CA 94103-0000

AUTHORIZED SIGNATURE: _____

DATE : 12/20/10
PHONE: _____

ORIGINAL ORDER MUST BE SIGNED TO BE VALID

INVOICE TO: SUBSTANCE ABUSE & FORENSICS (HMI01)
1380 HOWARD ST - RM 444
SAN FRANCISCO CA 94103-0000

TERMS:

THIS CONTRACT PURCHASE ORDER AND THE ACCOMPANYING SIGNED CONTRACT
AUTHORIZE YOU TO BEGIN PERFORMING THE CONTRACT AND INVOICING THE
CITY. THIS IS SUBJECT TO THE TERMS AND CONDITIONS IN THE CONTRACT. ANY
TERMS AND CONDITIONS ON THE REVERSE OF THIS DOCUMENT DO NOT APPLY.

YOU MUST INCLUDE THE CONTRACT PURCHASE ORDER NUMBER ON ALL INVOICES.



CONTRACT PURCHASE ORDER RELEASE
COMMUNITY MENTAL HEALTH SYSTEM

PO NUMBER: DPHM11000280
PO AMOUNT: \$1,957,090.00

ITEM	COMMODITY ID NAME/SPECS	UOM	TAX	QUANTITY	UNIT PRICE	TOTAL PRICE
1	7400-20 SVC,MED/HLTH;CMH (COMMUNITY MENTAL HEALTH)	EA	N	1.00	1,957,090.0000	1,957,090.00

CONTRACT TERM: ORIGINAL AWARD CONTINGENCY APPROVED
07/01/10-12/31/2015
10/11 PREV ENCU \$ 2,207,090
(BPHM06500002)
10/11 PREV ENCU \$ 2,959,437
(BPHM07000074)
10/11 THIS ENCUMB. \$ 5,246,527
11/12 TO ENCUMBER. \$ 11,464,901
12/13 TO ENCUMBER. \$ 11,464,901
13/14 TO ENCUMBER. \$ 11,464,901
CONTRACT TERM: ORIGINAL AWARD CONTINGENCY APPROVED
07/01/10-12/31/2015
14/15 TO ENCUMBER \$11,464,901
15/15 TO ENCUMBER \$ 5,732,451
(6 MONTHS)
TOTAL CONTRACT \$62,005,109 \$7,440,613
TOTAL CONTRACT (PLUS CONTINGENCY): \$69,445,722
LESS: PREV ENCU (BPHM06500002) (2,207,090)
PREV ENCU (BPHM07000074) (2,959,437)
NET BLANKET AMOUNT: \$64,279,195

TOTAL ITEMS AMOUNT	\$1,957,090.00
SALES TAX	\$.00
INVOICE AMOUNT	\$1,957,090.00

* * * * * R I G I N A L * * * * *

CITY AND COUNTY OF SAN FRANCISCO

PAGE :03



CONTRACT PURCHASE ORDER RELEASE
COMMUNITY MENTAL HEALTH SYSTEM

PO NUMBER: DPHM11000280
PO AMOUNT: \$1,957,090.00

SFX INDEX	SUBOBJ USERCODE PROJCT PRJDTL GRANT GRNTDTL	AMOUNT
01	HMHSCCRES227 02789	1,957,090.00

		1,957,090.00

**** END OF DOCUMENT ****

* * * * * R I G I N A L * * * * *

CITY AND COUNTY OF SAN FRANCISCO

PAGE :01



CONTRACT PURCHASE ORDER RELEASE
COMMUNITY MENTAL HEALTH SYSTEM

PO NUMBER: DPHM11000180
PO AMOUNT: \$2,207,090.00

TO: BAKER PLACES INC
600 TOWNSEND ST #200
SAN FRANCISCO

CA 94107-0000

PO PRINT DATE: 08/24/2010

CONTACT: JONATHAN VERNICK
PHONE : 415-864-4655
VENDOR ID: 02779

TERMS: NET
FOB : DEST

ISSUE DATE : 09/01/2010

BPO # : BPHM06500002 <<
EFF. DATE : 07/01/2005
EXP. DATE : 12/31/2010

DELIVER TO: 1380 HOWARD ST 4TH FLOOR
SAN FRANCISCO

CA 94103-0000

AUTHORIZED SIGNATURE: _____

A handwritten signature in black ink, appearing to be "J. Vernick", written over a horizontal line.

DATE :
PHONE: _____

8/24/2010

ORIGINAL ORDER MUST BE SIGNED TO BE VALID

INVOICE TO: SUBSTANCE ABUSE & FORENSICS (HMI01)
1380 HOWARD ST - RM 444
SAN FRANCISCO

CA 94103-0000

TERMS:

THIS CONTRACT PURCHASE ORDER AND THE ACCOMPANYING SIGNED CONTRACT
AUTHORIZE YOU TO BEGIN PERFORMING THE CONTRACT AND INVOICING THE
CITY. THIS IS SUBJECT TO THE TERMS AND CONDITIONS IN THE CONTRACT. ANY
TERMS AND CONDITIONS ON THE REVERSE OF THIS DOCUMENT DO NOT APPLY.

YOU MUST INCLUDE THE CONTRACT PURCHASE ORDER NUMBER ON ALL INVOICES.

CONTINUED, NEXT PAGE



CONTRACT PURCHASE ORDER RELEASE
COMMUNITY MENTAL HEALTH SYSTEM

PO NUMBER: DPHM11000180
PO AMOUNT: \$2,207,090.00

ITEM	COMMODITY ID NAME/SPECS	UOM TAX	QUANTITY	UNIT PRICE	TOTAL PRICE
1	7400-18 SVC, MED/HLTH; SUBSTANCE ABUSE	EA N	1.00	2,207,090.0000	2,207,090.00

FOR SUBSTANCE ABUSE PROGRAMS APPROVED AT THE HEALTH COMMISSION
MEETING OF 11/15/05 FOR TWO YEARS.

JULY 1, 2005 THROUGH JUNE 30, 2006 - - - - - \$3,059,543
JULY 1, 2006 THROUGH JUNE 30, 2007 - - - - - 3,059,543
TOTAL: JULY 1, 2005 THROUGH JUNE 30, 2007- - - - - \$6,119,086
ADD: CONTINGENCY AMOUNT - - - - - 734,290
TOTAL CONTRACT AMOUNT (07/01/05 TO 06/30/07) - - - - - \$6,853,376
LESS PREV. ENCUMBERED FOR 6 MOS (POHM06000163) - (1,464,484)
BLANKET PURCHASE AMOUNT- - - - - \$5,388,892

TOTAL ITEMS AMOUNT	\$2,207,090.00
SALES TAX	\$.00
INVOICE AMOUNT	\$2,207,090.00

* * * * * R I G I N A L * * * * *

CITY AND COUNTY OF SAN FRANCISCO

PAGE :03



CONTRACT PURCHASE ORDER RELEASE.
COMMUNITY MENTAL HEALTH SYSTEM

PO NUMBER: DPHM11000180
PO AMOUNT: \$2,207,090.00

SFX INDEX	SUBOBJ USERCODE	PROJECT PRJDTL	GRANT GRNTDTL	AMOUNT
01	HMHSCCRES227	02789		2,207,090.00

				2,207,090.00

**** END OF DOCUMENT ****

**City and County of San Francisco
Office of Contract Administration
Purchasing Division
City Hall, Room 430
1 Dr. Carlton B. Goodlett Place
San Francisco, California 94102-4685**

**Agreement between the City and County of San Francisco and
Baker Places, Incorporated**

This Agreement is made this 1st day of July, 2010, in the City and County of San Francisco, State of California, by and between, Baker Places, Incorporated, 600 Townsend Street, Suite 200, San Francisco, California 94107 hereinafter referred to as "Contractor," and the City and County of San Francisco, a municipal corporation, hereinafter referred to as "City," acting by and through its Director of the Office of Contract Administration or the Director's designated agent, hereinafter referred to as "Purchasing."

Recitals

WHEREAS, the Department of Public Health, Population Health and Prevention, Community Health Services, ("Department") wishes to provide residential substance abuse and mental health services for adults; and,

WHEREAS, a Request for Proposal ("RFP") was issued on 09/25/2009, and City selected Contractor as the highest qualified scorer pursuant to the RFP; and

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

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract numbers 4153-09/10 and 4154-09/10 on 09/25/2009;

Now, THEREFORE, the parties agree as follows:

1. Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation. This Agreement is subject to the budget and fiscal provisions of the City's Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

THIS SECTION CONTROLS AGAINST ANY AND ALL OTHER PROVISIONS OF THIS AGREEMENT.

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

3. Effective Date of Agreement. This Agreement shall become effective when the Controller has certified to the availability of funds and Contractor has been notified in writing.

4. **Services Contractor Agrees to Perform.** The Contractor agrees to perform the services provided for in Appendix A, "Description of Services," attached hereto and incorporated by reference as though fully set forth herein.

5. **Compensation.** Compensation shall be made in monthly payments on or before the 1st day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Sixty Nine Million Four Hundred Forty Five Thousand Seven Hundred Twenty Two Dollars (\$69,445,722.)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by 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.

6. **Guaranteed Maximum Costs.** The City's obligation hereunder shall not at any time exceed the amount certified by the Controller for the purpose and period stated in such certification. Except as may be provided by laws governing emergency procedures, officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Commodities or Services beyond the agreed upon contract scope unless the changed scope is authorized by amendment and approved as required by law. Officers and employees of the City are not authorized to offer or promise, nor is the City required to honor, any offered or promised additional funding in excess of the maximum amount of funding for which the contract is certified without certification of the additional amount by the Controller. The Controller is not authorized to make payments on any contract for which funds have not been certified as available in the budget or by supplemental appropriation.

7. **Payment; Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller, and must include a unique invoice number and must conform to Appendix F. All amounts paid by City to Contractor shall be subject to audit by City. Payment shall be made by City to Contractor at the address specified in the section entitled "Notices to the Parties."

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.

9. **Disallowance.** If Contractor claims or receives payment from City for a service, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement. By executing this Agreement, Contractor certifies that Contractor is not suspended, debarred or otherwise excluded from participation in federal assistance programs. Contractor acknowledges that this certification of eligibility to receive federal funds is a material terms of the Agreement.

10. **Taxes.** Payment of any taxes, including possessory interest taxes and California sales and use taxes, levied upon or as a result of this Agreement, or the services delivered pursuant hereto, shall be the obligation of Contractor. Contractor recognizes and understands that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to

possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

- 1) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest;
- 2) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that the creation, extension, renewal, or assignment of this Agreement may result in a "change in ownership" for purposes of real property taxes, and therefore may result in a revaluation of any possessory interest created by this Agreement. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report on behalf of the City to the County Assessor the information required by Revenue and Taxation Code section 480.5, as amended from time to time, and any successor provision.
- 3) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest (see, e.g., Rev. & Tax. Code section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.
- 4) Contractor further agrees to provide such other information as may be requested by the City to enable the City to comply with any reporting requirements for possessory interests that are imposed by applicable law.

11. Payment Does Not Imply Acceptance of Work. The granting of any payment by City, or the receipt thereof by Contractor, shall in no way lessen the liability of Contractor to replace unsatisfactory work, equipment, or materials, although the unsatisfactory character of such work, equipment or materials may not have been apparent or detected at the time such payment was made. Materials, equipment, components, or workmanship that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay.

12. Qualified Personnel. Work under this Agreement shall be performed only by competent personnel under the supervision of and in the employment of Contractor. Contractor will comply with City's reasonable requests regarding assignment of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to complete the project within the project schedule specified in this Agreement.

13. Responsibility for Equipment. City shall not be responsible for any damage to persons or property as a result of the use, misuse or failure of any equipment used by Contractor, or by any of its employees, even though such equipment be furnished, rented or loaned to Contractor by City.

14. Independent Contractor; Payment of Taxes and Other Expenses

a. **Independent Contractor.** Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of

Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement.

b. **Payment of Taxes and Other Expenses.** Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, should any court, arbitrator, or administrative authority determine that Contractor is an employee for any other purpose, then Contractor agrees to a reduction in City's financial liability so that City's total expenses under this Agreement are not greater than they would have been had the court, arbitrator, or administrative authority determined that Contractor was not an employee.

15. Insurance

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

- 1) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and
- 2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and
- 3) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.
- 4) Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of the Initial Payment provided for in the Agreement
- 5) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with professional services to be provided under this Agreement.

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

- 1) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.
- 2) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.

c. Regarding Workers' Compensation, Contractor hereby agrees to waive subrogation which any insurer of Contractor may acquire from Contractor by virtue of the payment of any loss. Contractor agrees to obtain any

CMS# 6995

endorsement that may be necessary to effect this waiver of subrogation. The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

d. All policies shall provide thirty days' advance written notice to the City of reduction or nonrenewal of coverages or cancellation of coverages for any reason. Notices shall be sent to the City address in the "Notices to the Parties" section:

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

f. Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

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

h. Before commencing any operations under this Agreement, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Failure to maintain insurance shall constitute a material breach of this Agreement.

i. Approval of the insurance by City shall not relieve or decrease the liability of Contractor hereunder.

16. Indemnification

Contractor shall indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all loss, cost, damage, injury, liability, and claims thereof for injury to or death of a person, including employees of Contractor or loss of or damage to property, arising directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this Agreement, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors or either's agent or employee. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City. In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter. Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons in consequence of the use by City, or any of its officers or agents, of articles or services to be supplied in the performance of this Agreement.

17. **Incidental and Consequential Damages.** Contractor shall be responsible for incidental and consequential damages resulting in whole or in part from Contractor's acts or omissions. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

18. Liability of City. CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 5 OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT.

19. Left blank by agreement of the parties. (Liquidated damages)

20. Default; Remedies. Each of the following shall constitute an event of default ("Event of Default") under this Agreement:

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

8. Submitting False Claims; Monetary Penalties.
10. Taxes
15. Insurance
24. Proprietary or confidential information of City
30. Assignment

37. Drug-free workplace policy,
53. Compliance with laws
55. Supervision of minors
57. Protection of private information
58. Graffiti removal

And, item 1 of Appendix D attached to this Agreement

2) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, and such default continues for a period of ten days after written notice thereof from City to Contractor.

3) Contractor (a) is generally not paying its debts as they become due, (b) files, or consents by answer or otherwise to the filing against it of, a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction, (c) makes an assignment for the benefit of its creditors, (d) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of Contractor or of any substantial part of Contractor's property or (e) takes action for the purpose of any of the foregoing.

4) A court or government authority enters an order (a) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Contractor or with respect to any substantial part of Contractor's property, (b) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (c) ordering the dissolution, winding-up or liquidation of Contractor.

b. On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor all damages, losses, costs or expenses incurred by City as a result of such Event of Default and any liquidated damages due from Contractor pursuant to the terms of this Agreement or any other agreement.

c. All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

21. Termination for Convenience

a. City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective.

b. Upon receipt of the notice, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:

1) Halting the performance of all services and other work under this Agreement on the date(s) and in the manner specified by City.

2) Not placing any further orders or subcontracts for materials, services, equipment or other items.

3) Terminating all existing orders and subcontracts.

4) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.

5) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.

6) Completing performance of any services or work that City designates to be completed prior to the date of termination specified by City.

7) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

c. Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:

1) The reasonable cost to Contractor, without profit, for all services and other work City directed Contractor to perform prior to the specified termination date, for which services or work City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for services or other work. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.

2) A reasonable allowance for profit on the cost of the services and other work described in the immediately preceding subsection (1), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all services and other work under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.

3) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.

4) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the services or other work.

d. In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in the immediately preceding subsection (c). Such non-recoverable costs include, but are not limited to, anticipated profits on this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under such subsection (c).

CMS# 6995

e. In arriving at the amount due to Contractor under this Section, City may deduct: (1) all payments previously made by City for work or other services covered by Contractor's final invoice; (2) any claim which City may have against Contractor in connection with this Agreement; (3) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection (d); and (4) in instances in which, in the opinion of the City, the cost of any service or other work performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected services or other work, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced services or other work in compliance with the requirements of this Agreement.

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

22. Rights and Duties upon Termination or Expiration. This Section and the following Sections of this Agreement shall survive termination or expiration of this Agreement:

- | | |
|---|---|
| 8. Submitting False Claims; Monetary Penalties. | 26. Ownership of Results |
| 9. Disallowance | 27. Works for Hire |
| 10. Taxes | 28. Audit and Inspection of Records |
| 11. Payment does not imply acceptance of work | 48. Modification of Agreement. |
| 13. Responsibility for equipment | 49. Administrative Remedy for Agreement Interpretation. |
| 14. Independent Contractor; Payment of Taxes and Other Expenses | 50. Agreement Made in California; Venue |
| 15. Insurance | 51. Construction |
| 16. Indemnification | 52. Entire Agreement |
| 17. Incidental and Consequential Damages | 56. Severability |
| 18. Liability of City | 57. Protection of private information |
| 24. Proprietary or confidential information of City | And, item 1 of Appendix D attached to this Agreement. |

Subject to the immediately preceding sentence, upon termination of this Agreement prior to expiration of the term specified in Section 2, this Agreement shall terminate and be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired in connection with the performance of this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City. This subsection shall survive termination of this Agreement.

23. Conflict of Interest. Through its execution of this Agreement, Contractor acknowledges that it is familiar with the provision of Section 15.103 of the City's Charter, Article III, Chapter 2 of City's Campaign and Governmental Conduct Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California, and certifies that it does not know of any facts which constitutes a violation of said provisions and agrees that it will immediately notify the City if it becomes aware of any such fact during the term of this Agreement.

24. Proprietary or Confidential Information of City

a. Contractor understands and agrees that, in the performance of the work or services under this Agreement or in contemplation thereof, Contractor may have access to private or confidential information which may be owned or controlled by City and that such information may contain proprietary or confidential details, the disclosure of which to third parties may be damaging to City. Contractor agrees that all information disclosed by City to Contractor shall be held in confidence and used only in performance of the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary data.

b. Contractor shall maintain the usual and customary records for persons receiving Services under this Agreement. Contractor agrees that all private or confidential information concerning persons receiving Services

under this Agreement, whether disclosed by the City or by the individuals themselves, shall be held in the strictest confidence, shall be used only in performance of this Agreement, and shall be disclosed to third parties only as authorized by law. Contractor understands and agrees that this duty of care shall extend to confidential information contained or conveyed in any form, including but not limited to documents, files, patient or client records, facsimiles, recordings, telephone calls, telephone answering machines, voice mail or other telephone voice recording systems, computer files, e-mail or other computer network communications, and computer backup files, including disks and hard copies. The City reserves the right to terminate this Agreement for default if Contractor violates the terms of this section.

c. Contractor shall maintain its books and records in accordance with the generally accepted standards for such books and records for five years after the end of the fiscal year in which Services are furnished under this Agreement. Such access shall include making the books, documents and records available for inspection, examination or copying by the City, the California Department of Health Services or the U.S. Department of Health and Human Services and the Attorney General of the United States at all reasonable times at the Contractor's place of business or at such other mutually agreeable location in California. This provision shall also apply to any subcontract under this Agreement and to any contract between a subcontractor and related organizations of the subcontractor, and to their books, documents and records. The City acknowledges its duties and responsibilities regarding such records under such statutes and regulations.

d. The City owns all records of persons receiving Services and all fiscal records funded by this Agreement if Contractor goes out of business. Contractor shall immediately transfer possession of all these records if Contractor goes out of business. If this Agreement is terminated by either party, or expires, records shall be submitted to the City upon request.

e. All of the reports, information, and other materials prepared or assembled by Contractor under this Agreement shall be submitted to the Department of Public Health Contract Administrator and shall not be divulged by Contractor to any other person or entity without the prior written permission of the Contract Administrator listed in Appendix A.

25. 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 San Francisco, California 94103	FAX: (415) 252-3088 e-mail: Elizabeth.apana@sfdph.org
And:	Stephen Banuelos CBHS, Business Office 1380 Howard Street, 5 th Floor San Francisco, California 94013	FAX: (415) 255-3567 e-mail: Stephen.banuelos@sfdph.org
To CONTRACTOR:	Baker Places, Incorporated 600 Townsend Street, #200 San Francisco, California 94110	FAX: (415) 869-6623 e-mail: jvernack@bakerplaces.org

Any notice of default must be sent by registered mail.

26. Ownership of Results. Any interest of Contractor or its Subcontractors, in drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared by Contractor or its subcontractors in connection with services to be performed under this Agreement, shall become the property of and will be transmitted to City. However, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

27. Works for Hire. If, in connection with services performed under this Agreement, Contractor or its subcontractors create artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes or any other original works of authorship, such works
CMS# 6995

of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works are the property of the City. If it is ever determined that any works created by Contractor or its subcontractors under this Agreement are not works for hire under U.S. law, Contractor hereby assigns all copyrights to such works to the City, and agrees to provide any material and execute any documents necessary to effectuate such assignment. With the approval of the City, Contractor may retain and use copies of such works for reference and as documentation of its experience and capabilities.

28. Audit and Inspection of Records

a. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its work under this Agreement. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not less than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any federal agency having an interest in the subject matter of this Agreement shall have the same rights conferred upon City by this Section.

b. Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his/her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$500,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Said requirements can be found at the following website address: <http://www.whitehouse.gov/omb/circulars/a133/a133.html>. If Contractor expends less than \$500,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

c. The Director of Public Health or his/her designee may approve of a waiver of the aforementioned audit requirement if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

d. Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.

29. Subcontracting. Contractor is prohibited from subcontracting this Agreement or any part of it unless such subcontracting is first approved by City in writing. Neither party shall, on the basis of this Agreement, contract on behalf of or in the name of the other party. An agreement made in violation of this provision shall confer no rights on any party and shall be null and void.

30. Assignment. The services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by the Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement.

31. Non-Waiver of Rights. The omission by either party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by the other party at the time designated, shall not be a waiver of any such default or right to which the party is entitled, nor shall it in any way affect the right of the party to enforce such provisions thereafter.

32. Earned Income Credit (EIC) Forms. Administrative Code section 120 requires that employers provide their employees with IRS Form W-5 (The Earned Income Credit Advance Payment Certificate) and the IRS EIC CMS# 6995

Schedule, as set forth below. Employers can locate these forms at the IRS Office, on the Internet, or anywhere that Federal Tax Forms can be found. Contractor shall provide EIC Forms to each Eligible Employee at each of the following times: (i) within thirty days following the date on which this Agreement becomes effective (unless Contractor has already provided such EIC Forms at least once during the calendar year in which such effective date falls); (ii) promptly after any Eligible Employee is hired by Contractor; and (iii) annually between January 1 and January 31 of each calendar year during the term of this Agreement. Failure to comply with any requirement contained in subparagraph (a) of this Section shall constitute a material breach by Contractor of the terms of this Agreement. If, within thirty days after Contractor receives written notice of such a breach, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of thirty days, Contractor fails to commence efforts to cure within such period or thereafter fails to diligently pursue such cure to completion, the City may pursue any rights or remedies available under this Agreement or under applicable law. Any Subcontract entered into by Contractor shall require the subcontractor to comply, as to the subcontractor's Eligible Employees, with each of the terms of this section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Section 120 of the San Francisco Administrative Code.

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.

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,

CMS# 6995

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 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.

35. **MacBride Principles—Northern Ireland.** Pursuant to San Francisco Administrative Code §12F.5, the City and County of San Francisco urges companies doing business in Northern Ireland to move towards resolving employment inequities, and encourages such companies to abide by the MacBride Principles. The City and County of San Francisco urges San Francisco companies to do business with corporations that abide by the MacBride Principles. By signing below, the person executing this agreement on behalf of Contractor acknowledges and agrees that he or she has read and understood this section.

36. **Tropical Hardwood and Virgin Redwood Ban.** Pursuant to §804(b) of the San Francisco Environment Code, the City and County of San Francisco urges contractors not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.

37. **Drug-Free Workplace Policy.** Contractor acknowledges that pursuant to the Federal Drug-Free Workplace Act of 1989, the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on City premises. Contractor agrees that any violation of this prohibition by Contractor, its employees, agents or assigns will be deemed a material breach of this Agreement.

38. **Resource Conservation.** Chapter 5 of the San Francisco Environment Code ("Resource Conservation") is incorporated herein by reference. Failure by Contractor to comply with any of the applicable requirements of Chapter 5 will be deemed a material breach of contract.

39. **Compliance with Americans with Disabilities Act.** Contractor acknowledges that, pursuant to the Americans with Disabilities Act (ADA), programs, services and other activities provided by a public entity to the CMS# 6995

public, whether directly or through a contractor, must be accessible to the disabled public. Contractor shall provide the services specified in this Agreement in a manner that complies with the ADA and any and all other applicable federal, state and local disability rights legislation. Contractor agrees not to discriminate against disabled persons in the provision of services, benefits or activities provided under this Agreement and further agrees that any violation of this prohibition on the part of Contractor, its employees, agents or assigns will constitute a material breach of this Agreement.

40. Sunshine Ordinance. In accordance with San Francisco Administrative Code §67.24(e), contracts, contractors' bids, responses to solicitations and all other records of communications between City and persons or firms seeking contracts, shall be open to inspection immediately after a contract has been awarded. Nothing in this provision requires the disclosure of a private person or organization's net worth or other proprietary financial data submitted for qualification for a contract or other benefit until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

41. Public Access to Meetings and Records. If the Contractor receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor shall comply with and be bound by all the applicable provisions of that Chapter. By executing this Agreement, the Contractor agrees to open its meetings and records to the public in the manner set forth in §§12L.4 and 12L.5 of the Administrative Code. Contractor further agrees to make-good faith efforts to promote community membership on its Board of Directors in the manner set forth in §12L.6 of the Administrative Code. The Contractor acknowledges that its material failure to comply with any of the provisions of this paragraph shall constitute a material breach of this Agreement. The Contractor further acknowledges that such material breach of the Agreement shall be grounds for the City to terminate and/or not renew the Agreement, partially or in its entirety.

42. Limitations on Contributions. Through execution of this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. Contractor acknowledges that the foregoing restriction applies only if the contract or a combination or series of contracts approved by the same individual or board in a fiscal year have a total anticipated or actual value of \$50,000 or more. Contractor further acknowledges that the prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Additionally, Contractor acknowledges that Contractor must inform each of the persons described in the preceding sentence of the prohibitions contained in Section 1.126. Contractor further agrees to provide to City the names of each person, entity or committee described above.

43. Requiring Minimum Compensation for Covered Employees

a. Contractor agrees to comply fully with and be bound by all of the provisions of the Minimum Compensation Ordinance (MCO), as set forth in San Francisco Administrative Code Chapter 12P (Chapter 12P), including the remedies provided, and implementing guidelines and rules. The provisions of Sections 12P.5 and 12P.5.1 of Chapter 12P are incorporated herein by reference and made a part of this Agreement as though fully set forth. The text of the MCO is available on the web at www.sfgov.org/olse/mco. A partial listing of some of Contractor's obligations under the MCO is set forth in this Section. Contractor is required to comply with all the provisions of the MCO, irrespective of the listing of obligations in this Section.

b. The MCO requires Contractor to pay Contractor's employees a minimum hourly gross compensation wage rate and to provide minimum compensated and uncompensated time off. The minimum wage rate may change from year to year and Contractor is obligated to keep informed of the then-current requirements. Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of the MCO and shall contain contractual obligations substantially the same as those set forth in this Section. It is Contractor's obligation to ensure that any subcontractors of any tier under this Agreement comply with the requirements of the MCO. If any subcontractor under this Agreement fails to comply, City may pursue any of the remedies set forth in this Section against Contractor.

c. Contractor shall not take adverse action or otherwise discriminate against an employee or other person for the exercise or attempted exercise of rights under the MCO. Such actions, if taken within 90 days of the exercise or attempted exercise of such rights, will be rebuttably presumed to be retaliation prohibited by the MCO.

d. Contractor shall maintain employee and payroll records as required by the MCO. If Contractor fails to do so, it shall be presumed that the Contractor paid no more than the minimum wage required under State law.

e. The City is authorized to inspect Contractor's job sites and conduct interviews with employees and conduct audits of Contractor

f. Contractor's commitment to provide the Minimum Compensation is a material element of the City's consideration for this Agreement. The City in its sole discretion shall determine whether such a breach has occurred. The City and the public will suffer actual damage that will be impractical or extremely difficult to determine if the Contractor fails to comply with these requirements. Contractor agrees that the sums set forth in Section 12P.6.1 of the MCO as liquidated damages are not a penalty, but are reasonable estimates of the loss that the City and the public will incur for Contractor's noncompliance. The procedures governing the assessment of liquidated damages shall be those set forth in Section 12P.6.2 of Chapter 12P.

g. Contractor understands and agrees that if it fails to comply with the requirements of the MCO, the City shall have the right to pursue any rights or remedies available under Chapter 12P (including liquidated damages), under the terms of the contract, and under applicable law. If, within 30 days after receiving written notice of a breach of this Agreement for violating the MCO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, the City shall have the right to pursue any rights or remedies available under applicable law, including those set forth in Section 12P.6(c) of Chapter 12P. Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to the City.

h. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the MCO.

i. If Contractor is exempt from the MCO when this Agreement is executed because the cumulative amount of agreements with this department for the fiscal year is less than \$25,000, but Contractor later enters into an agreement or agreements that cause contractor to exceed that amount in a fiscal year, Contractor shall thereafter be required to comply with the MCO under this Agreement. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between the Contractor and this department to exceed \$25,000 in the fiscal year.

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

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

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

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

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

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

f. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the HCAO.

g. Contractor shall maintain employee and payroll records in compliance with the California Labor Code and Industrial Welfare Commission orders, including the number of hours each employee has worked on the City Contract.

h. Contractor shall keep itself informed of the current requirements of the HCAO.

i. Contractor shall provide reports to the City in accordance with any reporting standards promulgated by the City under the HCAO, including reports on Subcontractors and Subtenants, as applicable.

j. Contractor shall provide City with access to records pertaining to compliance with HCAO after receiving a written request from City to do so and being provided at least ten business days to respond.

k. Contractor shall allow City to inspect Contractor's job sites and have access to Contractor's employees in order to monitor and determine compliance with HCAO.

l. City may conduct random audits of Contractor to ascertain its compliance with HCAO. Contractor agrees to cooperate with City when it conducts such audits.

m. If Contractor is exempt from the HCAO when this Agreement is executed because its amount is less than \$25,000 (\$50,000 for nonprofits), but Contractor later enters into an agreement or agreements that cause Contractor's aggregate amount of all agreements with City to reach \$75,000, all the agreements shall be thereafter subject to the HCAO. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between Contractor and the City to be equal to or greater than \$75,000 in the fiscal year.

45. First Source Hiring Program

a. **Incorporation of Administrative Code Provisions by Reference.** The provisions of Chapter 83 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 Chapter, including but not limited to the remedies provided therein. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 83.

b. **First Source Hiring Agreement.** As an essential term of, and consideration for, any contract or property contract with the City, not exempted by the FSHA, the Contractor shall enter into a first source hiring agreement ("agreement") with the City, on or before the effective date of the contract or property contract. Contractors shall also enter into an agreement with the City for any other work that it performs in the City. Such agreement shall:

1) Set appropriate hiring and retention goals for entry level positions. The employer shall agree to achieve these hiring and retention goals, or, if unable to achieve these goals, to establish good faith efforts as to its attempts to do so, as set forth in the agreement. The agreement shall take into consideration the employer's participation in existing job training, referral and/or brokerage programs. Within the discretion of the FSHA, subject to appropriate modifications, participation in such programs may be certified as meeting the requirements of this Chapter. Failure either to achieve the specified goal, or to establish good faith efforts will constitute noncompliance and will subject the employer to the provisions of Section 83.10 of this Chapter.

2) Set first source interviewing, recruitment and hiring requirements, which will provide the San Francisco Workforce Development System with the first opportunity to provide qualified economically disadvantaged individuals for consideration for employment for entry level positions. Employers shall consider all applications of qualified economically disadvantaged individuals referred by the System for employment; provided however, if the employer utilizes nondiscriminatory screening criteria, the employer shall have the sole discretion to interview and/or hire individuals referred or certified by the San Francisco Workforce Development System as being qualified economically disadvantaged individuals. The duration of the first source interviewing requirement shall be determined by the FSHA and shall be set forth in each agreement, but shall not exceed 10 days. During that period, the employer may publicize the entry level positions in accordance with the agreement. A need for urgent or temporary hires must be evaluated, and appropriate provisions for such a situation must be made in the agreement.

3) Set appropriate requirements for providing notification of available entry level positions to the San Francisco Workforce Development System so that the System may train and refer an adequate pool of qualified economically disadvantaged individuals to participating employers. Notification should include such information as employment needs by occupational title, skills, and/or experience required, the hours required, wage scale and duration of employment, identification of entry level and training positions, identification of English language proficiency requirements, or absence thereof, and the projected schedule and procedures for hiring for each occupation. Employers should provide both long-term job need projections and notice before initiating the interviewing and hiring process. These notification requirements will take into consideration any need to protect the employer's proprietary information.

4) Set appropriate record keeping and monitoring requirements. The First Source Hiring Administration shall develop easy-to-use forms and record keeping requirements for documenting compliance with the agreement. To the greatest extent possible, these requirements shall utilize the employer's existing record keeping systems, be nonduplicative, and facilitate a coordinated flow of information and referrals.

5) Establish guidelines for employer good faith efforts to comply with the first source hiring requirements of this Chapter. The FSHA will work with City departments to develop employer good faith effort requirements appropriate to the types of contracts and property contracts handled by each department. Employers shall appoint a liaison for dealing with the development and implementation of the employer's agreement. In the event that the FSHA finds that the employer under a City contract or property contract has taken actions primarily for the purpose of circumventing the requirements of this Chapter, that employer shall be subject to the sanctions set forth in Section 83.10 of this Chapter.

- 6) Set the term of the requirements.
- 7) Set appropriate enforcement and sanctioning standards consistent with this Chapter.
- 8) Set forth the City's obligations to develop training programs, job applicant referrals, technical assistance, and information systems that assist the employer in complying with this Chapter.
- 9) Require the developer to include notice of the requirements of this Chapter in leases, subleases, and other occupancy contracts.

c. **Hiring Decisions.** Contractor shall make the final determination of whether an Economically Disadvantaged Individual referred by the System is "qualified" for the position.

d. **Exceptions.** Upon application by Employer, the First Source Hiring Administration may grant an exception to any or all of the requirements of Chapter 83 in any situation where it concludes that compliance with this Chapter would cause economic hardship.

e. **Liquidated Damages.** Contractor agrees:

- 1) To be liable to the City for liquidated damages as provided in this section;
- 2) To be subject to the procedures governing enforcement of breaches of contracts based on violations of contract provisions required by this Chapter as set forth in this section;
- 3) That the contractor's commitment to comply with this Chapter is a material element of the City's consideration for this contract; that the failure of the contractor to comply with the contract provisions required by this Chapter will cause harm to the City and the public which is significant and substantial but extremely difficult to quantify; that the harm to the City includes not only the financial cost of funding public assistance programs but also the insidious but impossible to quantify harm that this community and its families suffer as a result of unemployment; and that the assessment of liquidated damages of up to \$5,000 for every notice of a new hire for an entry level position improperly withheld by the contractor from the first source hiring process, as determined by the FSHA during its first investigation of a contractor, does not exceed a fair estimate of the financial and other damages that the City suffers as a result of the contractor's failure to comply with its first source referral contractual obligations.
- 4) That the continued failure by a contractor to comply with its first source referral contractual obligations will cause further significant and substantial harm to the City and the public, and that a second assessment of liquidated damages of up to \$10,000 for each entry level position improperly withheld from the FSHA, from the time of the conclusion of the first investigation forward, does not exceed the financial and other damages that the City suffers as a result of the contractor's continued failure to comply with its first source referral contractual obligations;
- 5) That in addition to the cost of investigating alleged violations under this Section, the computation of liquidated damages for purposes of this section is based on the following data:
 - (a) The average length of stay on public assistance in San Francisco's County Adult Assistance Program is approximately 41 months at an average monthly grant of \$348 per month, totaling approximately \$14,379; and
 - (b) In 2004, the retention rate of adults placed in employment programs funded under the Workforce Investment Act for at least the first six months of employment was 84.4%. Since qualified individuals under the First Source program face far fewer barriers to employment than their counterparts in programs funded by the Workforce Investment Act, it is reasonable to conclude that the average length of employment for an individual whom the First Source Program refers to an employer and who is hired in an entry level position is at least one year;

Therefore, liquidated damages that total \$5,000 for first violations and \$10,000 for subsequent violations as determined by FSHA constitute a fair, reasonable, and conservative attempt to quantify the harm caused to the City by the failure of a contractor to comply with its first source referral contractual obligations.

6) That the failure of contractors to comply with this Chapter, except property contractors, may be subject to the debarment and monetary penalties set forth in Sections 6.80 et seq. of the San Francisco Administrative Code, as well as any other remedies available under the contract or at law; and

Violation of the requirements of Chapter 83 is subject to an assessment of liquidated damages in the amount of \$5,000 for every new hire for an Entry Level Position improperly withheld from the first source hiring process. The assessment of liquidated damages and the evaluation of any defenses or mitigating factors shall be made by the FSHA.

f. **Subcontracts.** Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of Chapter 83 and shall contain contractual obligations substantially the same as those set forth in this Section.

46. **Prohibition on Political Activity with City Funds.** In accordance with San Francisco Administrative Code Chapter 12.G, Contractor may not participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure (collectively, "Political Activity") in the performance of the services provided under this Agreement. Contractor agrees to comply with San Francisco Administrative Code Chapter 12.G and any implementing rules and regulations promulgated by the City's Controller. The terms and provisions of Chapter 12.G are incorporated herein by this reference. In the event Contractor violates the provisions of this section, the City may, in addition to any other rights or remedies available hereunder, (i) terminate this Agreement, and (ii) prohibit Contractor from bidding on or receiving any new City contract for a period of two (2) years. The Controller will not consider Contractor's use of profit as a violation of this section.

47. **Preservative-treated Wood Containing Arsenic.** Contractor may not purchase preservative-treated wood products containing arsenic in the performance of this Agreement unless an exemption from the requirements of Chapter 13 of the San Francisco Environment Code is obtained from the Department of the Environment under Section 1304 of the Code. The term "preservative-treated wood containing arsenic" shall mean wood treated with a preservative that contains arsenic, elemental arsenic, or an arsenic copper combination, including, but not limited to, chromated copper arsenate preservative, ammoniacal copper zinc arsenate preservative, or ammoniacal copper arsenate preservative. Contractor may purchase preservative-treated wood products on the list of environmentally preferable alternatives prepared and adopted by the Department of the Environment. This provision does not preclude Contractor from purchasing preservative-treated wood containing arsenic for saltwater immersion. The term "saltwater immersion" shall mean a pressure-treated wood that is used for construction purposes or facilities that are partially or totally immersed in saltwater.

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 HRC 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% (HRC Contract Modification Form).

49. **Administrative Remedy for Agreement Interpretation – *DELETED BY MUTUAL AGREEMENT OF THE PARTIES***

50. **Agreement Made in California; Venue.** The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco.

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

52. **Entire Agreement.** This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This contract may be modified only as provided in Section 48, "Modification of Agreement."

CMS# 6995

53. Compliance with Laws. Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.

54. Services Provided by Attorneys. Any services to be provided by a law firm or attorney must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

55. Supervision of Minors. Contractor, and any subcontractors, shall comply with California Penal Code section 11105.3 and request from the Department of Justice records of all convictions or any arrest pending adjudication involving the offenses specified in Welfare and Institution Code section 15660(a) of any person who applies for employment or volunteer position with Contractor, or any subcontractor, in which he or she would have supervisory or disciplinary power over a minor under his or her care. If Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach (separately and collectively, "Recreational Site"), Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or volunteer position to provide those services if that person has been convicted of any offense that was listed in former Penal Code section 11105.3 (h)(1) or 11105.3(h)(3). If Contractor, or any of its subcontractors, hires an employee or volunteer to provide services to minors at any location other than a Recreational Site, and that employee or volunteer has been convicted of an offense specified in Penal Code section 11105.3(c), then Contractor shall comply, and cause its subcontractors to comply with that section and provide written notice to the parents or guardians of any minor who will be supervised or disciplined by the employee or volunteer not less than ten (10) days prior to the day the employee or volunteer begins his or her duties or tasks. Contractor shall provide, or cause its subcontractors to provide City with a copy of any such notice at the same time that it provides notice to any parent or guardian. Contractor shall expressly require any of its subcontractors with supervisory or disciplinary power over a minor to comply with this section of the Agreement as a condition of its contract with the subcontractor. Contractor acknowledges and agrees that failure by Contractor or any of its subcontractors to comply with any provision of this section of the Agreement shall constitute an Event of Default. Contractor further acknowledges and agrees that such Event of Default shall be grounds for the City to terminate the Agreement, partially or in its entirety, to recover from Contractor any amounts paid under this Agreement, and to withhold any future payments to Contractor. The remedies provided in this Section shall not limited any other remedy available to the City hereunder, or in equity or law for an Event of Default, and each remedy may be exercised individually or in combination with any other available remedy. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

56. Severability. Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable; then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.

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

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 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.

59. Food Service Waste Reduction Requirements. Effective June 1, 2007 Contractor agrees to comply fully with and be bound by all of the provisions of the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including the remedies provided, and implementing guidelines and rules. The provisions of Chapter 16 are incorporated herein by reference and made a part of this Agreement as though fully set forth. This provision is a material term of this Agreement. By entering into this Agreement, Contractor agrees that if it breaches this provision, City will suffer actual damages that will be impractical or extremely difficult to determine; further, Contractor agrees that the sum of one hundred dollars (\$100) liquidated damages for the first breach, two hundred dollars (\$200) liquidated damages for the second breach in the same year, and five hundred dollars (\$500) liquidated damages for subsequent breaches in the same year is reasonable estimate of the damage that City will incur based on the violation, established in light of the circumstances existing at the time this Agreement was made. Such amount shall not be considered a penalty, but rather agreed monetary damages sustained by City because of Contractor's failure to comply with this provision.

60. Left blank by agreement of the parties. (Slavery era disclosure)

61. Cooperative Drafting. This Agreement has been drafted through a cooperative effort of both parties, and both parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the party drafting the clause shall apply to the interpretation or enforcement of this Agreement.

62. Dispute Resolution Procedure. A Dispute Resolution Procedure is attached under the Appendix G to address issues that have not been resolved administratively by other departmental remedies.

63. Additional Terms. Additional Terms are attached hereto as Appendix D and are incorporated into this Agreement by reference as though fully set forth herein.

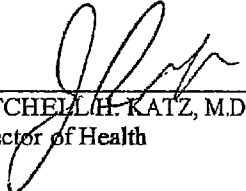
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR

Recommended by:

Baker Places, Incorporated


MITCHELL H. KATZ, M.D.
Director of Health


11-5-10
Date

Approved as to Form:

Dennis J. Herrera
City Attorney


By signing this Agreement, I certify that I comply with the requirements of the Minimum Compensation Ordinance, which entitle Covered Employees to certain minimum hourly wages and compensated and uncompensated time off.

I have read and understood paragraph 35, the City's statement urging companies doing business in Northern Ireland to move towards resolving employment inequities, encouraging compliance with the MacBride Principles, and urging San Francisco companies to do business with corporations that abide by the MacBride Principles.

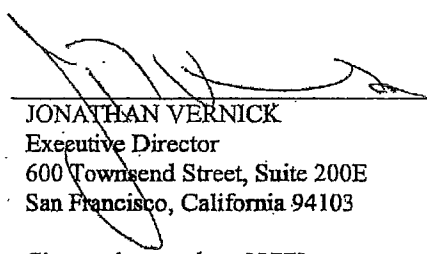
By: 
TERENCE HOWZELL
Deputy City Attorney

11/15/10
Date

Approved:


NAOMI KELLY
Director of the Office of
Contract Administration and
Purchaser

12/15/10
Date


JONATHAN VERNICK
Executive Director
600 Townsend Street, Suite 200E
San Francisco, California 94103

11/15/10
Date

City vendor number: 02779

Appendices

- A: Services to be provided by Contractor
- B: Calculation of Charges
- C: Reserved
- D: Additional Terms
- E: HIPAA Business Associate Agreement
- F: Invoice
- G: Dispute Resolution
- H: Emergency Response

- I: Privacy Policy Compliance

CMS# 6995

P-500 (5-10)

21 of 21

Baker Places, Incorporated
July 1, 2010

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Appendix A
Services to be provided by Contractor

I. Terms

A. Contract Administrator:

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

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

I. Infection Control: Health and Safety:

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

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

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

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

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

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

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

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

J. 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."

K. 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, 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.

L. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

M. 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.

N. Quality Assurance:

Contractor agrees to develop and implement a Quality Assurance 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 Assurance Plan.

Other Miscellaneous Optional Provisions:

O. 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

Appendix A-1 AILP

Appendix A-2 Odyssey House

Appendix A-3 Grove Street House

Appendix A-4a Baker Street House

Appendix A-4b Robertson Place

Appendix A-4c Jo Ruffin Place

Appendix A-4d San Jose Place

Appendix A-5 Acceptance Place

Appendix A-6 Joe Healy Medical Detox

1. AGENCY AND PROGRAM IDENTIFICATION

Baker Places, Inc.
Assisted Independent Living Program (AILP)
120 Page Street
San Francisco, CA 94102
415-255-6544 - phone
415-255-7726 – fax

2. NATURE OF DOCUMENT

This is a new contract.

3. GOAL STATEMENT

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

4. TARGET POPULATION

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

5. MODALITIES / INTERVENTIONS

A. Modality of Services/Interventions: See CRDC.

B. Definition of Billable Services

Case Management/Brokerage: Case Management/Brokerage means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development.

Mental Health Services: Individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation or day treatment. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral.

Crisis Intervention: Crisis Intervention means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral and therapy.

6. METHODOLOGY

Program services will be delivered in the context of the following:

- A common definition of medical necessity for the level of care
- The CBHS Access System
- The use of common admission and discharge criteria for the level of care
- Systemwide standards of accountability based on cost, access, quality and outcomes.
- A behavioral health model, utilizing harm reduction strategies to achieve mental health and substance use rehabilitation, and wellness theory and practices.

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

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

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

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

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

7. OBJECTIVES AND MEASUREMENTS

Individualized Objective #1: By 1/4/11 Baker Places will develop a PURQC plan to review AILP clients' charts and services; the plan must also have CBHS SOC Program Manager approval by this date.

Individualized Objective #2: By 4/1/11 Baker Places will implement a PURQC plan and procedures to review AILP clients' charts and services.

A. PERFORMANCE / OUTCOME OBJECTIVES

Objective A.1: Reduce Psychiatric Symptoms

Objective A.1.d. After the first 60 days of enrollment, no more than 10% of clients will have a psychiatric hospitalization while in supported housing programs.

Objective A.1.e. 75% of clients who have been served for 2 months or more will have met or partially met 50% of their treatment goals at discharge.

Objective A.1.l Provider will ensure that all clinicians who provide mental health services are certified in the use of the ANSA. New employees will complete ANSA certification within 30 days of hire.

Objective A.1.m. Clients with an open episode for whom two or more contacts have been billed within the first 30 days, will have both the initial MRD/ANSA assessment and treatment plans completed in the online record within 30 days of episode opening. An 85% completion rate will be considered a passing score.

Objective A.3: Increase Stable Living Environment

A.3a. 35% of clients who were homeless when they entered treatment will be in a more stable living situation after one year of treatment.

Objective B.1 Access to Services

B.1.a. 50% of uninsured active clients, with a DSM-IV diagnosis code that likely indicates disability, who are open in the program as of July 1, 2010, will have SSI applications submitted by June 30, 2011.

Objective B.2: Collect Client Outcomes

B.2.a. During Fiscal 2010-11, 70% of treatment episodes will show 3 or more service days of treatment within 60 days of admission as measured by BIS indicating clients engaged in the treatment process.

Objective C.2. Client Outcomes Data Collection

C.2.a. For clients on atypical antipsychotics, at least 50% will have a metabolic monitoring per American Diabetes Association/APA Guidelines for the Use of Atypical Antipsychotics in Adults, documented in CBHS AVATAR Health Monitoring.

Objective F.1. Health Disparity in African Americans

F.1.a. Metabolic screening (height, weight, blood pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available.

F.1.b. All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred, per AVATAR.

F.1.c. 75% of clients who are in treatment longer than 90 days will have, upon discharge, an identified primary care provider, as documented in AVATAR.

Objective G.1. Alcohol Use & Dependency

G.1.a. Information on self-help alcohol and drug addiction recovery groups will be kept on prominent display and distributed to clients and families when appropriate at all program sites.

G.1.b. Provider will develop clinically appropriate interventions (evidence-based practices or practice-based evidence) to meet the needs of the specific population served, and to inform the SOC program managers about the interventions.

Objective H.1. Planning for Performance Objectives FY2011-2012

H.1.a. Provider will remove any barriers to accessing services by African American individuals and families. SOC, Program Review and QI units will provide feedback to contractor via new clients survey

with suggested interventions. Provider will establish performance improvement objective for the following year based on feedback from the survey.

H.1.b. Provider will promote engagement and remove barriers to retention by African American individuals and families. Program Evaluation Unit will provide feedback to contractor based on client retention data. The contractor/program will establish performance improvement objective for the following year based on that data.

8. CONTINUOUS QUALITY IMPROVEMENT

Baker Places collects demographic information on all clients at admission and discharge with a standardized form. With the development of our own computerized database, the agency's clinical managers are able to access information for treatment planning, allocation of resources and research. Reports on referrals and outcome from this database are used to evaluate the attainment of contract objectives.

Weekly clinical supervision of each staff member provides the Program Director with a means to evaluate clinical services and the quality of individual treatment plans, which are formulated in concrete, behavioral terms that can be observed and measured. These evaluations are presented and reviewed in weekly supervision of the Program Director by the Division Director and in group supervision of all Program Directors twice monthly. The results of these meetings, supervisions and evaluations will be translated to the program's CQI plan as objectives to be met within the fiscal year.

Baker Places agrees to abide by the most current CBHS Quality Management Plan, as well as all applicable CA DSS Community Care Licensing and CA Department of Mental Health program certification standards. In doing so, Baker Places will develop a PURQC and procedures to review AILP clients' charts and services (see individualized objectives #1 & 2.).

1. AGENCY AND PROGRAM IDENTIFICATION

Baker Places, Inc.
Odyssey House
484 Oak Street
San Francisco CA 94115
415.626.5199

2. NATURE OF DOCUMENT

This is a new contract.

3. GOAL STATEMENT

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

4. TARGET POPULATION

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

5. MODALITIES / INTERVENTIONS

A. Modality of Services/Interventions: See CRDC.

B. Definition of Billable Services

Case Management/Brokerage: Case Management/Brokerage means services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development.

Mental Health Services: Individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation or day treatment. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral.

Crisis Intervention: Crisis Intervention means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral and therapy.

6. METHODOLOGY

Program services will be delivered in the context of the following:

- A common definition of medical necessity for the level of care
- The CBHS Access System
- The use of common admission and discharge criteria for the level of care
- Systemwide standards of accountability based on cost, access, quality and outcomes.
- A behavioral health model, utilizing harm reduction strategies to achieve mental health and substance use rehabilitation, and wellness theory and practices.

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

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

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

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

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

7. OBJECTIVES AND MEASUREMENTS

A. PERFORMANCE / OUTCOME OBJECTIVES

Individualized Objective #1: By 1/4/11 Baker Places will develop a PURQC plan to review Odyssey House clients' charts and services; the plan must also have CBHS SOC Program Manager approval by this date.

Individualized Objective #2: By 4/1/11 Baker Places will implement a PURQC plan and procedures to review Odyssey House clients' charts and services.

Objective A.1: Reduce Psychiatric Symptoms

Objective A.1e. 75% of clients who have been served for 2 months or more will have met or partially met 50% of their treatment goals at discharge.

Objective A.1.1 Provider will ensure that all clinicians who provide mental health services are certified in the use of the ANSA. New employees will complete ANSA certification within 30 days of hire.

Objective A.1.m. Clients with an open episode for whom two or more contacts have been billed within the first 30 days, will have both the initial MRD/ANSA assessment and treatment plans completed in the online record within 30 days of episode opening. An 85% completion rate will be considered a passing score.

Objective A.3: Increase Stable Living Environment

A.3a. 35% of clients who were homeless when they entered treatment will be in a more stable living situation after one year of treatment.

Objective B.1 Access to Services

B.1.a. 50% of uninsured active clients, with a DSM-IV diagnosis code that likely indicates disability, who are open in the program as of July 1, 2010, will have SSI applications submitted by June 30, 2011.

Objective B.2: Collect Client Outcomes

B.2.a. During Fiscal 2010-11, 70% of treatment episodes will show 3 or more service days of treatment within 60 days of admission as measured by BIS indicating clients engaged in the treatment process.

Objective C.2. Client Outcomes Data Collection

C.2.a. For clients on atypical antipsychotics, at least 50% will have a metabolic monitoring per American Diabetes Association/APA Guidelines for the Use of Atypical Antipsychotics in Adults, documented in CBHS AVATAR Health Monitoring.

Objective F.1. Health Disparity in African Americans

F.1.a. Metabolic screening (height, weight, blood pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available.

F.1.b. All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred, per AVATAR.

F.1.c. 75% of clients who are in treatment longer than 90 days will have, upon discharge, an identified primary care provider, as documented in AVATAR.

Objective G.1. Alcohol Use & Dependency

G.1.a. Information on self-help alcohol and drug addiction recovery groups will be kept on prominent display and distributed to clients and families when appropriate at all program sites.

G.1.b. Provider will develop clinically appropriate interventions (evidence-based practices or practice-based evidence) to meet the needs of the specific population served, and to inform the SOC program managers about the interventions.

Objective H.1. Planning for Performance Objectives FY2011-2012

H.1.a. Provider will remove any barriers to accessing services by African American individuals and families. SOC, Program Review and QI units will provide feedback to contractor via new clients survey with suggested interventions. Provider will establish performance improvement objective for the following year based on feedback from the survey.

H.1.b. Provider will promote engagement and remove barriers to retention by African American individuals and families. Program Evaluation Unit will provide feedback to contractor based on client retention data. The contractor/program will establish performance improvement objective for the following year based on that data.

8. CONTINUOUS QUALITY IMPROVEMENT

Baker Places collects demographic information on all clients at admission and discharge with a standardized form. With the development of our own computerized database, the agency's clinical managers are able to access information for treatment planning, allocation of resources and research. Reports on referrals and outcome from this database are used to evaluate the attainment of contract objectives.

Weekly clinical supervision of each staff member provides the Program Director with a means to evaluate clinical services and the quality of individual treatment plans, which are formulated in concrete, behavioral terms that can be observed and measured. These evaluations are presented and reviewed in weekly supervision of the Program Director by the Division Director and in group supervision of all Program Directors twice monthly. The results of these meetings, supervisions and evaluations are incorporated into the programs CQI plan, as goals and objectives to be achieved in the current fiscal year.

Baker Places agrees to abide by the most current CBHS Quality Management Plan, as well as all applicable CA DSS Community Care Licensing and CA Department of Mental Health program certification standards. In doing so, Baker Places will develop a PURQC and procedures to review Odyssey House clients' charts and services (see individualized objectives #1 & 2.).

1. AGENCY AND PROGRAM IDENTIFICATION

Baker Places, Inc.
Grove Street House
2157 Grove Street
San Francisco CA 94117
415.387.2275

2. NATURE OF DOCUMENT

This is a new contract.

3. GOAL STATEMENT

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

4. TARGET POPULATION

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

5. MODALITIES / INTERVENTIONS

A. Modality of Services/Interventions: See CRDC.

B. Definition of Billable Services

Crisis Residential Treatment Service: Therapeutic or rehabilitative services, provided in a non-institutional, residential setting, which provides a structured program for beneficiaries as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis who do not present medical complications requiring nursing care. The service supports beneficiaries in their efforts to restore, maintain, and apply interpersonal and independent living skills, and to access community support systems. The service is available 24 hours a day, seven days a week. Service activities may include assessment, plan development, therapy, rehabilitation, collateral and crisis intervention.

Medication Support Services: Services that include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals that are necessary to alleviate the symptoms of mental illness. Service activities may include but are not limited to evaluation of the need for medication; evaluation of clinical effectiveness and side effects; the obtaining of informed consent; instruction in the use, risks and benefits of and alternatives for medication; and collateral and plan development related to the delivery of the service and/or assessment of the beneficiary.

6. METHODOLOGY

Program services will be delivered in the context of the following:

- A common definition of medical necessity for the level of care

- The CBHS Access System
- The use of common admission and discharge criteria for the level of care
- Systemwide standards of accountability based on cost, access, quality and outcomes.
- A behavioral health model, utilizing harm reduction strategies to achieve mental health and substance use rehabilitation, and wellness theory and practices.

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

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

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

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

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

7. OBJECTIVES AND MEASUREMENTS

A. PERFORMANCE / OUTCOME OBJECTIVES

Objective A.1: Reduce Psychiatric Symptoms

Individual Objective A.1: Of those clients who have been in the program for a continuous 40 days or more, 80% will be discharged to a less restrictive level of care within one day of their Grove Street discharge date. Less restrictive levels of care are programs other than inpatient, long-term care, crisis stabilization, or ADU.

Objective A.1.a. The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009 – June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

Objective A.1.e. 75% of clients who have been served for 2 months or more will have met or partially met 50% of their treatment goals at discharge.

Objective A.1.1 Provider will ensure that all clinicians who provide mental health services are certified in the use of the ANSA. New employees will complete ANSA certification within 30 days of hire.

Objective B.2: Collect Client Outcomes

B.2.a. During Fiscal 2010-11, 70% of treatment episodes will show 3 or more service days of treatment within 60 days of admission as measured by BIS indicating clients engaged in the treatment process.

Objective C.2. Client Outcomes Data Collection

C.2.a. For clients on atypical antipsychotics, at least 50% will have a metabolic monitoring per American Diabetes Association/APA Guidelines for the Use of Atypical Antipsychotics in Adults, documented in CBHS AVATAR Health Monitoring.

Objective F.1. Health Disparity in African Americans

F.1.a. Metabolic screening (height, weight, blood pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available.

F.1.b. All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred, per AVATAR.

F.1.c. 75% of clients who are in treatment longer than 90 days will have, upon discharge, an identified primary care provider, as documented in AVATAR.

Objective G.1. Alcohol Use & Dependency

G.1.a. Information on self-help alcohol and drug addiction recovery groups will be kept on prominent display and distributed to clients and families when appropriate at all program sites.

G.1.b. Provider will develop clinically appropriate interventions (evidence-based practices or practice-based evidence) to meet the needs of the specific population served, and to inform the SOC program managers about the interventions.

Objective H.1. Planning for Performance Objectives FY2011-2012

H.1.a. Provider will remove any barriers to accessing services by African American individuals and families. SOC, Program Review and QI units will provide feedback to contractor via new clients survey with suggested interventions. Provider will establish performance improvement objective for the following year based on feedback from the survey.

H.1.b. Provider will promote engagement and remove barriers to retention by African American individuals and families. Program Evaluation Unit will provide feedback to contractor based on client retention data and will establish performance improvement objective for the following year based on that data.

8. CONTINUOUS QUALITY IMPROVEMENT

Baker Places collects demographic information on all clients at admission and discharge with a standardized form. With the development of our own computerized database, the agency's clinical managers are able to access information for treatment planning, allocation of resources and research. Reports on referrals and outcome from this database are used to evaluate the attainment of contract objectives.

Weekly clinical supervision of each staff member provides the Program Director with a means to evaluate clinical services and the quality of individual treatment plans, which are formulated in concrete, behavioral terms that can be observed and measured. These evaluations are presented and reviewed in weekly supervision of the Program Director by the Division Director and in group supervision of all Program Directors twice monthly. The results of these meetings, supervisions and evaluations are translated into CQI goals and objectives to be achieved within the current fiscal year.

Baker Places agrees to abide by the most current CBHS Quality Management Plan, as well as all applicable CA DSS Community Care Licensing and CA Department of Mental Health program certification standards. This includes following a client length of stay as determined by the UR of the DPH Placement Team. Such UR approval will also be required for reimbursement.

plan development related to the prescribing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness.

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

6. **METHODOLOGY**

Program services will be delivered in the context of the following:

- A common definition of medical necessity for the level of care
- The CBHS Access System
- The use of common admission and discharge criteria for the level of care
- Systemwide standards of accountability based on cost, access, quality and outcomes.
- A welcoming, behavioral health model, utilizing harm reduction strategies to achieve mental health and substance use rehabilitation, and wellness theory and practices.

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

B. The TRTPs provide a psychosocial rehabilitation milieu, incorporating interventions and techniques of both mental health and substance abuse treatment strategies, where clients can develop practical social and survival skills with the support of staff and peers.

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

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

C. The TRTPs provide in-house substance abuse groups, the availability of urine screening through a laboratory service and specific individual client contracts that focus on regular AA and NA attendance in the community.

7. **OBJECTIVES AND MEASUREMENTS**

A. **PERFORMANCE / OUTCOME OBJECTIVES**

Objective A.1: Reduce Psychiatric Symptoms

Objective A.1.a. The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009 – June 2010. Programs will be exempt from

1. PROGRAM IDENTIFICATION

4a. Baker Street House and Day Treatment

730 Baker Street
San Francisco CA 94115
415.567.1498

4b. Robertson Place and Day Treatment

921 Lincoln Way
San Francisco CA 94122
Telephone: 415.664.4876

4c. Jo Ruffin Place and Day Treatment

333 7th Street
San Francisco CA 94103
415-262-1853

4d. San Jose Place and Day Treatment

673 San Jose Ave
San Francisco CA 94110
415-282-3789

2. NATURE OF DOCUMENT

This is a new contract.

3. GOAL STATEMENT

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

4. TARGET POPULATION

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

5. MODALITIES / INTERVENTIONS

A. Modality of Services/Interventions: See CRDC.

B. Definition of Billable Services

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

meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

Objective A.1.c Of those clients who have been in the program for a continuous 60 days or more, 80% will have had at least one outpatient (mode 15) service from a different provider during their Transitional Residential Treatment Program (TRTP) stay or within 3 days of their TRTP discharge date.

Objective A.1e. 75% of clients who have been served for 2 months or more will have met or partially met 50% of their treatment goals at discharge.

Objective A.1.1 Provider will ensure that all clinicians who provide mental health services are certified in the use of the ANSA. New employees will complete ANSA certification within 30 days of hire.

Objective B.2: Collect Client Outcomes

B.2.a. During Fiscal 2010-11, 70% of treatment episodes will show 3 or more service days of treatment within 60 days of admission as measured by BIS indicating clients engaged in the treatment process.

Objective C.2. Client Outcomes Data Collection

C.2.a. For clients on atypical antipsychotics, at least 50% will have a metabolic monitoring per American Diabetes Association/APA Guidelines for the Use of Atypical Antipsychotics in Adults, documented in CBHS AVATAR Health Monitoring.

Objective F.1. Health Disparity in African Americans

F.1.a. Metabolic screening (height, weight, blood pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available.

F.1.b. All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred, per AVATAR.

F.1.c. 75% of clients who are in treatment longer than 90 days will have, upon discharge, an identified primary care provider, as documented in AVATAR.

Objective G.1. Alcohol Use & Dependency

G.1.a. Information on self-help alcohol and drug addiction recovery groups will be kept on prominent display and distributed to clients and families when appropriate at all program sites.

G.1.b. Provider will develop clinically appropriate interventions (evidence-based practices or practice-based evidence) to meet the needs of the specific population served, and to inform the SOC program managers about the interventions.

Objective H.1. Planning for Performance Objectives FY2011-2012

H.1.a. Provider will remove any barriers to accessing services by African American individuals and families. SOC, Program Review and QI units will provide feedback to contractor via new clients survey with suggested interventions. Provider will establish performance improvement objective for the following year based on feedback from the survey.

H.1.b. Provider will promote engagement and remove barriers to retention by African American individuals and families. Program Evaluation Unit will provide feedback to contractor based on client

retention data and will establish performance improvement objective for the following year based on that data.

8. CONTINUOUS QUALITY IMPROVEMENT

Baker Places collects demographic information on all clients at admission and discharge with a standardized form. With the development of our own computerized database, the agency's clinical managers are able to access information for treatment planning, allocation of resources and research. Reports on referrals and outcome from this database are used to evaluate the attainment of contract objectives.

Weekly clinical supervision of each staff member provides the Program Director with a means to evaluate clinical services and the quality of individual treatment plans, which are formulated in concrete, behavioral terms that can be observed and measured. These evaluations are presented and reviewed in weekly supervision of the Program Director by the Division Director and in group supervision of all Program Directors twice monthly. The results of these meetings, supervisions and evaluations are incorporated into the programs CQI plan, as goals and objectives to be achieved in the current fiscal year.

Baker Places agrees to abide by the most current CBHS Quality Management Plan, as well as all applicable CA DSS Community Care Licensing and CA Department of Mental Health program certification standards. This includes following a client length of stay as determined by the UR of the DPH Placement Team. Such UR approval will also be required for reimbursement.

1. AGENCY AND PROGRAM IDENTIFICATION

Baker Places, Inc. (BP)
Acceptance Place
1326 4th Avenue
San Francisco, CA 94122
(415) 665-2080
(415) 665-4782 Fax

NATURE OF DOCUMENT

This is a new contract.

GOAL STATEMENT

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

4. TARGET POPULATION

The target population is San Francisco residents who are abusing, addicted to or at risk of addiction to alcohol and other drugs.

Adults, 18 years of age or older

Men

Gay/bisexual

5. MODALITY / INTERVENTIONS

Modality of Services / Interventions

The program provides residential Drug & Alcohol treatment services.

Description of Billable Services

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

6. METHODOLOGY

Description: Acceptance Place is a 10-bed residential treatment program with strategies developed for and focused on working with gay and bisexual men who wish to recover from addiction to alcohol and other drugs. Based on a harm-reduction philosophy, Acceptance Place encourages sobriety as a goal, while understanding that relapse is an event that informs treatment planning and is not, by itself cause for discharge from the program. Average length of stay is 60 days; maximum length of stay is 90 days. Criteria for successful completion are outlined below. Clients will be referred to more appropriate settings, including Baker Places' detoxification program and/or SFGH, if one or more of following conditions are present: (1) withdrawal symptoms that require medical supervision, (2) physical conditions that require medical supervision, (3) clients assessed to actively be a threat to themselves or others.

Strategies: The admission process begins with an initial interview during which the intake counselor elicits a general history of past substance abuse and treatment attempts, assesses psychosocial stresses, and gives an overall view of services provided. The program staff use individualized recovery planning in a peer-group community to provide a comprehensive, multi-dimensional, client centered approach to addiction recovery.

Clear expectations about the nature of the program and commitment required are communicated upon admission, and are embodied in a contract signed upon entry.

The social rehabilitation model of recovery relies on the community as a major catalyst for change; and all residents

are expected to participate in program groups, community decisions, management of the household, and outside recovery groups or meetings. Under the general supervision of the staff, the residents are responsible for the ongoing operations of their recovery home, including chores, maintenance, and household community dynamics

A detailed assessment will be conducted at Intake and Admission. This will include:

Addiction Assessment: This will include a history of alcohol and other drug abuse, primary drugs of choice, frequency of abuse, and treatment history (i.e., methadone)

Psychosocial Assessment: A more in-depth psychosocial and vocational assessment will collect information on: family dynamics, financial support, job skills and history, arrest record, housing status, HIV awareness, attitudes towards substance abuse, etc.

Cultural and Special Needs: This includes language capabilities, immigration status and experience, etc.

In addition to assessing clients, this phase will stabilize client withdrawal symptoms and begin to educate clients about their disorders and symptoms through the development of an individual treatment plan. Clients with higher-risk medical conditions (i.e., AIDS, diabetes, etc.) and psychiatric conditions will be monitored more closely to assure stability, monitor medications, and manage symptoms from withdrawal. Residential staff will be assigned to clients as Primary Counselors immediately upon program entry. Primary Counselors will provide on-going support to clients as they progress through treatment, acting as role models and mentors to build the trust and continuity necessary to motivate clients to remain in treatment and use support services.

Individual Service Plans: Each client and his/her Counselor will develop an individual treatment plan that details a set of specific objectives that also serve as benchmarks or phases that clients move through as they progress through the program. Plans will be reviewed as clients complete treatment objectives and move into new phases.

Schedule: A full range of groups will comprise the core structured day activities. A sample weekly schedule is attached at the end of this narrative. Interventions will be goal-oriented and pragmatic and address the full range of issues associated with addiction.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:00 am		Wake-up	Wake-up	Wake-up	Wake-up	Wake-up	
8:00am		Chores, meds, breakfast	Chores, meds, breakfast	Chores, meds, breakfast	Chores, meds, breakfast	Chores, meds, breakfast	
9:00- 9:50		Process Group	Process Group	Process Group	Process Group	Process Group	
10:00- 1050		Men's Issues	Library	Shopping Oversight	Managing Health Issues	Clint Council	Double scrub
11:00- 11:50	Lunch & Meds	Exercise Group	Library	Shopping	Exercise Group	High Noon/ Exercise Group	Double Scrub
12 noon- 1pm	Activity	Lunch & Meds	Lunch & Meds	Lunch & Meds	Lunch & Meds	High Noon	Lunch & Meds
1pm- 2pm	Activity	Art Therapy	Film . (Staff Meeting)	Codependency and recovery	Substance Abuse Education	Lunch and Meds	
2pm- 3pm	Activity	Art Therapy (to 2:30p)		Self Esteem	Goal Setting	Relapse Prevention	Exercise Group
3pm- 3:45pm	Activity	Journal Writing		Cultural Awareness	Coming Out	Program Guidelines/ Orientation	
3:45pm- 4pm	Activity	Individual Needs Time	Journal Writing	Journal Writing	Journal Writing	Journal Writing	

4pm-5:30pm		Individual Needs Time	Individual Needs Time	Individual Needs Time	Individual Needs Time	Individual Needs Time	
5:30pm-6:00pm	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
6:00pm-6:30pm	Chores & Meds	Chores & Meds	Chores & Meds	Chores & Meds	Chores & Meds	Chores & Meds	
6:30pm-7:30pm	Alumni Group	Life Skills	Anger Mgmt.	AHP	Sex and Recovery	Weeks Review and Weekend Plan	Chores & Meds
Chore Check	Chore Check	Chore Check	Chore Check	Chore Check	Chore Check	Chore Check	Chore Check
10:00p-11:00p	HS Meds	HS Meds	HS Meds	HS Meds	HS Meds		
11:00pm	Curfew	Curfew	Curfew	Curfew	Curfew	HS Meds	HS Meds
1200am						Curfew	Curfew

Groups include:

Community Meetings: These daily meetings will be held to discuss and review household issues and problems.

Daily Group: Staff-led, this group will meet daily to develop treatment goals, review treatment issues, and develop discharge plans.

12-Step Meetings: Several meetings will be developed on-site. Off-site meetings will be attended as discharge dates approach.

Addiction Education: This group will address disease recognition, education, withdrawal and stabilization, regaining control and coping with AOD.

Adult Daily Living Skills: This will provide basic education on hygiene, nutrition, budgeting, transportation, communication and community resources.

Crisis Cycle Group: This will discuss and review individuals pattern of crisis and interplay between AOD, mental health and HIV/AIDS symptoms.

Activity Groups: This will include groups that practice relaxation techniques, and various other activities designed to promote recovery.

Relapse Prevention: This will focus on the identification of relapse warning signs, daily problem solving, developing support networks, and peer leadership.

Issues Groups: These groups will address issues specific to people of color, people with HIV/AIDS, and Transgender clients. An Issues Group for HIV/AIDS, for example, may include information related to partner notification, nutrition, medication management, dementia, and risk reduction behavior.

Relapse Intervention Activities:

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

Peer Support and Mentoring:

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

Ongoing Assessment:

On-going assessments will refine prior diagnostic findings, evaluate treatment effectiveness, and the continued use of medication or treatment interventions. This information will also be used to revise treatment plans.

Progression: Treatment at Acceptance Place is designed to address:

the nature of AOD use, abuse, addiction and denial;

the impact of HIV and mental health on substance abuse patterns;
all areas in an individual's life, i.e., social, medical, economic, cultural and psychological factors;
relapse as a function of the disease and as an incident which informs treatment planning;
recovery as a fundamental shift in self-perception, behavior patterns, and relationships.

To this end, different program components fit together to enhance the development of the client's self-esteem, community participation, self-determination, and the support necessary to sustain healthy sober functioning.

During the first two weeks, clients are expected to:

- Get medical clearance, TB test;
- Secure benefits, entitlements (GA, SSI, food stamps);
- Develop daytime activity plan;
- Meet with counselor and begin work on individual recovery plan;
- Become acquainted with household routine, complete chores, attend all meetings;
- Remain in house, except when to accomplish the above.

During the first month, clients are expected to:

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

- Design a recreation and medication plan;
- Develop external community support system/network (recovery meetings, etc.)
- Develop re-entry plan, present to residents and staff.

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

- Complete supportive housing and transition plans;
- Role model household and community behavior to others;
- Continue all external activities (including employment or volunteer work);
- Begin continuing after-care support planning and activities.

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

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

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

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

Psycho-Social: Benefits assistance, vocational training, education, legal services, criminal justice, practical/peer support, etc.

Aftercare: longer residential treatment, outpatient dual-diagnosis treatment, AA/NA and other self-help groups, and alternative interventions, and vocational rehabilitation.

Service Plans will also be highly individualized with a framework for less intensive to more intensive contact dependent on resident needs.

Clients with HIV, who complete residential treatment and who are referred to Baker's Supported Living Program (BSLP) will be assigned a Case Manager who will coordinate and monitor the aftercare progress of individual clients they transition back into the community.

Counselors will help clients access entitlement programs, prepare application renewals and assist with appeals to San Francisco Department of Human Services (General Assistance), the Social Security Administration (SSI), and San Francisco Redevelopment Agency (rental assistance).

The program will negotiate and access a range of services including HIV/AIDS care, primary care, dental care and

adult day care if needed. Existing MOU's include:
San Francisco General: emergency and primary care
Tom Waddell Clinic: testing and primary care
St. Mary's HIV Program: primary care
AIDS Health Project: case management, testing and counseling

Efforts will be made to place clients needing and desiring "drug-free" housing into supported housing that is affordable, drug-free and provides the peer and community supports needed to re-enter the community. Clients living in other housing situations will also be supported in their efforts to remain drug-free, including those living in the SROs/hotels served by our ISN Team. Referrals will include: Baker Places Supported Housing Programs, SROs/Hotels: Canon Kip, Rose, Cambridge, Altamont, Hamlin and South Park, and the Centralized Housing Information and Placement Service (CHIPS): one-stop shopping HIV/AIDS housing/services intake, placement and referrals operated by AIDS Office.

The Baker Places' Integrated Services Network (ISN) team, staffed by a Project Director, LCSWs, Case Managers, and Case Aides, provides a flexible and added dimension to this project. Clients re-turning to or placed in the seven SROs/hotels served by this project will receive on-going case management and support from this Team as part of their aftercare. This will include crisis management, counseling, access to primary health care, transportation to/from referral sites, and service advocacy. All of these activities are designed to keep clients in independent living situation that they can also return to after relapse. The ISN Team will also be a referral source for clients in crisis.

Outreach: To engage and support potential clients waiting to be admitted or just admitted to this program, staff will maintain contact that uses the initial collection of assessment data to introduce the social model treatment concept. The staff may use this time to collect information on: attitudes towards substance abuse, medical arrest record, stability of withdrawal and mental health symptoms, additional medical information (medications, HIV/AIDS status, medical status, methadone and insulin use) and TB test results.

7. OBJECTIVES AND MEASUREMENTS

PERFORMANCE / OUTCOME OBJECTIVES

Objective A.1: Reduce Psychiatric Symptoms

Objective A.1.a. The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009 – June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

Objective A.2: Reduce Substance Abuse

A.2.A. During Fiscal Year 2010-2011, at least 60% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes.

A.2.b. Provider will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program for 30 days or longer.

A.2.c. Provider will show a reduction of days in jail or prison from admission to discharge for 60% of new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer.

Objective B.2: Collect Client Outcomes

B.2.a. During Fiscal 2010-11, 70% of treatment episodes will show 3 or more service days of treatment within 30

days of admission as measured by BIS indicating clients engaged in the treatment process.

Objective F.1. Health Disparity in African Americans

F.1.a. Metabolic screening (height, weight, blood pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available.

F.1.b. All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred, per AVATAR.

F.1.c. 75% of clients who are in treatment longer than 90 days will have, upon discharge, an identified primary care provider, as documented in AVATAR.

Objective G.1. Alcohol Use & Dependency

G.1.a. Information on self-help alcohol and drug addiction recovery groups will be kept on prominent display and distributed to clients and families when appropriate at all program sites.

G.1.b. Provider will develop clinically appropriate interventions (evidence-based practices or practice-based evidence) to meet the needs of the specific population served, and to inform the SOC program managers about the interventions.

Objective H.1. Planning for Performance Objectives FY 2011-2012

H.1.a. Provider will remove any barriers to accessing services by African American individuals and families. SOC, Program Review and QI units will provide feedback to contractor via new clients survey with suggested interventions. Provider will establish performance improvement objective for the following year based on feedback from the survey.

H.1.b. Provider will promote engagement and remove barriers to retention by African American individuals and families. Program Evaluation Unit will provide feedback to contractor based on client retention data and will establish performance improvement objective for the following year based on that data.

8. CONTINUOUS QUALITY IMPROVEMENT

Weekly clinical supervision of each staff member provides the Program Director with a means to evaluate clinical services and the quality of individual treatment plans, which are formulated in concrete, behavioral terms that can be observed and measured. These evaluations are presented and reviewed in weekly supervision of the Program Director to the Division Director and in group supervision of all Program Directors twice monthly. Program Directors meetings consist of opportunities to present cases for conference, discussion and peer review.

Division Directors routinely present information gathered in the two forums referenced above, to the Senior Management Team for review and discussion, and for possible revision and improvement of program design, clinical supervision, and other issues. New policies or procedures in the interest of improving quality are formulated at this organizational level and then implemented for initial periods by programs. Following that initial implementation, feedback is considered for evaluation and continuation or further revision.

Incident reports, client grievances, and results of client community meetings are also presented to Senior Management and a similar process is developed to respond to issues raised from these items.

The program also is visited and evaluated at least annually by the State Dept. of Alcohol and Drug Programs for ongoing compliance with licensure and certification regulations.

Client length of stay is ultimately determined by the UR of the DPH Placement Team or TAP (Treatment Access

Program). Such UR approval will be required for reimbursement.

1. AGENCY AND PROGRAM IDENTIFICATION

Baker Places, Inc.
Joe Healy Medical Detox Project
120 Page Street
San Francisco, CA 94102
415-553-4490
415-553-4493 (Fax)

2. NATURE OF DOCUMENT

This is a new contract.

3. GOAL STATEMENT

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

4. TARGET POPULATION

This program targets San Francisco residents who are abusing, addicted to and intoxicated from alcohol and other drugs.

1. Adults, 18 years of age or older
2. Men, Women and Transgender individuals
3. Homeless

5. MODALITIES / INTERVENTIONS

Modality of Services / Intervention

This program provides medically managed detoxification in a residential setting.

Description of Billable Service

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

6. METHODOLOGY

A. The program conducts outreach by maintaining daily contact with referral sources in the San Francisco Department of Public Health Community Programs and San Francisco General Hospital and Clinics. Since all referrals must be screened and authorized through the DPH systems of care, no further advertising or promotion is undertaken. Daily census and number of vacancies are reported daily.

B. Detoxification services are provided to adults over the age of 18 years, who have been medically cleared to rule out eligibility and/or need for hospitalization or invasive procedures (i.e. hydration, abscess drainage, infusion) and contagious diseases (e.g. tuberculosis). Eligible participants will have been screened for clear sensorium and lack of delirium tremens. A measure of motivation or, at minimum, compliance, is assumed, as is the ability to understand and follow instructions and to take oral medications.

The initial health clearance screening is provided by CHN physicians at Tom Waddell Health Clinic, the MacMillan Stabilization Project, San Francisco General Hospital or another local clinic, and will

include medical history, physical exam, phlebotomy, and necessary laboratory evaluations. Signs and symptoms of withdrawal are assessed and each individual will be assigned to appropriate protocols for detoxification with medical support as necessary.

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

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

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

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

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

Schedule: The weekly schedule of activities is approximately as follows, with some variation based upon the household composition or individual treatment needs:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8am-9am	Breakfast/ Clean-up	Breakfast/ Clean-up	Breakfast/ Clean-up	Breakfast/ Clean-up	Breakfast/ Clean-up	Breakfast/ Clean-up	Breakfast/ Clean-up
9am-10am	Morning Community Meeting	Morning Community Meeting	Morning Community Meeting	Morning Community Meeting	Morning Community Meeting	Morning Community Meeting	Morning Community Meeting
10am-11am	Chores	Chores	Chores	Chores	Chores	Chores	Chores
11am-12p	Health Education	Relapse Prevention	Discharge Planning Group	Behavior Management	Spirituality	Universal Precautions	Spirituality
12p-1p	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
1p-2p	Activities Group	Activities Group	Staff Meeting (Break for Clients)	Activities Group	Activities Group	Process Group	Process Group
2p-3p	Life Skills	Medication Management	Break	Health Education	Orientation Group	Visiting Hours	Visiting Hours
3p-4p	Break	Break	Activities Group	Break	Break	Visiting Hours	Visiting Hours
4p-5p	Reading Group	Break	HIV Education	Break	Break	Visiting Hours	Visiting Hours
5p-6p	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
6p-7p	Evening Community Meeting	Evening Community Meeting	Evening Community Meeting	Evening Community Meeting	Evening Community Meeting	Evening Community Meeting	Evening Community Meeting
7p-8p		In-House 12-Step Meeting					In-House 12- Step Meeting
8p-9p			Compass Group (Outside mtg. - 9p)				

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

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

7. OBJECTIVES AND MEASUREMENTS

A: PERFORMANCE /OUTCOME OBJECTIVES

Objective A.1: Reduce Psychiatric Symptoms

Objective A.1.a. The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009 – June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

Objective A.2: Reduce Substance Abuse

A.2.c. Provider will show a reduction of days in jail or prison from admission to discharge for 60% of new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer.

Objective B.2: Collect Client Outcomes

B.2.a. During Fiscal 2010-11, 70% of treatment episodes will show 3 or more service days of treatment within 30 days of admission as measured by BIS indicating clients engaged in the treatment process.

Objective F.1. Health Disparity in African Americans

F.1.a. Metabolic screening (height, weight, blood pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available.

F.1.b. All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred, per AVATAR.

Objective G.1. Alcohol Use & Dependency

G.1.a. Information on self-help alcohol and drug addiction recovery groups will be kept on prominent display and distributed to clients and families when appropriate at all program sites.

G.1.b. Provider will develop clinically appropriate interventions (evidence-based practices or practice-based evidence) to meet the needs of the specific population served, and to inform the SOC program managers about the interventions.

Objective H.1. Planning for Performance Objectives FY 2011-2012

H.1.a. Provider will remove any barriers to accessing services by African American individuals and families. SOC, Program Review and QI units will provide feedback to contractor via new clients survey with suggested interventions. Provider will establish performance improvement objective for the following year based on feedback from the survey.

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8. CONTINUOUS QUALITY IMPROVEMENT

Weekly clinical supervision of each staff member provides the Program Director with a means to evaluate clinical

services and the quality of individual treatment plans, which are formulated in concrete, behavioral terms that can be observed and measured. These evaluations are presented and reviewed in weekly supervision of the Program Director to the Division Director and in group supervision of all Program Directors twice monthly. Program Directors meetings consist of opportunities to present cases for conference, discussion and peer review.

A monthly medical management and quality review is convened by the Executive Director and the Physician to provide oversight and improvement of all medical practices. Attending that meeting are the physicians, nurse practitioners, physician's assistants, medical intake manager, nursing supervisor, as well as the program and division directors and the agency's director of operations.

Division Directors routinely present information gathered in the two forums referenced above, to the Senior Management Team for review and discussion, and for possible revision and improvement of program design, clinical supervision, and other issues. New policies or procedures in the interest of improving quality are formulated at this organizational level and then implemented for initial periods by programs. Following that initial implementation, feedback is considered for evaluation and continuation or further revision.

Incident reports, client grievances, and results of client community meetings are also presented to Senior Management and a similar process is developed to respond to issues raised from these items.

The program also is visited and evaluated at least annually by the State Dept. of Alcohol and Drug Programs for ongoing compliance with licensure and certification regulations.

Client length of stay is ultimately determined by the UR of the DPH Placement Team or TAP (Treatment Access Program). Such UR approval will be required for reimbursement.

6. EVALUATION

The program accepts and will comply with the following requirements of CSAS:

- Maintain connection to BIS database;
- Remain committed to collecting client and service data with integrity by appropriately trained and skilled staff;
- Enter data into BIS computerized database as instructed by appropriately trained staff in an accurate and timely manner so that the agency's Finance Department may prepare accurate invoices;
- Review, analyze, comment and reconcile reports prepared by CSAS; including keeping these reports organized and on-site, and
- Maintain certification and licensure with California DADP by being in compliance with all standards dated July 1999.

**Appendix B
Calculation of Charges**

1. Method of Payment

FFS' Option

A. Contractor shall submit monthly invoices by the fifteenth (15th) working day of each month, in the format attached in Appendix F, based upon the number of units of service that were delivered in the immediately preceding month. All deliverables associated with the Services listed in Section 2 of Appendix A, times the unit rate as shown in the Program Budgets listed in Section 2 of Appendix B shall be reported on the invoice(s) each month

Actual Cost

A. Contractor shall submit monthly invoices in the format attached in Appendix F, by the fifteenth (15th) working day of each month for reimbursement of the actual costs for Services of the immediately preceding month. All costs associated with the Services shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after Services have been rendered and in no case in advance of such Services.

2. Program Budgets and Final Invoice

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

Budget Summary

Appendix B-1 AILP

Appendix B-2 Odyssey House

Appendix B-3 Grove Street House

Appendix B-4a Baker Street House

Appendix B-4b Robertson Place

Appendix B-4c Jo Ruffin Place

Appendix B-4d San Jose Place

Appendix B-5 Acceptance Place

Appendix B -6 Joe Healy Medical Detox

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, \$7,440,613 is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

The maximum dollar for each term shall be as follows:

Term	Amount
07/01/2010-06/30/2011	\$ 10,413,054
07/01/2011-06/30/2012	\$ 11,464,901
07/01/2012-06/30/2013	\$ 11,464,901
07/01/2013-06/30/2014	\$ 11,464,901
07/01/2014-06/30/2015	\$ 11,464,901
07/01/2015-12/31/2015	\$ 5,732,451

Contingency \$ 7,440,613
Total \$69,445,722

C. Contractor agrees to comply with its Program Budgets of Appendix B in the provision of Services. Changes to the budget that do not increase or reduce the maximum dollar obligation of the City are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Contractor agrees to comply fully with that policy/procedure

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

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

E. 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, -CITY agrees to make initial payments to the CONTRACTOR of One Million One Hundred Three Thousand Five Hundred Forty Five Dollars (\$1,103,545) for Contract Number BPHM06500002 and One Million Four Hundred Seventy Nine Thousand Seven Hundred Nineteen Dollars (\$1,479,719) for Contract Number BPHM07000074 for a total initial payment of Two Million Five Hundred Eighty Three Thousand Two Hundred Sixty Four Dollars (\$2,583,264). CONTRACTOR agrees that a reduction shall be made from monthly payments to CONTRACTOR equal to one tenth (1/10) of the initial payment for the period October 1, 2010 through March 31, 2011. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the advance being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

FFS option

F. A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of the Agreement, and shall include only those 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 the Program Budgets attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

Actual Cost Option

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

DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is: <input type="checkbox"/> New <input checked="" type="checkbox"/> XX <input type="checkbox"/> Renewal <input type="checkbox"/> Modification						
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY):		
LEGAL ENTITY NUMBER: 00339						
LEGAL ENTITY/CONTRACTOR NAME: Baker Places Inc.						
APPENDIX NUMBER	B-1	B-2	B-3	B-4a	B-4b	PAGE TOTAL
PROVIDER NUMBER	8908	3840	8878	3839	3885	
PROVIDER NAME:	AILP	Odyssey House	Grove Street House	Baker Street House	Robertson Place	
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	624,710	322,758	835,764	552,975	564,139	2,900,346
OPERATING EXPENSE	456,124	51,436	203,699	259,663	181,004	1,151,926
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	1,080,834	374,194	1,039,463	812,638	745,143	4,052,272
INDIRECT COST AMOUNT:	126,100	44,892	124,698	97,517	89,417	482,624
INDIRECT %	12%	12%	12%	12%	12%	12%
TOTAL FUNDING USES:	1,206,934	419,086	1,164,161	910,155	834,560	4,534,096
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	323,172	92,890	394,522	328,438	249,954	1,389,976
ARRA SDMC FFP (11.59)	66,541	66,541	66,544	66,541	66,541	332,708
STATE REVENUES - click below						
GRANTS - click below						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
3RD PARTY PAYOR REVENUES - click below						
REALIGNMENT FUNDS	224,069	91,665	265,089	227,668	181,969	990,460
COUNTY GENERAL FUND	593,155	167,991	394,358	229,934	286,381	1,671,819
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	1,206,937	419,087	1,120,513	853,581	784,845	4,384,963
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
WORK ORDERS - click below						
3RD PARTY PAYOR REVENUES - click below						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	1,206,937	419,087	1,120,513	853,581	784,845	4,384,963
NON-DPH REVENUES - click below						
Patient/Client Fees			43,651	56,573	49,715	149,939
Provider's Fund						
TOTAL NON-DPH REVENUES			43,651	56,573	49,715	149,939
TOTAL REVENUES (DPH AND NON-DPH)	1,206,937	419,087	1,164,164	910,154	834,560	4,534,902
Prepared by/Phone #:		Judith E Stevenson 415-864-4655			DATE: 7/20/2010	

DPH Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is:		New XX	Renewal	Modification		
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY):		
LEGAL ENTITY NUMBER: 00339						
LEGAL ENTITY/CONTRACTOR NAME: Baker Places Inc.						
APPENDIX NUMBER	B-4c	B-4d	B-5	B-6		
PROVIDER NUMBER	8991	38BS1	38752	38442	APPENDIX B	
PROVIDER NAME:	Jo Ruffin Place	San Jose Place	Acceptance Place	Joe Healy Medical Detox	PAGE TOTAL	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	718,833	619,650	465,517	2,343,488	4,147,468	7,047,814
OPERATING EXPENSE	251,929	149,997	155,519	829,355	1,386,800	2,538,726
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	970,762	769,647	621,036	3,172,823	5,534,268	9,686,540
INDIRECT COST AMOUNT	116,491	92,358	74,524	380,730	664,103	1,146,727
INDIRECT %	12%	12%	12%	12%	12%	12%
TOTAL FUNDING USES:	1,087,253	862,005	695,560	3,553,553	6,198,371	10,733,267
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	378,070	241,405			619,475	2,009,451
ARRA SDMC FFP (11.59)	66,541	66,541			133,082	465,790
STATE REVENUES - click below						
GRANTS - click below						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
3RD PARTY PAYOR REVENUES - click below						
REALIGNMENT FUNDS	254,391	178,353			432,744	1,423,204
COUNTY GENERAL FUND	342,107	336,508			678,613	2,350,432
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	1,041,109	822,805	-	-	1,863,914	6,248,877
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
WORK ORDERS - click below						
3RD PARTY PAYOR REVENUES - click below						
COUNTY GENERAL FUND			610,627	3,553,553	4,164,180	4,164,180
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	610,627	3,553,553	4,164,180	4,164,180
TOTAL DPH REVENUES	1,041,109	822,805	610,627	3,553,553	6,028,094	10,413,057
NON-DPH REVENUES - click below						
Patient/Client Fees	46,144	39,200	40,000	-	125,344	275,283
Provider's Fund			44,934		44,934	44,934
TOTAL NON-DPH REVENUES	46,144	39,200	84,934	-	170,278	320,217
TOTAL REVENUES (DPH AND NON-DPH)	1,087,253	862,005	695,561	3,553,553	6,198,372	10,733,274
Prepared by/Phone #:		Judith E Stevenson 415-864-4655			DATE: 7/20/2010	

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

FISCAL YEAR: 2010-2011								APPENDIX #: B-1 PAGE 1
LEGAL ENTITY NAME: Baker Places Inc								PROVIDER #: 8908
PROVIDER NAME: AILP								
REPORTING UNIT NAME:								
REPORTING UNIT:	8908OP	8908OP	8908OP	8908OP	8908OP	8908OP	8908OP	
MODE OF SVCS / SERVICE FUNCTION CODE:	15/01-09	15/10-59	15/10-59	15/10-59	15/10-59	15/70-78	45/20-29	
SERVICE DESCRIPTION:	Case Mgt Brokerage	MHS - Ind.	MHS - Grp	MHS - Assess	MHS - Co-Interal	Crisis Intervention-OP	Community Client Svcs	
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
FUNDING USES:								
SALARIES & EMPLOYEE BENEFITS	4,057	302,088	248,488	84,778	18,873	14,448	624,710	
OPERATING EXPENSE	2,787	206,045	170,100	23,722	13,556	8,854	456,124	
CAPITAL OUTLAY (COST \$5,000 AND OVER)							0	
SUBTOTAL DIRECT COSTS	6,824	508,133	418,588	108,500	32,429	23,302	1,080,834	
INDIRECT COST AMOUNT	819	60,874	50,360	7,020	4,011	2,916	126,100	
TOTAL FUNDING USES	7,643	569,007	470,028	115,520	36,440	26,218	1,206,934	
CBHS MENTAL HEALTH FUNDING SOURCES								
FEDERAL REVENUES - click below								
SDMC Regular FFP (50%)	2,099	158,284	120,084	17,981	10,281	7,473	323,172	
ARRA SDMC FFP (11.59)	432	32,176	26,574	3,704	2,117	1,539	66,541	
STATE REVENUES - click below								
GRANTS - click below	CFDA #:							
Please enter other here if not in pull down								
PRIOR YEAR ROLL OVER - click below								
WORK ORDERS - click below								
Please enter other here if not in pull down								
3RD PARTY PAYOR REVENUES - click below								
Please enter other here if not in pull down								
REALIGNMENT FUNDS	1,456	106,345	88,488	12,474	7,128	5,181	224,069	
COUNTY GENERAL FUND	3,657	272,304	224,885	31,551	17,915	18,023	593,155	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	7,643	669,088	470,028	115,520	37,441	27,216	1,206,937	
CBHS SUBSTANCE ABUSE FUNDING SOURCES								
FEDERAL REVENUES - click below								
STATE REVENUES - click below								
GRANTS/PROJECTS - click below	CFDA #:							
Please enter other here if not in pull down								
WORK ORDERS - click below								
Please enter other here if not in pull down								
3RD PARTY PAYOR REVENUES - click below								
Please enter other here if not in pull down								
COUNTY GENERAL FUND								
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES								
TOTAL DPH REVENUES	7,643	669,088	470,028	115,520	37,441	27,216	1,206,937	
NON-DPH REVENUES - click below								
TOTAL NON-DPH REVENUES	0	0	0	0	0	0	0	
TOTAL REVENUES (DPH AND NON-DPH)	7,643	669,088	470,028	115,520	37,441	27,216	1,206,937	
CBHS UNITS OF SVCS/TIME AND UNIT COST:								
UNITS OF SERVICE								
UNITS OF TIME	3,841	218,880	180,780	25,200	14,400	11,080	N/A	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	1.98	2.80	2.80	2.80	2.80	2.27	CR	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	1.89	2.80	2.80	2.80	2.80	2.27	CR	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	2.60							
UNDUPLICATED CLIENTS	130	130	130	130	130	130	130	

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8908
 Provider Name (same as line 8 on DPH 1): ASSISTED INDEPENDENT LIVING PROGRAM (AILP)

APPENDIX #: B-1 Page 2
 Document Date: 07/01/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction	
	Term: 7/1/10-6/30/11 FTE	SALARIES	Term: 7/1/10-6/30/11 FTE	SALARIES	Term: 7/1/10-6/30/11 FTE	SALARIES	Term: 7/1/10-6/30/11 FTE	SALARIES	Term: 7/1/10-6/30/11 FTE	SALARIES	Term: 7/1/10-6/30/11 FTE	SALARIES
Clinical/Division Director	0.023	\$2,562	0.023	\$2,562								
Project Director	0.500	\$33,820	0.500	\$33,820								
Clinical Supervisor	0.750	\$37,733	0.750	\$37,733								
Case Managers	7.000	\$288,400	7.000	\$288,400								
Intake Specialist	0.500	\$19,482	0.500	\$19,482								
Housing Coordinator	0.600	\$26,429	0.600	\$26,429								
Facilities Management	1.800	\$60,972	1.800	\$60,972								
Clerk/Receptionist	0.75	\$22,500	0.75	\$22,500								
TOTALS	11.92	\$491,898	11.92	\$491,898	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS	27%	\$132,812	27%	\$132,812	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
TOTAL SALARIES & BENEFITS		\$624,710		\$624,710		\$0		\$0		\$0		\$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-1 Page 3
Document Date: 07/01/10

Provider Number (same as line 7 on DPH 1): 8908
Provider Name (same as line 8 on DPH 1): AILP

Expenditure Category

Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names,
Dates, Hours & Amounts):

OTHER

Co-op Rents and Utilities
Client-Related Expense (Program, Transport,
Educational Supplies, Food, Events
One-Time Expense Transition Voc Svcs. To GVE

TOTAL OPERATING EXPENSE

TOTAL	GENERAL FUND & (Agency- generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: _____ (dept. name)	WORK ORDER #2: _____ (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
\$ 96,729.00	\$ 96,729.00				
\$ 43,789.00	\$ 43,789.00				
\$ 6,600.00	\$ 6,600.00				
\$ 25,252.00	\$ 25,252.00				
\$ 500.00	\$ 500.00				
\$ 7,887.00	\$ 7,887.00				
\$ 1,500.00	\$ 1,500.00				
\$ 3,920.00	\$ 3,920.00				
\$ 6,097.00	\$ 6,097.00				
\$ 210,956.00	\$ 210,956.00				
\$ 22,894.00	\$ 22,894.00				
\$ 30,000.00	\$ 30,000.00				
\$ 456,124.00	\$ 456,124.00	\$0	\$0	\$0	\$0

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

FISCAL YEAR: 2010-2011		APPENDIX #: B-2 Page 1						
LEGAL ENTITY NAME: Baker Placess Inc		PROVIDER #: 00339						
PROVIDER NAME: Odyssey House		DATE: 7/20/2010						
REPORTING UNIT NAME:								
REPORTING UNIT:		3840OP						
MODE OF SVCS / SERVICE FUNCTION CODE		15/01-09	15/10-55	15/10-59	15/10-59	10/60-69	15/70-79	
SERVICE DESCRIPTION		Case Mgt Brokerage	MHS - Ind.	MHS - Grp	MHS - Assess	MHS - Collateral	Crisis Intervention-OP	TOTAL
CBHS FUNDING TERM:		7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11
FUNDING USES:								
SALARIES & EMPLOYEE BENEFITS		4,057	159,897	57,781	5,545	83,178	12,322	322,758
OPERATING EXPENSE		2,787	23,361	8,205	884	13,255	1,894	51,436
CAPITAL OUTLAY (COST \$5,000 AND OVER)								0
SUBTOTAL DIRECT COSTS		6,824	183,258	66,986	6,429	96,433	14,216	374,194
INDIRECT COST AMOUNT		819	21,065	8,034	771	11,589	1,714	44,862
TOTAL FUNDING USES:		7,643	205,243	75,000	7,200	108,000	16,000	419,056
CBHS MENTAL HEALTH FUNDING SOURCES								
FEDERAL REVENUES - click below								
SDMC Regular FFP (50%)		1,894	45,492	16,624	1,688	23,938	3,548	92,880
ARRA SDMC FFP (11.58)		1,214	32,588	11,908	1,148	17,148	2,540	66,541
STATE REVENUES - click below								
GRANTS - click below								
CFDA #:								
Please enter other here if not in pull down								
PRIOR YEAR ROLL OVER - click below								
WORK ORDERS - click below								
Please enter other here if not in pull down								
3RD PARTY PAYOR REVENUES - click below								
Please enter other here if not in pull down								
REALIGNMENT FUNDS		1,872	44,882	16,404	1,575	23,822	3,500	91,885
COUNTY GENERAL FUND		3,084	82,271	30,084	2,886	43,282	8,414	187,991
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		7,644	205,243	75,000	7,200	108,000	16,000	419,087
CBHS SUBSTANCE ABUSE FUNDING SOURCES:								
FEDERAL REVENUES - click below								
STATE REVENUES - click below								
GRANTS/PROJECTS - click below								
CFDA #:								
Please enter other here if not in pull down								
WORK ORDERS - click below								
Please enter other here if not in pull down								
3RD PARTY PAYOR REVENUES - click below								
Please enter other here if not in pull down								
COUNTY GENERAL FUND								
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES								
TOTAL DPH REVENUES		7,644	205,243	75,000	7,200	108,000	16,000	419,087
NON-DPH REVENUES - click below								
Patient/Client Fees								
TOTAL NON-DPH REVENUES		0	0		0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)		7,644	205,243	75,000	7,200	108,000	16,000	419,087
CBHS UNITS OF SVCS/TIME AND UNIT COST:								
UNITS OF SERVICE ¹								
UNITS OF TIME ²		3,800	68,414	25,000	2,400	36,000	4,000	139,414
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		2.12	3.00	3.00	3.00	3.00	4.00	
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)		2.12	3.00	3.00	3.00	3.00	4.00	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)		4.6						
UNDUPLICATED CLIENTS		12	12	12	12	12	10	12

2.12

3

3

3

3

4

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 3840
 Provider Name (same as line 8 on DPH 1): Odyssey House

APPENDIX #: B-2 Page 2
 Document Date: 07/01/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction	
	Term: 7/1/10-6/30/11		Term: 7/1/10-6/30/11		Term: 7/1/10-6/30/11		Term: 7/1/10-6/30/11		Term: 7/1/10-6/30/11		Term: 7/1/10-6/30/11	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Clinical/Division Director	0.010	\$ 1,000.00	0.010	\$ 1,000.00								
Program Directors	1.000	\$ 62,659.00	1.000	\$ 62,659.00								
Residential Counselors	5.500	\$ 178,000.00	5.500	\$ 178,000.00								
Relief Staff	0.500	\$ 12,480.00	0.500	\$ 12,480.00								
TOTALS	7.01	\$254,139	7.01	\$254,139	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS 27% \$88,618 27% \$88,618 #DIV/0! #DIV/0! #DIV/0! #DIV/0!

TOTAL SALARIES & BENEFITS \$322,757 \$322,757 \$0 \$0 \$0 \$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-2 Page 3
Document Date: 07/01/10

Provider Number (same as line 7 on DPH 1): 3840
Provider Name (same as line 8 on DPH 1): Odyssey House

Expenditure Category

Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names,
Dates, Hours & Amounts)

OTHER

Client-Related Expense (Food, Transportation,
Household Goods, Hygiene & Medical, etc.
Misc. Operating Expense (Dues, Fees, Licenses)

TOTAL	GENERAL FUND & (Agency- generated) OTHER REVENUE	GRANT #1: _____ (grant title)	GRANT #2: _____ (grant title)	WORK ORDER #1: _____ (dept. name)	WORK ORDER #2: _____ (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
\$ 18,270.00	\$ 18,270.00				
\$ 6,060.00	\$ 6,060.00				
\$ 5,000.00	\$ 5,000.00				
\$ 500.00	\$ 500.00				
\$ 3,758.00	\$ 3,758.00				
\$ 900.00	\$ 900.00				
\$ 693.00	\$ 693.00				
\$ 3,112.00	\$ 3,112.00				
\$ 10,000.00	\$ 10,000.00				
\$ -	\$ -				
\$ 3,143.00	\$ 3,143.00				
TOTAL OPERATING EXPENSE	\$51,436	\$51,436	\$0	\$0	\$0

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

FISCAL YEAR: 2010-2011		APPENDIX #: B-3 Page 1				
LEGAL ENTITY NAME: Baker Placess Inc		PROVIDER #: 00339				
PROVIDER NAME: Grove Street House		DATE: 7/20/2010				
REPORTING UNIT NAME:						
REPORTING UNIT:		8978-1	8978-1	8978OP		
MODE OF SVCS / SERVICE FUNCTION CODE		05/40-49	60/40-49	15/60-69		
SERVICE DESCRIPTION		Adult Crisis Residential	Life Support-Bd&Care	Medication Support	#N/A	#N/A
CBHS FUNDING TERM:		7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11		
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS		804,014	0	31,750		835,764
OPERATING EXPENSE		102,256	38,974	62,469		203,699
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS		906,270	38,974	94,219	0	1,039,463
INDIRECT COST AMOUNT		108,718	4,677	11,306		124,701
TOTAL FUNDING USES:		1,014,988	43,651	105,525	0	1,164,164
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
ARRA SDMC FFP (11.59)		359,503		35,019		394,522
		59,903		6,641		66,544
STATE REVENUES - click below						
GRANTS - click below		CFDA #:				
Please enter other here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS		244,955		20,134		265,089
COUNTY GENERAL FUND		350,627		43,731		394,358
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		1,014,988		105,525		1,120,513
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below		CFDA #:				
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES		1,014,988		105,525		1,120,513
NON-DPH REVENUES - click below						
Patient/Client Fees			43,651			
TOTAL NON-DPH REVENUES		0	43,651	0	0	43,651
TOTAL REVENUES (DPH AND NON-DPH)		1,014,988	43,651	105,525		1,164,164
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹		3,285	3,285			
UNITS OF TIME ²				31,200		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		308.98	13.29	3.38	0.00	0.00
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		308.98	0.00	3.38	0.00	0.00
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)		\$375.00		4.50		
UNDUPLICATED CLIENTS		100		100		

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8978
 Provider Name (same as line 8 on DPH 1): Grove Street House

APPENDIX #: B-3 Page 2
 Document Date: 07/01/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:		GRANT #2:		WORK ORDER #1:		WORK ORDER #2:	
	Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction	
	Term: 7/1/10-6/30/11		Term: 7/1/10-6/30/11		Term: 7/1/10-6/30/11		Term: 7/1/10-6/30/11		Term: 7/1/10-6/30/11		Term: 7/1/10-6/30/11	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Clinical/Division Director	0.300	\$ 26,923.00	0.300	\$ 26,923.00								
Program Managers	2.000	\$ 121,335.00	2.000	\$ 121,335.00								
Residential Counselors	12.000	\$ 442,971.00	12.000	\$ 442,971.00								
Relief Counselors	1.000	\$ 25,000.00	1.000	\$ 25,000.00								
Support Services	0.600	\$ 11,712.00	0.600	\$ 11,712.00								
Nurse Practitioner	0.225	\$ 25,000.00	0.225	\$ 25,000.00								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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	0.00	\$ -										
	0.00	\$ -										
TOTALS	16.13	\$652,941	16.13	\$652,941	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS 28% \$182,823 28% \$182,823 #DIV/0! #DIV/0! #DIV/0! #DIV/0!

TOTAL SALARIES & BENEFITS \$835,764 \$835,764 \$0 \$0 \$0 \$0
 \$837,604

DPH 4: Operating Expenses Detail

APPENDIX #: B-3 Page 3
Document Date: 07/01/10

Provider Number (same as line 7 on DPH 1):
Provider Name (same as line 8 on DPH 1):

8978
Grove Street House

Expenditure Category

Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names,
Dates, Hours & Amounts)

Psychiatrist - Dr. Donald Tarver

OTHER
Client-Related Expense (Food, Household, Program,
Educational Supplies, Transport, Personal Hygiene)
Misc. Gen. Operating Not Listed Above

TOTAL	GENERAL FUND & (Agency- generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____	Term: _____
\$ 86,680.62					
\$ 24,917.00					
\$ 8,500.00					
\$ 8,133.00					
\$ 500.00					
\$ 8,900.00					
\$ 2,500.00					
\$ 1,800.00					
\$ 3,165.00					
\$ -					
\$ -					
\$ 10,000.00					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 48,603.00					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
TOTAL OPERATING EXPENSE	\$203,699	\$0	\$0	\$0	\$0

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

FISCAL YEAR: 2010-2011		APPENDIX #: B-4a Page 1				
LEGAL ENTITY NAME: Baker Places Inc		PROVIDER #: 00339				
PROVIDER NAME: Baker Street House		DATE: 7/20/2010				
REPORTING UNIT NAME:						
REPORTING UNIT:	3839-1	3839-1	3839DT			
MODE OF SVCS / SERVICE FUNCTION CODE	05/85-79	60/40-49	10/95-99			
SERVICE DESCRIPTION	Adult Residential	Life Support-Bd&Care	Day Rehab Full day	#N/A	#N/A	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11			
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	377,625	0	175,350			552,975
OPERATING EXPENSE	142,000	50,512	67,151			259,663
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	519,625	50,512	242,501	0	0	812,638
INDIRECT COST AMOUNT	62,355	6,061	29,100			97,517
TOTAL FUNDING USES:	581,980	56,573	271,601	0	0	910,154
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	206942		122,496			329,438
ARRA SDMC FFP (11.59)	59900		6,841			66,541
STATE REVENUES - click below						
GRANTS - click below CFDA #:						
Please enter other here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS	157239		70,429			227,668
COUNTY GENERAL FUND	157899		72,035			229,934
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	581,980		271,601			853,581
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	581,980		271,601			853,581
NON-DPH REVENUES - click below						
Patient/Client Fees		56,573				56,573
TOTAL NON-DPH REVENUES	0	56,573	0	0	0	56,573
TOTAL REVENUES (DPH AND NON-DPH)	581,980	56,573	271,601			910,154
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹	4,599	4,599	2,975			
UNITS OF TIME ²						
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	126.54	12.30	91.29	0.00	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	126.54	0.00	91.29	0.00	0.00	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	\$240.00		215.00			
UNDUPLICATED CLIENTS	74	74	74			

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 3839
 Provider Name (same as line 8 on DPH 1): Baker Street House

APPENDIX #: B-4a Page 2
 Document Date: 07/01/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Clinical/Division Director	0.15	\$ 13,300.00	0.150	\$13,300								
Program Managers	2.00	\$ 131,260.00	2.000	\$131,260								
Residential Counselors	7.00	\$ 239,000.00	7.000	\$239,000								
Support Staff	0.60	\$ 11,712.00	0.600	\$11,712								
Relief Staff	1.00	\$ 40,000.00	1.000	\$40,000								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	10.75	\$435,272	10.75	\$435,272	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS 27% \$117,523 27% \$117,523 #DIV/0! #DIV/0! #DIV/0! #DIV/0!

TOTAL SALARIES & BENEFITS \$552,795 \$552,795 \$0 \$0 \$0 \$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-4a Page 3
Document Date: 07/01/10

Provider Number (same as line 7 on DPH 1): 3839
Provider Name (same as line 8 on DPH 1): Baker Street House

Expenditure Category

Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names,
Dates, Hours & Amounts)
Dr. Donald Tarver, Psychiatrist

OTHER

Client-Related Expense (Food, Transportation,
Household Goods, Hygiene & Medical, etc.
Misc. Operating Expense (Dues, Fees, Licenses)

TOTAL	GENERAL FUND & (Agency- generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: _____ (dept. name)	WORK ORDER #2: _____ (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
\$ 125,000.00	125,000				
\$ 24,987.00	24,987				
\$ 6,700.00	6,700				
\$ 18,000.00	18,000				
\$ 500.00	500				
\$ 5,897.00	5,897				
\$ 1,500.00	1,500				
\$ 1,000.00	1,000				
\$ 3,246.00	3,246				
\$ -					
\$ 10,050.00	10,050				
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 56,283.00	56,283				
\$ -					
\$ 6,500.00	6,500				
\$ -					
\$ -					
TOTAL OPERATING EXPENSE	\$259,663	\$259,663	\$0	\$0	\$0

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

FISCAL YEAR:		2010-2011		APPENDIX #: B-4b Page 1		
LEGAL ENTITY NAME:		Baker Places Inc		PROVIDER #: 00339		
PROVIDER NAME:		Robertson Place		DATE 7/20/2010		
REPORTING UNIT NAME:						
REPORTING UNIT:		3885-1	3885-1	3885DT		
MODE OF SVCS / SERVICE FUNCTION CODE		05/65-79	60/40-49	10/95-99		
SERVICE DESCRIPTION		Adult Residential	Life Support-Bd&Care	Day Rehab Full day	#N/A	#N/A
CBHS FUNDING TERM:		7/1/10-6/30/11				
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS		386,279		177,860		564,139
OPERATING EXPENSE		80,800	44,388	55,816		181,004
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS		467,079	44,388	233,676	0	745,143
INDIRECT COST AMOUNT		56,049	5,327	28,041		89,417
TOTAL FUNDING USES:		523,128	49,715	261,717	0	834,560
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)		124,797		125,157		249,954
ARRA SDMC FFP (11.59)		59,900		6,641		66,541
STATE REVENUES - click below						
GRANTS - click below		CFDA #:				
Please enter other here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS		110,010		71,959		181,969
COUNTY GENERAL FUND		228,421		57,960		286,381
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		523,128		261,717		784,845
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below		CFDA #:				
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES		523,128		261,717		784,845
NON-DPH REVENUES - click below						
Patient/Client Fees			49,715			49,715
TOTAL NON-DPH REVENUES		0	49,715	0	0	49,715
TOTAL REVENUES (DPH AND NON-DPH)		523,128	49,715	261,717		834,560
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹		3,942	3,942	2,400		
UNITS OF TIME ²						
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		132.71	12.61	109.05	0.00	0.00
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)		132.71	0.00	109.05	0.00	0.00
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)		\$250.00		215.00		
UNDUPLICATED CLIENTS		96		96		

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 3885
 Provider Name (same as line 8 on DPH 1): Robertson Place

APPENDIX #: B-4b Page 2
 Document Date: 07/01/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Clinical/Division Director	0.31	\$ 26,786.00	0.313	26,786								
Program Managers	2.00	\$ 110,438.00	2.000	110,438								
Residential Counselors	7.50	\$ 272,388.00	7.500	272,388								
Support Staff	0.60	\$ 11,712.00	0.600	11,712								
Relief Staff	1.00	\$ 22,880.00	1.000	22,880								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	11.41	\$444,204	11.41	\$444,204	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS 27% \$119,935 27% \$119,935 #DIV/0! #DIV/0! #DIV/0! #DIV/0!

TOTAL SALARIES & BENEFITS \$564,139 \$564,139 \$0 \$0 \$0 \$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-4b Page 3
Document Date: 07/01/10

Provider Number (same as line 7 on DPH 1): 3885
Provider Name (same as line 8 on DPH 1): Robertson Place

Expenditure Category

Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names,
Dates, Hours & Amounts)
Dr. Donald Tarver, Psychiatrist

OTHER
Client-Related Expense (Food, Transportation,
Household Goods, Hygiene & Medical, etc.
Misc. Operating Expense (Dues, Fees, Licenses)

TOTAL	GENERAL FUND & (Agency- generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: _____ (dept. name)	WORK ORDER #2: _____ (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
\$ 46,988.00	46,988				
\$ 24,508.00	24,508				
\$ 8,800.00	8,800				
\$ 10,900.00	10,900				
\$ 500.00	500				
\$ 6,723.00	6,723				
\$ 2,300.00	2,300				
\$ 1,535.00	1,535				
\$ 5,682.00	5,682				
\$ -					
\$ 10,000.00	10,000				
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 54,824.00	54,824				
\$ -					
\$ 8,244.00	8,244				
\$ -					
\$ -					

TOTAL OPERATING EXPENSE

\$181,004 \$181,004 \$0 \$0 \$0 \$0

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

FISCAL YEAR: 2010-2011			APPENDIX #: B-4c-Page 1		
LEGAL ENTITY NAME: Baker Places Inc			PROVIDER #: 00339		
PROVIDER NAME: Jo Ruffin Place			DATE: 7/20/2010		
REPORTING UNIT NAME:					
REPORTING UNIT:					
MODE OF SVCS / SERVICE FUNCTION CODE					
SERVICE DESCRIPTION					
CBHS FUNDING TERM:					
FUNDING USES:					
SALARIES & EMPLOYEE BENEFITS	478,748		240,085		718,833
OPERATING EXPENSE	158,047	41,200	52,682		251,929
CAPITAL OUTLAY (COST \$5,000 AND OVER)					0
SUBTOTAL DIRECT COSTS	636,795	41,200	292,767	0	970,762
INDIRECT COST AMOUNT	76,415	4,944	35,132		116,491
TOTAL FUNDING USES:	713,210	46,144	327,899	0	1,087,253
CBHS MENTAL HEALTH FUNDING SOURCES					
FEDERAL REVENUES - click below					
SDMC Regular FFP (50%)	223,796		154,274		378,070
ARRA SDMC FFP (11.58)	59,900		6,641		66,541
STATE REVENUES - click below					
GRANTS - click below	CFDA #:				
Please enter other here if not in pull down					
PRIOR YEAR ROLL OVER - click below					
WORK ORDERS - click below					
Please enter other here if not in pull down					
3RD PARTY PAYOR REVENUES - click below					
Please enter other here if not in pull down					
REALIGNMENT FUNDS	185,437		88,954		254,391
COUNTY GENERAL FUND	264,077		78,030		342,107
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	713,210		327,899		1,041,109
CBHS SUBSTANCE ABUSE FUNDING SOURCES:					
FEDERAL REVENUES - click below					
STATE REVENUES - click below					
GRANTS/PROJECTS - click below	CFDA #:				
Please enter other here if not in pull down					
WORK ORDERS - click below					
Please enter other here if not in pull down					
3RD PARTY PAYOR REVENUES - click below					
Please enter other here if not in pull down					
COUNTY GENERAL FUND					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
TOTAL DPH REVENUES	713,210		327,899		1,041,109
NON-DPH REVENUES - click below					
Patient/Client Fees		46,144			
TOTAL NON-DPH REVENUES	0	46,144	0	0	46,144
TOTAL REVENUES (DPH AND NON-DPH)	713,210	46,144	327,899		1,087,253
CBHS UNITS OF SVCS/TIME AND UNIT COST:					
UNITS OF SERVICE ¹	4,599	4,599	2,800		
UNITS OF TIME ²					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	155.08	10.03	117.11	0.00	0.00
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	155.08	0.00	117.11	0.00	0.00
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	\$240.00		215.00		
UNDUPLICATED CLIENTS	100		100		

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8991
 Provider Name (same as line 8 on DPH 1): Jo Ruffin Place

APPENDIX #: B-4c Page 2
 Document Date: 07/01/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Clinical/Division Director	0.31	\$ 26,779	0.313	26,779								
Program Managers	2.00	\$ 112,433	2.000	112,433								
Residential Counselors	12.00	\$ 367,313	12.000	367,313								
Support Staff	0.60	\$ 11,712	0.600	11,712								
Relief Staff	1.00	\$ 47,773	1.000	47,773								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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	0.00	\$ -										
	0.00	\$ -										
TOTALS	15.91	\$566,010	15.91	\$566,010	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS

27%	\$152,823	27%	\$152,823	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
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TOTAL SALARIES & BENEFITS

\$718,833	\$718,833	\$0	\$0	\$0	\$0
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DPH 4: Operating Expenses Detail

APPENDIX #: B-4c Page 3
Document Date: 07/01/10

Provider Number (same as line 7 on DPH 1): Jo Ruffin Place
Provider Name (same as line 8 on DPH 1): 8991

Expenditure Category

Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names,
Dates, Hours & Amounts)
Dr. Donald Tarver, Psychiatrist

OTHER
Client-Related Expense (Food, Transportation,
Household Goods, Hygiene & Medical, etc.
Misc. Operating Expense (Dues, Fees, Licenses)

TOTAL	GENERAL FUND & (Agency- generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
\$ 96,898.00	96,898				
\$ 40,600.00	40,600				
\$ 8,200.00	8,200				
\$ 9,940.00	9,940				
\$ 500.00	500				
\$ 8,742.00	8,742				
\$ 1,500.00	1,500				
\$ 700.00	700				
\$ 7,250.00	7,250				
\$ -					
\$ 10,000.00	10,000				
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 60,320.00	60,320				
\$ -					
\$ 7,279.00	7,279				
\$ -					
\$ -					
TOTAL OPERATING EXPENSE	\$251,929	\$251,929	\$0	\$0	\$0

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

FISCAL YEAR:		2010-2011			APPENDIX #: B-4d Page 1	
LEGAL ENTITY NAME:		Baker Placess Inc			PROVIDER #: 00339	
PROVIDER NAME:		San Jose Place			DATE 7/20/2010	
REPORTING UNIT NAME:						
REPORTING UNIT:		38BS-1	38BS-1	38BS-2		
MODE OF SVCS / SERVICE FUNCTION CODE		05/65-79	60/40-49	10/95-99		
SERVICE DESCRIPTION		Adult Residential	Life Support-Bd&Care	Day Rehab Full day	#N/A	#N/A
CBHS FUNDING TERM:		7/1/10-6/30/11				
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS		413,287		206,363		619,650
OPERATING EXPENSE		75,305	35,000	39,692		149,997
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS		488,592	35,000	246,055	0	769,647
INDIRECT COST AMOUNT		58,631	4,200	29,527		92,358
TOTAL FUNDING USES:		547,223	39,200	275,582	0	862,005
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)		128,477		112,928		241,405
ARRA SDMC FFP (11.59)		59,900		6,641		66,541
STATE REVENUES - click below						
GRANTS - click below		CFDA #:				
Please enter other here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS		113,381		64,972		178,353
COUNTY GENERAL FUND		245,465		91,041		336,506
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		547,223		275,582		822,805
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below		CFDA #:				
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES		547,223		275,582		822,805
NON-DPH REVENUES - click below						
Patient/Client Fees			39,200			
TOTAL NON-DPH REVENUES		0	39,200	0	0	39,200
TOTAL REVENUES (DPH AND NON-DPH)		547,223	39,200	275,582		862,005
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹		3,614	3,614	2,200		
UNITS OF TIME ²						
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		151.42	10.85	125.26	0.00	0.00
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		151.42	0.00	125.26	0.00	0.00
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)		\$250.00		215.00		
UNDUPLICATED CLIENTS		90		90		

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): San Jose Place
 Provider Name (same as line 8 on DPH 1): 38BS

APPENDIX #: B-4d Page 2
 Document Date: 07/01/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Clinical/Division Director	0.31	\$ 26,674	0.313	26,674								
Program Managers	2.00	\$ 142,840	2.000	142,840								
Residential Counselors	7.50	\$ 264,074	7.500	264,074								
Support Staff	0.60	\$ 11,712	0.600	11,712								
Relief Staff	1.00	\$ 42,613	1.000	42,613								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	11.41	\$487,913	11.41	\$487,913	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS 27% \$131,737 27% \$131,737 #DIV/0! #DIV/0! #DIV/0! #DIV/0!

TOTAL SALARIES & BENEFITS \$619,650 \$619,650 \$0 \$0 \$0 \$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-4d Page 3
Document Date: 07/01/10

Provider Number (same as line 7 on DPH 1): San Jose Place
Provider Name (same as line 8 on DPH 1): 38BS

Expenditure Category

Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-Local & Out of Town
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names,
Dates, Hours & Amounts)
Dr. Donald Tarver, Psychiatrist

OTHER
Client-Related Expense (Food, Transportation,
Household Goods, Hygiene & Medical, etc.
Misc. Operating Expense (Dues, Fees, Licenses)

TOTAL	GENERAL FUND & (Agency- generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
\$ 42,320.00	42,320				
\$ 22,305.00	22,305				
\$ 7,500.00	7,500				
\$ 6,014.00	6,014				
\$ 500.00	500				
\$ 6,188.00	6,188				
\$ 1,000.00	1,000				
\$ 1,100.00	1,100				
\$ 4,660.00	4,660				
\$ -					
\$ 10,000.00	10,000				
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 43,410.00	43,410				
\$ -					
\$ 5,000.00	5,000				
\$ -					
\$ -					
TOTAL OPERATING EXPENSE	\$149,997	\$149,997	\$0	\$0	\$0

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

FISCAL YEAR: 2010-2011		APPENDIX #: B-5 Page 1				
LEGAL ENTITY NAME: Baker Places Inc		PROVIDER #: 00339				
PROVIDER NAME: Acceptance Place		DATE: 7/20/2010				
REPORTING UNIT NAME:						
REPORTING UNIT: 38752						
MODE OF SVCS / SERVICE FUNCTION CODE: Res-51						
SERVICE DESCRIPTION: SA-Res Recov Long Term (over 30 days)						TOTAL
CBHS FUNDING TERM: 7/1/10-6/30/11						7/1/10-6/30/11
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS		465,517				465,517
OPERATING EXPENSE		155,519				155,519
CAPITAL OUTLAY (COST \$5,000 AND OVER)						-
SUBTOTAL DIRECT COSTS		621,036	-	-	-	621,036
INDIRECT COST AMOUNT		74,524				74,524
TOTAL FUNDING USES:		695,560	-	-	-	695,560
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS - click below CFDA #:						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
3RD PARTY PAYOR REVENUES - click below						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES						
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below CFDA #:						
WORK ORDERS - click below						
3RD PARTY PAYOR REVENUES - click below						
COUNTY GENERAL FUND		610,627				610,627
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		610,627	-	-	-	610,627
TOTAL DPH REVENUES		610,627	-	-	-	610,627
NON-DPH REVENUES - click below						
Patient/Client Fees		40,000				40,000
Provider's Fund		44,934				44,934
TOTAL NON-DPH REVENUES		84,934	-	-	-	84,934
TOTAL REVENUES (DPH AND NON-DPH)		695,561	-	-	-	695,561
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹		3,468				
UNITS OF TIME ²						
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		200.57				
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		176.07				
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)		250.00				
UNDUPLICATED CLIENTS		60				

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 38752
 Provider Name (same as line 8 on DPH 1): Acceptance Place

APPENDIX #: B-5 Page 2
 Document Date: 07/01/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Manager	2.05	113,286	2.05	113,286								
S/A Counselors	5.50	225,263	5.50	225,263								
Relief Staff (no benefits)	1.00	28,000	1.00	28,000								
TOTALS	8.55	366,549	8.55	366,549	-	-	-	-	-	-	-	-
EMPLOYEE FRINGE BENEFITS	27%	98,968	27%	98,968	-	-	-	-	-	-	-	-
TOTAL SALARIES & BENEFITS		465,517		465,517	-	-	-	-	-	-	-	-

DPH 4: Operating Expenses Detail

APPENDIX #: B-5 Page 3
 Document Date: 07/01/10

Provider Number (same as line 7 on DPH 1): 38752
 Provider Name (same as line 8 on DPH 1): Acceptance Place

Expenditure Category

Rental of Property
 Utilities(Elec, Water, Gas, Phone, Scavenger)
 Office Supplies, Postage
 Building Maintenance Supplies and Repair
 Printing and Reproduction
 Insurance
 Staff Training
 Staff Travel-(Local & Out of Town)
 Rental of Equipment
 CONSULTANT/SUBCONTRACTOR (Provide Names,
 Dates, Hours & Amounts)

OTHER

Client-Related Expense (Food, Transportation,
 Household Goods, Hygiene & Medical, etc.
 Misc. Operating Expense (Dues, Fees, Licenses)

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
60,756	60,756				
21,000	21,000				
5,717	5,717				
8,332	8,332				
500	500				
4,583	4,583				
1,700	1,700				
1,405	1,405				
2,350	2,350				
44,176	44,176				
-					
5,000	5,000				
-					
-					
TOTAL OPERATING EXPENSE	155,519	155,519	-	-	-

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

FISCAL YEAR: 2010-2011		APPENDIX #: B-6 Page 1	
LEGAL ENTITY NAME: Baker Places Inc		PROVIDER #: 00339	
PROVIDER NAME: Joe Healy Medical Detox		DATE: 7/20/2010	
REPORTING UNIT NAME:			
REPORTING UNIT:	38442		
MODE OF SVCS / SERVICE FUNCTION CODE	Res-50		
SERVICE DESCRIPTION	SA-Res Free Standing Res Detox		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		7/1/10-6/30/11
FUNDING USES:			
SALARIES & EMPLOYEE BENEFITS	2,343,468		2,343,468
OPERATING EXPENSE	829,355		829,355
CAPITAL OUTLAY (COST \$5,000 AND OVER)			-
SUBTOTAL DIRECT COSTS	3,172,823	-	3,172,823
INDIRECT COST AMOUNT	380,730		380,730
TOTAL FUNDING USES:	3,553,553	-	3,553,553
CBHS MENTAL HEALTH FUNDING SOURCES			
FEDERAL REVENUES - click below			-
			-
STATE REVENUES - click below			-
GRANTS - click below	CFDA #:		-
			-
PRIOR YEAR ROLL OVER - click below			-
			-
WORK ORDERS - click below			-
			-
3RD PARTY PAYOR REVENUES - click below			-
			-
REALIGNMENT FUNDS			-
COUNTY GENERAL FUND			-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES:			
FEDERAL REVENUES - click below			-
			-
STATE REVENUES - click below			-
			-
GRANTS/PROJECTS - click below	CFDA #:		-
			-
WORK ORDERS - click below			-
			-
3RD PARTY PAYOR REVENUES - click below			-
			-
COUNTY GENERAL FUND	3,553,553		3,553,553
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	3,553,553	-	3,553,553
TOTAL DPH REVENUES	3,553,553	-	3,553,553
NON-DPH REVENUES - click below			-
			-
TOTAL NON-DPH REVENUES		-	-
TOTAL REVENUES (DPH AND NON-DPH)	3,553,553	-	3,553,553
CBHS UNITS OF SVCS/TIME AND UNIT COST:			
UNITS OF SERVICE ¹	8,376		
UNITS OF TIME ²			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	424.25		
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	424.25		
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	475.00		
UNDULICATED CLIENTS	520		

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 38442
 Provider Name (same as line 8 on DPH 1): Joe Healy Medical Detox

APPENDIX #: B-6 Page 2
 Document Date: 07/01/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Division Director	0.20	26,250	0.20	26,250								
Project Director	1.00	80,000	1.00	80,000								
Assistant Director	2.00	94,500	2.00	94,500								
Medical Director	0.50	89,250	0.50	89,250								
Nurse Practitioner	0.50	52,500	0.50	52,500								
Nursing Supervisor	1.00	100,000	1.00	100,000								
S/A Counselors	12.00	435,885	12.00	435,885								
Driver/Counselor	1.00	39,000	1.00	39,000								
Nursing Staff	11.50	610,293	11.50	610,293								
Support Services	1.50	48,251	1.50	48,251								
Relief Staff (no fringe)	6.00	342,038	6.00	342,038								
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
TOTALS	37.20	1,917,967	37.20	1,917,967	-	-	-	-	-	-	-	-

EMPLOYEE FRINGE BENEFITS	22%	425,501	22%	425,501						
Fringe = (Total Salaries minus Relief Staff Salaries) x 27%										
TOTAL SALARIES & BENEFITS		2,343,468		2,343,468	-	-	-	-	-	-

DPH 4: Operating Expenses Detail

APPENDIX #: B-6 Page 3
 Document Date: 07/01/10

Provider Number (same as line 7 on DPH 1): 38442
 Provider Name (same as line 8 on DPH 1): Joe Healy Medical Detox

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____
Rental of Property	242,996	242,996				
Utilities(Elec, Water, Gas, Phone, Scavenger)	108,000	108,000				
Office Supplies, Postage	25,277	25,277				
Building Maintenance Supplies and Repair	61,796	61,796				
Printing and Reproduction	500	500				
Insurance	39,575	39,575				
Staff Training	1,500	1,500				
Staff Travel-(Local & Out of Town)	1,000	1,000				
Rental of Equipment	9,500	9,500				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
OTHER						
Client Related (Meals & Household)	145,000	145,000				
Program Supplies & Activities	4,759	4,759				
Medication	29,252	29,252				
Outside Services	160,200	160,200				
TOTAL OPERATING EXPENSE	829,355	829,355				

DPH Contract-Wide Indirect Detail

CONTRACTOR NAME: Baker Places In

DATE: July 1, 2010

FISCAL YEAR: 2010-2011

LEGAL ENTITY #: 00339

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
Directors		\$ 300,485
Program Managers		\$ 131,730
Support Services		\$ 349,300
EMPLOYEE FRINGE BENEFITS		\$ 203,194
TOTAL SALARIES & BENEFITS		\$ 984,709

2. OPERATING COSTS

Expenditure Category	Amount
30 - Legal Fees	25,671
40 - Professional Fees, Other	46,486
10 - Supplies	16,016
30 - Telephone & Telecommunications	9,670
40 - Postage, Shipping, Delivery	1,027
50 - Mailing Services	848
60 - Equipment, Furniture Rental	9,197
65 - Equipment Maintenance	2,437
70 - Printing & Copying	98
80 - Dues, Subscriptions	288
10 - Rent & Other Occupancy	124,875
11 - Parking	10,640
15 - Facilities Maintenance	14,238
20 - Utilities	27,347
40 - License/Permit Fees	527
20 - Insurance, Non-employee	9,027
30 - Membership Dues	263
40 - Staff Development, Training	1,500
60 - Outside Computer Services	3,244
70 - Advertising Expenses	350
TOTAL OPERATING COSTS	\$ 303,749
TOTAL INDIRECT COSTS	\$ 1,288,458
(Salaries & Benefits + Operating Costs)	
This Contract as % of Overall Agency Expenditures	89%
TOTAL INDIRECT COSTS CHARGED TO THIS CONTRACT	\$ 1,146,727

**Appendix C
Insurance Waiver**

RESERVED

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**Appendix D
Additional Terms**

1. HIPAA

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that CONTRACTOR falls within the following definition under the HIPAA regulations:

- ☐ A Covered Entity subject to HIPAA and the Privacy Rule contained therein; or
- ☒ A Business Associate subject to the terms set forth in Appendix E;
- ☐ Not Applicable, CONTRACTOR will not have access to Protected Health Information.

2. THIRD PARTY BENEFICIARIES

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

3. CERTIFICATION REGARDING LOBBYING

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

A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, CONTRACTOR shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

C. CONTRACTOR shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

D. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. MATERIALS REVIEW

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

Appendix E

BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum is entered into to address the privacy and security protections for certain information as required by federal law. City and County of San Francisco is the Covered Entity and is referred to below as "CE". The CONTRACTOR is the Business Associate and is referred to below as "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(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 [42 U.S.C. Section 17921].
- b. **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.
- c. **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.
- d. **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.
- e. **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.
- f. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media.
- g. **Electronic Health Record** shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
- h. **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.

- i. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
 - j. **Protected Health Information or PHI** means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; and (ii) that identifies the individual or with respect to where 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].
 - k. **Protected Information** shall mean PHI provided by CE to BA or created or received by BA on CE's behalf.
 - l. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
 - m. **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).
2. **Obligations of Business Associate**
- a. **Permitted Uses.** BA shall not use Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. 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 (i) for the proper management and administration of BA, (ii) to carry out the legal responsibilities of BA, or (iii) for Data Aggregation purposes for the Health Care Operations of CE [45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(i)].
 - b. **Permitted Disclosures.** BA shall not disclose Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. 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 (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 for 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 only disclosed 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 of confidentiality of the Protected Information, to the extent it has obtained knowledge of such breach [42 U.S.C. Section 17932; 45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(i)(B), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(ii)].
 - c. **Prohibited Uses and Disclosures.** 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). 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); 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 as are necessary to prevent the use or disclosure of Protected Information otherwise than as permitted by the Contract or Addendum, including, but not limited to, administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Protected Information, in accordance with 45 C.F.R. Section 164.308(b)]. BA shall comply with the policies and procedures and documentation requirements of the HIPAA Security Rule, including, but not limited to, 45 C.F.R. Section 164.316 [42 U.S.C. Section 17931]
- e. **Reporting of Improper Access, Use or Disclosure.** BA shall report to CE in writing of any access, use or disclosure of Protected Information not permitted by the Contract and Addendum, and any Breach of Unsecured PHI of which it becomes aware without unreasonable delay and in no case later than 10 calendar days after discovery [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)].
- f. **Business Associate's Agents.** BA shall ensure that any agents, including subcontractors, to whom it provides Protected Information, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI. If BA creates, maintains, receives or transmits electronic PHI on behalf of CE, then BA shall implement the safeguards required by paragraph c 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)).
- g. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors available to CE for inspection and copying within ten (10) days of a request by CE to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains an Electronic Health Record, BA shall provide such information in electronic format to enable CE to fulfill its obligations under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17935(e).
- h. **Amendment of PHI.** Within ten (10) days of receipt of a request from CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA or its agents or subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment to enable CE to fulfill its obligation under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If any individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request. Any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors shall be the responsibility of CE [45 C.F.R. Section 164.504(e)(2)(ii)(F)].
- i. **Accounting Rights.** Within ten (10) calendar days of notice by CE of a request for an accounting for 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 or 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 or 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 and is subject to this requirement. 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. In the event that the request for an accounting is delivered directly to BA or its agents or subcontractors, BA shall within five (5) calendar days of a request forward it to CE in writing. It shall be CE's responsibility to prepare and deliver any such accounting requested. BA shall not disclose any Protected Information except as set forth in Sections 2.b. of this Addendum [45 C.F.R. Sections 164.504(e)(2)(ii)(G) and 165.528]. The provisions of this subparagraph h shall survive the termination of this Agreement.

- j. 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 the Privacy Rule [45 C.F.R. Section 164.504(e)(2)(ii)(H)]. BA shall provide to CE a copy of any Protected Information that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- k. Minimum Necessary.* BA (and its agents or 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)(3)] 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."
- l. Data Ownership.* BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- m. Business Associate's Insurance.* BA shall maintain a sufficient amount of insurance to adequately address risks associated with BA's use and disclosure of Protected Information under this Addendum.
- n. Notification of Breach.* During the term of the Contract, BA shall notify CE within twenty-four (24) hours of any suspected or actual breach of security, intrusion or unauthorized use or disclosure of PHI of which BA becomes aware and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. BA shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations.
- o. Breach Pattern or Practice by Covered Entity.* Pursuant to 42 U.S.C. Section 17934(b), if the BA knows of a pattern of activity or practice of the CE that constitutes a material breach or violation of the CE'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, or if termination is not feasible, report the problem to the Secretary of DHHS. BA shall provide written notice to CE of any pattern of activity or practice of the CE that BA believes constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.
- p. Audits, Inspection and Enforcement.* Within ten (10) calendar days of a written request by CE, BA and its agents or subcontractors shall allow CE to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of Protected Information pursuant to this Addendum for the purpose of determining whether BA has complied with this Addendum; provided, however, that (i) BA and CE shall mutually agree in advance upon the scope, timing and location of such an inspection, (ii) CE shall protect the confidentiality of all confidential and proprietary information of BA to which CE has access during the course of such inspection; and (iii) CE shall execute a nondisclosure agreement, upon terms mutually agreed upon by the parties, if requested by BA. The fact that CE inspects, or fails to inspect, or has the right to inspect, BA's facilities, systems, books, records, agreements, policies and procedures does not relieve BA of its responsibility to comply with this Addendum,

nor does CE's (i) failure to detect or (ii) detection, but failure to notify BA or require BA's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of CE's enforcement rights under the Contract or Addendum, BA shall notify CE within ten (10) calendar days of learning that BA has become the subject of an audit, compliance review, or complaint investigation by the Office for Civil Rights.

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 a 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 or its agents or 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 of Section 2 of this Addendum to such information, and limit further use of such PHI to those purposes that make the return or destruction of such PHI infeasible [45 C.F.R. Section 164.504(e)(ii)(2)(I)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed.

4. Limitation of Liability

Any limitations of liability as set forth in the contract shall not apply to damages related to a breach of the BA's privacy or security obligations under the Contract or Addendum.

5. 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.

6. Certification

To the extent that CE determines that such examination is necessary to comply with CE's legal obligations pursuant to HIPAA relating to certification of its security practices, CE or its authorized agents or contractors, may, at CE's expense, examine BA's facilities, systems, procedures and records as may be necessary for such agents or contractors to certify to CE the extent to which BA's security safeguards comply with HIPAA, the HITECH Act, the HIPAA Regulations or this Addendum.

7. Amendment

- a. **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 action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule and other applicable 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 Privacy Rule, the Security Rule or other applicable laws. CE may terminate the Contract upon thirty (30) calendar 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.

8. Assistance in Litigation or Administrative Proceedings

BA shall make itself, and any subcontractors, employees or agents assisting BA in the performance of its obligations under the Contract or Addendum, available to CE, at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its directors, officers or employees based upon a claimed violation of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule, or other laws relating to security and privacy, except where BA or its subcontractor, employee or agent is a named adverse party.

9. No Third-Party Beneficiaries

Nothing express or implied in the Contract or Addendum is intended to confer, nor shall anything herein confer, upon any person other than CE, BA and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

10. Effect on Contract

Except as specifically required to implement the purposes of this Addendum, or to the extent inconsistent with this Addendum, all other terms of the Contract shall remain in force and effect.

11. Interpretation

The provisions of this Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.

12. Replaces and Supersedes Previous Business Associate Addendums or Agreements

This Business Associate Addendum replaces and supersedes any previous business associate addendums or agreements between the parties hereto.

Appendix F
Invoice

CMS# 6995

P-500 (S-10)

Baker Places, Incorporated
July 1, 2010

Appendix F
PAGE A

INVOICE NUMBER:	S03 JL 0
Ct.Blanket No.: BPHM	TBD
Ct. PO No.: POHM	TBD
Fund Source:	General Fund
Invoice Period :	July 2010
Final Invoice:	(Check If Yes)
ACE Control Number:	

PHP Division: Community Behavioral Health Services

Appendix F
PAGE A

INVOICE NUMBER: S01 JL 0

Ct.Blanket No.: BPHM TBD

User C

Cl. PO No.: POHM	TBD
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Fund Source: General Fund

Invoice Period : July 2010

Final Invoice:	(Check If Yes)
----------------	----------------

ACE Control Number: [REDACTED]

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

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Replg. Unit Modality/Mode # - Svc Func (M+ Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-5 Acceptance Place RU# 38752.												
Res-51 SA-Res Recov Long Term (over 30 Days)	3,468				\$ 176.07	\$ -	0.000		0.00%			3,468.000
Residential Days					\$ 188.19	\$ -	0.000		#DIV/D!			0.000
TOTAL	3,468		0.000					0.000	0.00%			3,468.000

\$ 610,610.76

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

NOTES:

Signature: _____

Date: _____

Title:

Send to: DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M02 JL 0

Contractor: Baker Places Inc.

Ct. Blanket No.: BPHM TBD

Address: 600 Townsend St., Ste. 200, San Francisco CA 94107

Ct. PO No.: POHM TBD

Tel No.: (415) Tel No.: (415) 864-4655

Fund Source: General Fund

Fax No.: (415) Fax No.: (415) 626-2398

Invoice Period: July 2010

Contract Term: 07/01/2010 - 06/30/2011

Final Invoice: (Check if Yes)

PHP Division: Community Behavioral Health Services

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 AILP RU# 8908OP												
45/ 20 - 29 Cmnty Client Svcs							#DIV/0!				#DIV/0!	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ -	\$ -	\$ -	0.00%	\$ -
Fringe Benefits	\$ -	\$ -	\$ -	0.00%	\$ -
Total Personnel Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: One-Time Expense Transition Voc	\$ 30,000.00	\$ -	\$ -	0.00%	\$ 30,000.00
Svcs To CVE	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 30,000.00	\$ -	\$ -	0.00%	\$ 30,000.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 30,000.00	\$ -	\$ -	0.00%	\$ 30,000.00
Indirect Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL EXPENSES	\$ 30,000.00	\$ -	\$ -	0.00%	\$ 30,000.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

Jul New Contract 10-29

CMHS/CSAS/CHS10/29/2010-INVOICE

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

Appendix F
PAGE A

Control Number

Contractor: Baker Places Inc.

Address: 800 Townsend St., Ste. 200, San Francisco CA 94107

Tel No.: (415) 864-4655
Fax No.: (415) 828-2398

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M01 JL 0

CL Blanket No.: BPHM TBD

CL PO No.: POHM TBD User Cd

Fund Source: GF, Fed Medi-Cal (FFP), State Realignment

Invoice Period: July 2010

Final Invoice: (Check If Yes)

AGE Control Number:

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

*Unduplicated Counts for AIDS Use Only

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MHI only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables		
	UDC	CLIENTS	UDC	CLIENTS			UDC	CLIENTS	UDC	CLIENTS	UDC	CLIENTS	
B-4a Baker Street House RU# 3839-1													
05/40 - 49 Adult Crisis Residential	4,599				\$ 128.540	\$ -	0.000		0.00%		4,599.000		\$ 581,957.48
10/95 - 99 Day Rehab Full Day RU# 3839DT	2,978				\$ 91.280	\$ -	0.000		0.00%		2,978.000		271,589.76
05-65 Baker St. Transitional Res. (Days) Mode 05 - 3839-Adult Res.					\$ 145.21	\$ -	0.000		#DIV/0!		0.000		-
60-40 Baker St. Transitional Res. (Days) Mode 60 - 3839-1-Rm & Bd					\$ 8.85	\$ -	0.000		#DIV/0!		0.000		-
10-95 Baker St. Habilitative Day Tx (Days) Mode 95 - 3839 Day Tx					\$ 90.80	\$ -	0.000		#DIV/0!		0.000		\$ 853,547.22
B-3 Odyssey House													
15-10 Mental Health Service (Minute) - 3840 OP-Outpatient					\$ 4.02	\$ -	0.000		#DIV/0!		0.000		
15/01 - 09 Case Mgt Brokerage	3,805				\$ 2.12	\$ -	0.000		0.00%		3,805.000		7,642.60
15/10 - 59 MHS - Ind.	68,414				\$ 3.00	\$ -	0.000		0.00%		68,414.000		205,242.00
15/10 - 59 MHS - Grp	25,000				\$ 3.00	\$ -	0.000		0.00%		25,000.000		75,000.00
15/10 - 59 MHS - Assess	2,400				\$ 3.00	\$ -	0.000		0.00%		2,400.000		7,200.00
15/10 - 59 MHS - Collateral	35,000				\$ 3.00	\$ -	0.000		0.00%		35,000.000		105,000.00
15/70 - 79 Crisis Intervention-OP	4,000				\$ 4.00	\$ -	0.000		0.00%		4,000.000		16,000.00
B-4b Robertson Place RU# 3885-1													
05/40 - 49 Adult Crisis Residential	3,942				\$ 132.71	\$ -	0.000		0.00%		3,942.000		523,142.82
10/95 - 99 Day Rehab Full Day RU# 3885DT	2,400				\$ 109.05	\$ -	0.000		0.00%		2,400.000		261,720.00
05-65 Robertson Place Transitional Res. (Days) Mode 05 - 3885-Adult Res					\$ 122.68	\$ -	0.000		#DIV/0!		0.000		-
60-40 Robertson Place Transitional Res. (Days) Mode 60 - 3885-Rm & Bd					\$ 10.49	\$ -	0.000		#DIV/0!		0.000		-
10-95 Robertson Place Day Treatment (Days) Mode 10-95					\$ 116.42	\$ -	0.000		#DIV/0!		0.000		\$ 784,862.82
B-3 Grove Street House RU# 8978-1													
05/40 - 49 Adult Crisis Residential	3,285				\$ 308.96	\$ -	0.000		0.00%		3,285.000		1,014,998.30
15/60 - 69 Medication Support RU# 8980P	31,220				\$ 3.38	\$ -	0.000		0.00%		31,220.000		105,628.60
05-40 Grove St. Crisis Residential (Days) Mode 05 - 8978-Res Day					\$ 336.27	\$ -	0.000		#DIV/0!		0.000		-
60-40 Grove St. Crisis Residential (Days) Mode 60 - 8978-Rm & Bd					\$ 15.84	\$ -	0.000		#DIV/0!		0.000		-
15-60 Grove St. Med Support (Minutes) Mode 15 - 8978 OP-Med Support					\$ 4.81	\$ -	0.000		#DIV/0!		0.000		\$ 1,120,622.90
B-3 Vocational Services													
15-10 Mental Health Services (Minute) - 3886 OP					\$ 1.34	\$ -	0.000		#DIV/0!		0.000		-
45-10 Continuing Care (Training) (Hour) - 3886 OP					\$ 14.17	\$ -	0.000		#DIV/0!		0.000		-
B-1 AILP RU# 8980P													
15-10 Mental Health Service (Minute) - 8908 OP-MHS					\$ 1.73	\$ -	0.000		#DIV/0!		0.000		-
15/01 - 09 Case Mgt Brokerage	3,841				\$ 1.99	\$ -	0.000		0.00%		3,841.000		7,643.59
15/10 - 59 MHS - Ind.	219,880				\$ 2.60	\$ -	0.000		0.00%		219,880.000		569,088.00
15/10 - 59 MHS - Grp	180,780				\$ 2.60	\$ -	0.000		0.00%		180,780.000		470,028.00
15/10 - 59 MHS - Assess	25,200				\$ 2.60	\$ -	0.000		0.00%		25,200.000		65,520.00
15/10 - 59 MHS - Collateral	14,400				\$ 2.60	\$ -	0.000		0.00%		14,400.000		37,440.00
15/70 - 79 Crisis Intervention-OP	11,889				\$ 2.27	\$ -	0.000		0.00%		11,889.000		27,215.03
B-4c Jo Ruffin Place RU# 8991-1													
05/40 - 49 Adult Crisis Residential	4,599				\$ 155.08	\$ -	0.000		0.00%		4,599.000		713,212.92
10/95 - 99 Day Rehab Full Day RU# 8991DT	2,800				\$ 117.11	\$ -	0.000		0.00%		2,800.000		327,908.00
05-65 Jo Ruffin Residential Treatment (Days) Mode 05 - 8991-1-Adult Res					\$ 142.68	\$ -	0.000		#DIV/0!		0.000		-
60-40 Jo Ruffin Residential Treatment (Days) Mode 60 - 8991-Rm & Bd					\$ 9.98	\$ -	0.000		#DIV/0!		0.000		-
10-95 Jo Ruffin Habilitative Day Treatment (Days) - 89912-Day Tx					\$ 106.25	\$ -	0.000		#DIV/0!		0.000		\$ 1,041,120.92
B-4d San Jose Place RU# 3885-1													
05/40 - 49 Adult Crisis Residential	3,614				\$ 151.42	\$ -	0.000		0.00%		3,614.000		547,231.88
10/95 - 99 Day Rehab Full Day RU# 3885-2	2,200				\$ 126.26	\$ -	0.000		0.00%		2,200.000		275,572.00
05-65 San Jose Residential Treatment (Days) Mode 05 - 3885-1-Adult Res					\$ 136.87	\$ -	0.000		#DIV/0!		0.000		-
60-40 San Jose Residential Treatment (Days) Mode 60 - 3885-1-Rm & Bd					\$ 9.54	\$ -	0.000		#DIV/0!		0.000		-
10-95 San Jose Habilitative Day Treatment (Days) Mode 10-95 - 38852					\$ 119.71	\$ -	0.000		#DIV/0!		0.000		\$ 822,803.88
TOTAL	656,144			0.000			0.000		0.00%		648,569.000		\$ 8,218,878.98
NOTES:													
SUBTOTAL AMOUNT DUE \$ -													
Less: Initial Payment Recovery													
(For OPN 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 claims are maintained in our office at the address indicated.

Signature: _____ Date: _____
Title: _____

Send to:
DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Appendix G

Dispute Resolution Procedure For Health and Human Services Nonprofit Contractors 9-06

Introduction

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/apellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270. The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions or concerns about this Dispute Resolution Procedure should be addressed to purchasing@sfgov.org.

Dispute Resolution Procedure

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- Step 1 The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.
- Step 2 Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
- Step 3 Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

CMS# 6995

P-500 (5-10)

In addition to the above process, contractors have an additional forum available on or disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270.

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to purchasing@sfgov.org. This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any necessary changes to the policies and procedures or to a department's administration of policies and procedures.

Appendix H

Emergency Response

CONTRACTOR will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The agency-wide plan should address disaster coordination between and among service sites. CONTRACTOR will update the Agency/site(s) plan as needed and CONTRACTOR will train all employees regarding the provisions of the plan for their Agency/site(s). CONTRACTOR will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan for each of its service sites. CONTRACTOR is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection.

In a declared emergency, CONTRACTOR'S employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as CONTRACTOR'S prime contacts with Community Programs in the event of a declared emergency.

Appendix I

San Francisco Department of Public Health Privacy Policy Compliance Standards

As part of this Agreement, Contractor acknowledges and agrees to comply with the following:

In City's Fiscal Year 2003/04, a DPH Privacy Policy was developed and contractors advised that they would need to comply with this policy as of July 1, 2005.

As of July 1, 2004, contractors were subject to audits to determine their compliance with the DPH Privacy Policy using the six compliance standards listed below. Audit findings and corrective actions identified in City's Fiscal year 2004/05 were to be considered informational, to establish a baseline for the following year.

Beginning in City's Fiscal Year 2005/06, findings of compliance or non-compliance and corrective actions were to be integrated into the contractor's monitoring report.

Item #1: DPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality.

As Measured by: Existence of adopted/approved policy and procedure that abides by the rules outlined in the DPH Privacy Policy

Item #2: All staff who handle patient health information are oriented (new hires) and trained in the program's privacy/confidentiality policies and procedures.

As Measured by: Documentation showing individual was trained exists

Item #3: A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided.

As Measured by: Evidence in patient's/client's chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #4: A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility.

As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #5: Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.

As Measured by: Documentation exists.

Item #6: Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to providers outside the DPH Safety Net or (2) from a substance abuse program.

As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is signed and in patient's/client's chart/file

1 [Contract Approval - 18 Non-Profit Organizations and the University of California of San
2 Francisco - Behavioral Health Services - \$674,388,406]

3 **Resolution retroactively approving \$674,388,406 in contracts between the Department**
4 **of Public Health and 18 non-profit organizations and the University of California at San**
5 **Francisco, to provide behavioral health services for the period of July 1, 2010 through**
6 **December 31, 2015.**

7
8 WHEREAS, The Department of Public Health has been charged with providing needed
9 behavioral health services to residents of San Francisco; and,

10 WHEREAS, The Department of Public Health has conducted Requests for Proposals
11 or has obtained appropriate approvals for sole source contracts to provide these services; and

12 WHEREAS, The San Francisco Charter Chapter 9.118 requires contracts over \$10
13 million to be approved by the Board of Supervisors; and

14 WHEREAS, Contracts with providers will exceed \$10 million for a total of
15 \$674,388,406, as follows:

16 Alternative Family Services, \$11,057,200;

17 Asian American Recovery Services, \$11,025,858;

18 Baker Places, \$69,445,722;

19 Bayview Hunters Point Foundation for Community Improvement, \$27,451,857;

20 Central City Hospitality House, \$15,923,347;

21 Community Awareness and Treatment Services (CATS), \$12,464,714;

22 Community Vocational Enterprises (CVE), \$9,705,509;

23 Conard House, \$37,192,197;

24 Edgewood Center for Children and Families, \$29,109,089;

25 Family Service Agency, \$45,483,140;

Hyde Street Community Service, \$17,162,210;
Instituto Familiar de la Raza, \$14,219,161;
Progress Foundation, \$92,018,333;
Richmond Area Multi-Services, \$34,773,853;
San Francisco Study Center, \$11,016,593;
Seneca Center, \$63,495,327;
Walden House, \$54,256,546;
Westside Community Mental Health Center, \$43,683,160;
Regents of the University of California, \$74,904,591; and

WHEREAS, The Department of Public Health estimates that the annual payment of some contracts may be increased over the original contract amount, as additional funds become available between July 2010 and the end of the contract term; now, be it

RESOLVED, That the Board of Supervisors hereby retroactively approves these contracts for the period of July 1, 2010, through December 31, 2015; and, be it

FURTHER RESOLVED, That the Board of Supervisors hereby authorizes the Director of the Department of Public Health and the Purchaser, on behalf of the City and County of San Francisco, to execute agreements with these contractors, as appropriate; and, be it

FURTHER RESOLVED, That the Board of Supervisors requires the Department of Public Health to submit a report each June with increases over the original contract amount, as additional funds become available during the term of contracts.

RECOMMENDED:



Mitchell Katz, M.D.
Director of Health

APPROVED:



Mark Morewitz, Secretary to the
Health Commission



City and County of San Francisco
Tails
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 100927

Date Passed: December 07, 2010

Resolution retroactively approving \$674,388,406 in contracts between the Department of Public Health and 18 non-profit organizations and the University of California at San Francisco, to provide behavioral health services for the period of July 1, 2010, through December 31, 2015.

December 01, 2010 Budget and Finance Committee - AMENDED, AN AMENDMENT OF THE WHOLE BEARING NEW TITLE

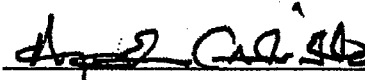
December 01, 2010 Budget and Finance Committee - RECOMMENDED AS AMENDED

December 07, 2010 Board of Supervisors - ADOPTED

Ayes: 11 - Alioto-Pier, Avalos, Campos, Chiu, Chu, Daly, Dufty, Elsbernd, Mar, Maxwell and Mirkarimi

File No. 100927

I hereby certify that the foregoing Resolution was ADOPTED on 12/7/2010 by the Board of Supervisors of the City and County of San Francisco.


Angela Calvillo
Clerk of the Board


Mayor Gavin Newsom

December 8, 2010
Date Approved

October 05, 2015

Baker Places, Incorporated
\$85,427,374

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s):	City elective office(s) held:
Members, Board of Supervisors	Members, Board of Supervisors

Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Baker Places	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
1. Please see list of members of Board of Directors attached. 2. CEO: Jonathan Vernick_, CFO: Helen Zheng (Controller), COO: N/A 3. Persons with more than 20% ownership: None 4. Subcontractors listed in contract: N/A 5. Political committees sponsored or controlled by contractor: None	
Contractor address: 1000 Brannan Street, Suite 401, San Francisco, CA 94103	
Date that contract was approved:	Amount of contract: Not to exceed \$85,427,374
Describe the nature of the contract that was approved: Provide supportive housing with MH services and residential substance abuse treatment.	
Comments:	

This contract was approved by (check applicable):

☐ the City elective officer(s) identified on this form

☒ a board on which the City elective officer(s) serves San Francisco Board of Supervisors
Print Name of Board

☐ the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

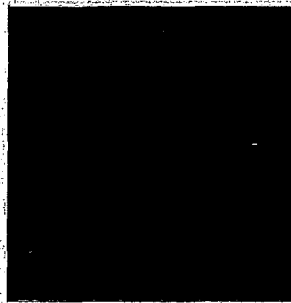
Filer Information <i>(Please print clearly.)</i>	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 9410	E-mail: Board.of.Supervisors@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed



**BAKER
PLACES**
RESIDENTIAL TREATMENT SERVICES

BOARD OF DIRECTORS

JONATHAN VERNICK
(415) 571-6500 Cell

EXECUTIVE DIRECTOR

NICK LEDERER
53 SUSSEX STREET
SAN FRANCISCO, CA 94131
(415) 752-6444 wk (415) 333-2331
nick@ggsenior.org

CHAIR

MEMBER SINCE: 1968

COREY BUSCH
CB Consulting Services, LLC
14 Baywood Terrace
San Rafael, California 94901
(415) 458-8667 Phone
(415) 458-8671 Fax
cb.consulting@gmail.com

VICE CHAIR/SECRETARY

MEMBER SINCE: 1995

MICHAEL J. HARRINGTON
71 COLLINS STREET
SAN FRANCISCO, CA 94118-2708
(415) 288-8022
Michael.Harrington@firstrepublic.com

TREASURER

MEMBER SINCE: 1987

JIM Mc CULLOUGH
1200 GOUGH STREET # 19E
SAN FRANCISCO, CA 94109
(415) 931-4990 home (415) 307-9549 cell
jimm@vmware.com
jimmvm@hotmail.com

MEMBER SINCE: 1993

GARY PEREZ
2731 MAYWOOD DRIVE
SAN BRUNO, CA 94066
(650) 553-4343 home (650) 333-5790 cell
dreamit53@aol.com

MEMBER SINCE: 1995